

# International Provider Group Insurance

## DESCRIPTION OF PROPOSED PROGRAM

**\* All claims must be made to Insurance Services of America and not to Children's Impact Network and or sending agency, church, or organizations**

**ASSURED** Insurance Services of America  
1757 E. Baseline Road, Suite 126  
Gilbert, AZ 85233

## **ELIGIBILITY**

Class 1: Participants of the assured traveling outside their home country.

## **POLICY PERIOD**

From: 12:01 a.m. LST, Date to be Agreed  
To: 12:01 a.m. LST, Date to be Agreed

## **SCHEDULE OF BENEFITS**

See Options Accident / Sickness Medical Limit per Insured Person per Policy Period.

See Options Deductible. The Insured pays the first \$\_\_\_ of eligible expenses per policy period. Thereafter, if travel is Inside the US, the policy pays 80% up to the first \$5,000, then 100% to the Medical Limit. If travel is Outside the US, the policy pays 100% after the Deductible.

\$100,000 Emergency Medical Evacuation / Repatriation Expense

\$20,000 Return of Mortal Remains Expense

\$10,000 Emergency Reunion Expense

\$5,000 Return of Minor Child(ren) Expense

\$2,500 Local Ambulance Expense

\$25,000 Accidental Death and Dismemberment Principal Sum

\$5,000 Interruption of Trip Expense

\$250 Loss of Checked Luggage Expense

## **DESCRIPTION OF MEDICAL BENEFITS**

When a covered Injury or Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical charges for Covered Expenses, excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceeds the maximum stated in the Schedule of Benefits. The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Only such expenses, incurred as the result of a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a nonmedical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
8. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.

10. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
11. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
12. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Only those expenses specifically described above which are incurred within 180 days from the onset of an Injury or Illness and which are not excluded (see “Exclusions”) are considered Covered Expenses. Initial treatment must occur within 60 days of the incident. Illness must first manifest itself during the Period of Coverage.**