



**Overseas Visitors Insurance™**  
INJURY & SICKNESS MEDICAL INSURANCE FOR TRAVELING TO  
THE USA OR WORLDWIDE  
COMPREHENSIVE BENEFITS PLAN, HAS ACUTE ONSET OF  
PRE-EXISTING CONDITION

Coverage Anywhere.  
Value Everywhere.

## IS IT IMPORTANT TO HAVE TRAVEL MEDICAL INSURANCE?

Perhaps the better question is whether you are prepared to travel without it. While international travel is interesting, fun, and exciting, it is important not to ignore the real risks we face, even though we do not like to think about them happening. Imagine it is 3 a.m. back home; you are severely injured in a fall. Will anyone pick up the phone at your local insurance company? If they do, can they or will they be able to help you in an emergency? Many health insurance plans have restrictions for time out of home country or geographic areas which lack coverage. Be confident when you arrive in another country that you'll enjoy the security of the finest travel medical insurance protection available in the market today. Azimuth Risk Solutions provides the essential coverage and service to respond quickly, compassionately, and professionally to the emergency mentioned above and hundreds of other travel emergencies.

## WHO CAN BUY?

You are eligible for coverage if you are at least 14 days old and traveling outside of your home country. \*

You may buy coverage for yourself, your legal spouse, and your unmarried dependent children over 14 days old and under 19 years.

*\*Your home country is the place where you have your true, fixed, and permanent home and principal establishment. For United States citizens, the home country is always the United States.*

## LENGTH OF COVERAGE

Your coverage length may vary from 5 days to 364 days.

**CONTINUING COVERAGE** - You have the option to renew coverage subject to a 5-day minimum, and you may renew for a total of two 364-day periods. There is a \$5 fee each time you renew. We will email you a renewal notice before the expiration date. If you renew, your original effective date is used to determine pre-existing conditions and to calculate your deductible and coinsurance for a total of 364 days, then both will begin again.

**COVERAGE START DATE** – Coverage begins at 12:01 AM North American Eastern Standard Time on the latest of the following: the day after we receive your application and correct premium if you apply and pay online or by fax; or the day after the postmark date of your application and correct premium if you apply by mail; or the moment you depart your home country; or the date you request on your application.

## BENEFIT HIGHLIGHTS

**MEDICAL BENEFITS** - We cover injuries and illnesses which occur while you are covered. Benefits are paid in excess of your deductible and coinsurance, up to your chosen medical maximum. Initial treatment must occur within 30 days of the date of injury or onset of illness.

**EMERGENCY MEDICAL EVACUATION\*** – If medically necessary, we will:

- transport you to adequate medical facilities if not available at your current location or transport you home after receiving medical treatment related to a medical evacuation.

**RETURN OF REMAINS\*** – We will return your remains to your home country if you should die while traveling or pay for local burial/cremation at the place of death.

**RETURN OF MINOR CHILDREN\*** - If you are traveling alone with minor children and are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

**EMERGENCY MEDICAL REUNION\*** – If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

## CHOOSING OVERSEAS VISITORS INSURANCE<sup>SM</sup>

If you are traveling abroad, you need insurance protection in case you become sick or hurt while traveling. Your health insurance at home doesn't always follow you when you leave your home country. No matter where you go, Overseas Visitors Insurance can help with medical expenses, 24-hour travel assistance, and a network of medical providers. Let us take the worry out of your travel! When you buy online, you receive your digital travel insurance documents within minutes.

## IS COVID-19/CORONAVIRUS COVERED?

Yes! The COVID-19 pandemic has changed the way we prepare to travel. The OVI Plan offers coverage for treatment related to COVID-19/Coronavirus for your peace of mind.

## WHO IS ELIGIBLE?

Overseas Visitors Insurance<sup>TM</sup> (OVI) is a Short-term health insurance. If visiting the U.S.A., the Plan provides benefits to foreign nationals (Parents and relatives), including international visitors, or temporary residents, subject to the terms and conditions of the certificate of coverage. OVI is travel insurance for non-U.S. citizens traveling outside of their home country Including USA and Canada.

**COVERAGE EXPIRATION DATE** – Your coverage ends on the earlier of the following: the date you return to your home country (except for Home Country Coverage); or 364 days after your coverage start date; or the expiration date on your ID card; or the end of the period you paid for; or the date you are no longer eligible for the plan; or when the maximum benefit amount has been paid.

**BENEFIT PERIOD – 180 DAYS** – Your benefit period is the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under Extension of Benefits / Illness.

**TERRORISM (PLAN C ONLY)** – If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the U.S. government has issued a Travel Warning within 6 months prior to your arrival date.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the U.S. government.

**NATURAL DISASTER- Relocation Accommodations** – We will pay for the relocation accommodations in the event of a natural disaster up to \$500 per day with a maximum of 5 days. Certain terms and conditions apply. Please review your Evidence of Insurance for benefit details.

**INTERRUPTION OF TRIP** – If you cannot continue your trip due to an immediate family member's death or because of damage to your residence due to (fire, flood, tornado, earthquake, hurricane, or similar natural disaster), we will reimburse you for the cost of economy travel home.

## SUDDEN ONSET OF A PRE-EXISTING CONDITION - UP TO AGE 69

(\$25,000 Maximum Limit for Medical Evacuations)

### SUDDEN ONSET OF A PRE-EXISTING CONDITION

— The sudden and Unexpected outbreak or reoccurrence of a Pre-existing Condition(s), which occurs Unexpectedly and without advance warning either in the form of Physician recommendation or symptoms (which would have caused a prudent person to seek medical advice, attention, or treatment), is short in duration, is rapidly progressive and requires urgent care. The Sudden Onset of a Pre-existing Condition(s) must occur after the Effective Date of Coverage or Effective Date of insurance. Treatment for the Sudden Onset of a Pre-existing Condition must be obtained within Twenty- Four (24) hours of the sudden and Unexpected outbreak or reoccurrence. A Pre-existing Condition that is a Congenital condition or that gradually gets worse over time will not be considered a “Sudden Onset of a Pre-existing Condition”. The Sudden Onset of a Pre-existing Condition does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatment existent or necessary prior to the Effective Date of Coverage or Effective Date of Insurance. The Sudden Onset of a Pre-existing Condition does not include treatment after the initial stabilization of a covered or eligible benefit for “Sudden Onset of a Pre-existing Condition”.

### PRE-CERTIFICATION

The following expenses must always be pre-certified:

- Inpatient Treatment and/or supplies of any kind.
- Any Surgery or Surgical procedure.
- Any Treatment in an Extended Care Facility.
- Any Home Nursing Care.
- Durable Medical Equipment.
- Artificial limbs.
- Computerized Axial Tomography (CAT Scan).
- Magnetic Resonance Imaging (MRI).

To comply with the pre-certification requirements, you must do the following:

1. Contact Azimuth Assist at the telephone number on your ID card as soon as possible before the expense is incurred.
2. Comply with Azimuth Assist’s instructions and submit any information or documents they require.
3. Notify all physicians, hospitals, and other providers that this insurance contains pre-certification requirements and ask them to fully cooperate with Azimuth Assist.

### PREFERRED PROVIDER ORGANIZATION

Inside the United States: This plan uses a Preferred Provider Organization (PPO). A PPO is a network of physicians, hospitals and clinics that accept discounted fees for their services. Use of the PPO network is suggested but not required. If you use the network, you may receive discounts and out-of-pocket savings for eligible expenses, and the PPO provider will submit claims for services for you. You must present your ID card when you receive treatment. Providers not in the PPO network may require you to pay when you receive treatment. To locate a PPO Provider, please visit [azimuth.com/help](http://azimuth.com/help).

Outside the United States: You may use any provider of your choice.

## WHO IS THE INSURER?

The preeminent name in international insurance is Lloyd’s, London. This largest, oldest, and most respected insurance market is the insurer on all Azimuth Risk plans. You will have the security of knowing that you are working with an insurer who has paid every eligible claim for more than 320 years. Lloyd’s is rated ‘A’ by AM Best Company and Standard & Poor’s for their superior ability to pay claims.

## ADMINISTERED BY:

Azimuth Risk Solutions, LLC., (Azimuth) headquartered in Indianapolis, Indiana, is a service-first organization formed by professionals with nearly 30 years in the international insurance industry to provide the finest value in product offering, administration, and client service available in the international benefit market today. If it is important to you to work with an organization committed to service excellence, ethical conduct and philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Coverholder for our insurer, certain Underwriters at Lloyd’s, London, and the scheme administrator for the Overseas Visitor Insurance Plan.

## DISTRIBUTED BY:

VisitorsInsurance.com has been in the insurance business for over 35+ years and is recognized a marketplace expert in the international market for individual and group medical insurance for travelers traveling worldwide. Visitors Insurance believes that people deserve the best available insurance products when they are purchasing international medical insurance, whether they are purchasing long or short-term insurance plans. They can insure individuals or their loved ones on any visa type. Visitors Insurance is a pioneer in the international medical insurance and travel medical insurance industry. International medical insurance covers unexpected medical bills when you travel outside of your home country including Europe, Canada, or the United States. Unexpected medical bills while traveling can be very expensive, and this is especially true if you have to be hospitalized for a sudden illness or injury. Our mission is to provide you the best insurance while traveling and while making the process to purchase seamless on our website and customer service available around the clock.

International medical insurance covers unexpected medical bills when you travel outside of your home country including Europe, Canada, or the United States. Unexpected medical bills while traveling as an Overseas Visitors can be very expensive, and this is especially true if you have to be hospitalized for a sudden illness or injury. Our mission is to get you the best deal possible on Overseas Visitors medical insurance.

VisitorsInsurance.com knows that finding the right Overseas Visitors health and medical insurance can be difficult, but they will do whatever they can to make the process easier for you. They work closely with many trusted insurance carriers and can help you every step of the way in comparing insurance plans. VisitorsInsurance.com will help you review quotes for visitors health insurance and help you purchase the policy that is best for you. VisitorsInsurance.com has experienced and fully qualified travel insurance agents that stand behind the plans offered on their web site. Let them help you make your selection today and start your adventure.

## IMPORTANT INFORMATION REGARDING YOUR COVERAGE

Please be aware that this is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country. **Overseas Visitors Insurance does not guarantee payment to a facility or individual for medical expenses until we determine it is an eligible expense.**

It is your responsibility to maintain all records regarding travel history, age, and provide necessary documents to Azimuth to verify your eligibility for coverage.

**CLAIMS** - Filing a claim is easy! Simply send the itemized bill to Azimuth within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing.

**ATTENTION:** Certain Underwriters at Lloyd’s of London operates as an approved surplus lines market in the United States. The premiums shown include a trust fee.

**STATE RESTRICTIONS:** We cannot accept an address in Colorado, Maryland, New York, North Dakota, South Dakota, United States Virgin Islands, and Washington.

**COUNTRY RESTRICTIONS:** We cannot accept an address in Australia, Belarus, Cuba, Gambia, Ghana, Iran, Islamic Republic of Iran, Niger, Nigeria, North Korea, Russia, Sierra Leone, Sudan, Switzerland, Syria, Syrian Arab Republic, and Ukraine.

**DESTINATION RESTRICTIONS:** We cannot cover travel to Australia, Belarus, Cuba, Gambia, Ghana, Iran, Islamic Republic of Iran, Niger, Nigeria, North Korea, Russia, Sierra Leone, Sudan, Switzerland, Syria, Syrian Arab Republic, and Ukraine.



## SCHEDULE OF BENEFITS

All benefits and plan rates listed in this brochure are in U.S. Dollar amounts and are per person and per coverage period, unless otherwise stated. All benefits are subject to the deductible and coinsurance unless otherwise stated.

	Plan A	Plan B	Plan C
<b>U.S. Coverage</b>	Included	Included	Included
<b>Medical Maximums</b>	\$25,000; \$50,000; \$100,000; \$250,000	\$25,000; \$50,000; \$100,000; \$250,000	\$50,000; \$100,000; \$500,000
<b>Deductible</b>	\$100; \$250; \$500; \$1,000; \$2,500 Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000	\$100; \$250; \$500; \$1,000; \$2,500 Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000	\$100; \$250; \$500; \$1,000; \$2,500 Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000
<b>Physician Visits/ Urgent Care</b>	\$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)	\$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)	\$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)
<b>Pre-Notification</b>	50% reduction of Eligible Medical Expenses	50% reduction of Eligible Medical Expenses	50% reduction of Eligible Medical Expenses
<b>Misuse of Emergency Room Copayment</b>	\$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization	\$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization	\$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization
<b>Coinsurance</b>	<p><b>Traveling Inside the United States:</b> For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>For Treatment received outside the PPO network:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>Traveling Outside the United States:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p>	<p><b>Traveling Inside the United States:</b> For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p> <p><b>For Treatment received outside the PPO network:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>Traveling Outside the United States:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p>	<p><b>Traveling Inside the United States:</b> For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>For Treatment received outside the PPO network:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>Traveling Outside the United States:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p>
<b>Prescription Drugs</b>	Reimbursement Only, Usual, Reasonable, and Customary charges, Subject to 20% Coinsurance inside the US	Reimbursement Only, Usual, Reasonable, and Customary charges. Subject to 20% Coinsurance inside the US	Reimbursement Only, Usual, Reasonable, and Customary charges. Subject to 20% Coinsurance inside the US
<b>Emergency Quarantine Indemnity- COVID-19</b>	Up to \$50 Sub-Limit per day (maximum of 10 days). Must submit proof of quarantine mandated by a physician or governmental authority. Quarantine must be due to the Participating Member testing positive for COVID-19/Coronavirus/SARS-CoV2 or being symptomatic and waiting on a diagnostic test result. <b>Quarantine is not available in your home country.</b> (Not subject to Deductible or Coinsurance)	Up to \$50 Sub-Limit per day (maximum of 10 days). Must submit proof of quarantine mandated by a physician or governmental authority. Quarantine must be due to the Participating Member testing positive for COVID-19/Coronavirus/SARS-CoV2 or being symptomatic and waiting on a diagnostic test result. <b>Quarantine is not available in your home country.</b> (Not subject to Deductible or Coinsurance)	Up to \$50 Sub-Limit per day (maximum of 10 days). Must submit proof of quarantine mandated by a physician or governmental authority. Quarantine must be due to the Participating Member testing positive for COVID-19/Coronavirus/SARS-CoV2 or being symptomatic and waiting on a diagnostic test result. <b>Quarantine is not available in your home country.</b> (Not subject to Deductible or Coinsurance)
<b>COVID-19 / Coronavirus</b>	\$100,000 Maximum Sub-Limit	\$100,000 Maximum Sub-Limit	\$100,000 Maximum Sub-Limit
<b>Dental (Accident Coverage)</b>	\$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident	\$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident	\$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident
<b>Dental (Sudden Relief of Pain)</b>	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.
<b>Emergency Medical Evacuation/ Repatriation</b>	\$100,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions	\$100,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions	\$500,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions
<b>Return of Mortal Remains</b>	\$20,000 Must be approved in advance and coordinated by Azimuth Risk Solutions	\$20,000 Must be approved in advance and coordinated by Azimuth Risk Solutions	\$50,000 Must be approved in advance and coordinated by Azimuth Risk Solutions
<b>Local Cremation or Burial</b>	\$5,000	\$5,000	\$5,000
<b>Return of Minor Children</b>	\$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions
<b>Emergency Medical Reunion</b>	\$15,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$15,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$50,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions
<b>Local Ambulance-Ground Benefit</b>	Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization	Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization	Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family	\$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family	\$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family



## SCHEDULE OF BENEFITS (CONTINUED)

	Plan A	Plan B	Plan C
<b>Common Carrier Accidental Death</b>	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18.  \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18.  \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18.  \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)
<b>Loss of Checked Baggage</b>	Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)	Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)	Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)
<b>Durable Medical Equipment</b>	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair
<b>Interruption of Trip</b>	\$5,000	\$5,000	\$5,000
<b>Home Country Coverage</b>	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy
<b>Acute Onset of Pre-existing Condition</b>	Ages up to 69: Up to lesser of Medical Maximum or \$100,000  Ages 70-79: Up to lesser of Medical Maximum or \$35,000  Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located.  \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition	Ages up to 69: Up to lesser of Medical Maximum or \$100,000  Ages 70-79: Up to lesser of Medical Maximum or \$35,000  Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located.  \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition	Ages up to 69: Up to the Medical Maximum  Ages 70-79: Not Available  Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located.  \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition
<b>Identity Theft</b>	N/A	N/A	N/A
<b>Hospital Indemnity</b>	N/A	N/A	\$100 per overnight; maximum limit of 10 overnights
<b>Political Evacuation</b>	N/A	N/A	\$10,000; Must be approved in advance and coordinated by Azimuth Risk Solutions
<b>Terrorism</b>	N/A	N/A	\$50,000 Eligible Medical Expenses ONLY (Not subject to Deductible)
<b>Natural Disaster- Relocation Accommodations</b>	Up to \$500 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)	Up to \$500 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)	Up to \$500 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)
<b>Natural Disaster Evacuation/ Repatriation</b>	N/A	N/A	N/A
<b>Hospital Room &amp; Board</b>	Average semi-private room rate up to the medical maximum, which would include nursing services	Average semi-private room rate up to the medical maximum, which would include nursing services	Average semi-private room rate up to the medical maximum, which would include nursing services
<b>Physiotherapy/ Physical Medicine/ Chiropractic</b>	\$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period	\$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period	\$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period
<b>Intensive Care</b>	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
<b>Surgery</b>	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
<b>Outpatient Medical Expenses</b>	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
<b>Diagnostic Procedures</b>	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
<b>Home Nursing Care</b>	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
<b>Assistance Services</b>	Included	Included	Included
<b>Benefit Period</b>	180 Days	180 Days	180 Days



## PLAN COST (CONTINUED)

Rates effective October 05, 2022. Worldwide rates, including travel in the United States. Rates are subject to change without notice.

### PLAN A: \$25,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$0.86	\$0.78	\$0.71	\$0.65	\$0.51
18-29	\$1.34	\$1.21	\$1.11	\$0.98	\$0.85
30-39	\$1.71	\$1.56	\$1.41	\$1.25	\$1.11
40-49	\$2.75	\$2.40	\$2.13	\$1.93	\$1.70
50-59	\$3.75	\$3.40	\$3.11	\$2.70	\$2.40
60-64	\$4.72	\$4.28	\$3.92	\$3.48	\$3.01
65-69	\$5.42	\$4.93	\$4.45	\$3.99	\$3.48
70-79	\$7.64	\$6.95	\$6.21	\$5.57	\$4.83

### PLAN A: \$50,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$0.93	\$0.86	\$0.78	\$0.70	\$0.56
18-29	\$1.47	\$1.34	\$1.23	\$1.08	\$0.92
30-39	\$1.88	\$1.71	\$1.56	\$1.37	\$1.23
40-49	\$2.89	\$2.64	\$2.34	\$2.12	\$1.86
50-59	\$4.12	\$3.75	\$3.41	\$2.97	\$2.75
60-64	\$5.18	\$4.71	\$4.30	\$3.82	\$3.31
65-69	\$5.98	\$5.42	\$4.90	\$4.38	\$3.82
70-79	\$8.38	\$7.63	\$6.82	\$6.11	\$5.30

### PLAN A: \$100,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.06	\$0.96	\$0.89	\$0.82	\$0.67
18-29	\$1.72	\$1.56	\$1.41	\$1.26	\$1.11
30-39	\$2.28	\$2.08	\$1.86	\$1.63	\$1.48
40-49	\$3.26	\$2.97	\$2.67	\$2.37	\$2.08
50-59	\$5.07	\$4.60	\$4.16	\$3.71	\$3.19
60-64	\$6.46	\$5.86	\$5.31	\$4.67	\$4.08
65-69	\$7.79	\$7.05	\$6.35	\$5.64	\$4.97
70-79	N/A	N/A	N/A	\$8.49	\$7.49



## PLAN COST (CONTINUED)

### PLAN A: \$250,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.23	\$1.11	\$1.04	\$0.89	\$0.74
18-29	\$2.37	\$2.15	\$1.93	\$1.71	\$1.48
30-39	\$2.94	\$2.67	\$2.45	\$2.15	\$1.86
40-49	\$4.32	\$3.93	\$3.49	\$3.12	\$2.75
50-59	\$6.77	\$6.16	\$5.57	\$4.90	\$4.30
60-64	\$8.58	\$7.79	\$7.05	\$6.26	\$5.46
65-69	\$10.46	\$9.48	\$8.60	\$7.58	\$6.65
70-79	N/A	N/A	N/A	N/A	N/A

### PLAN B: \$25,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.11	\$1.02	\$0.91	\$0.82	\$0.71
18-29	\$1.71	\$1.56	\$1.40	\$1.25	\$1.09
30-39	\$2.19	\$1.99	\$1.79	\$1.59	\$1.39
40-49	\$3.34	\$3.04	\$2.73	\$2.43	\$2.13
50-59	\$4.79	\$4.36	\$3.92	\$3.49	\$3.05
60-64	\$6.05	\$5.50	\$4.95	\$4.41	\$3.85
65-69	\$6.91	\$6.28	\$5.65	\$5.02	\$4.40
70-79	\$9.83	\$8.93	\$8.03	\$7.16	\$6.25

### PLAN B: \$50,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.23	\$1.11	\$1.01	\$0.89	\$0.78
18-29	\$1.88	\$1.71	\$1.54	\$1.37	\$1.19
30-39	\$2.41	\$2.19	\$1.97	\$1.75	\$1.54
40-49	\$3.68	\$3.34	\$3.01	\$2.67	\$2.34
50-59	\$5.27	\$4.79	\$4.30	\$3.83	\$3.35
60-64	\$6.66	\$6.04	\$5.44	\$4.84	\$4.23
65-69	\$7.59	\$6.90	\$6.21	\$5.52	\$4.83
70-79	\$10.28	\$9.35	\$8.42	\$7.48	\$6.54



## PLAN COST (CONTINUED)

### PLAN B: \$100,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.35	\$1.23	\$1.10	\$0.98	\$0.86
18-29	\$2.16	\$1.97	\$1.77	\$1.57	\$1.38
30-39	\$2.82	\$2.57	\$2.30	\$2.05	\$1.79
40-49	\$4.12	\$3.75	\$3.37	\$2.99	\$2.63
50-59	\$6.37	\$5.79	\$5.20	\$4.63	\$4.05
60-64	\$8.08	\$7.35	\$6.61	\$5.87	\$5.14
65-69	\$9.72	\$8.83	\$7.95	\$7.07	\$6.18
70-79	N/A	N/A	N/A	\$10.64	\$9.30

### PLAN B: \$250,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.59	\$1.45	\$1.30	\$1.16	\$1.02
18-29	\$2.98	\$2.70	\$2.44	\$2.17	\$1.90
30-39	\$3.75	\$3.41	\$3.07	\$2.72	\$2.40
40-49	\$5.47	\$4.97	\$4.47	\$3.98	\$3.49
50-59	\$8.62	\$7.82	\$7.05	\$6.26	\$5.48
60-64	\$10.94	\$9.94	\$8.95	\$7.96	\$6.95
65-69	\$13.39	\$12.16	\$10.95	\$9.74	\$8.51
70-79	N/A	N/A	N/A	N/A	N/A

### PLAN C: \$50,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.49	\$1.37	\$1.23	\$1.09	\$0.95
18-29	\$1.49	\$1.37	\$1.23	\$1.09	\$0.95
30-39	\$2.00	\$1.80	\$1.62	\$1.45	\$1.27
40-49	\$2.94	\$2.66	\$2.41	\$2.14	\$1.87
50-59	\$4.32	\$3.92	\$3.53	\$3.14	\$2.75
60-64	\$5.42	\$4.94	\$4.44	\$3.94	\$3.47
65-69	\$6.22	\$5.65	\$5.09	\$4.53	\$3.96
70-79	\$8.84	\$8.03	\$7.22	\$6.43	\$5.63



**PLAN COST (CONTINUED)**
**PLAN C: \$100,000 MEDICAL MAXIMUM**

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.88	\$1.72	\$1.55	\$1.38	\$1.19
18-29	\$1.88	\$1.72	\$1.55	\$1.38	\$1.19
30-39	\$2.49	\$2.26	\$2.04	\$1.80	\$1.59
40-49	\$3.59	\$3.29	\$2.95	\$2.63	\$2.29
50-59	\$5.54	\$5.04	\$4.54	\$4.03	\$3.52
60-64	\$6.97	\$6.35	\$5.71	\$5.08	\$4.44
65-69	\$8.36	\$7.60	\$6.85	\$6.07	\$5.32
70-79	N/A	N/A	N/A	\$9.15	\$8.01

**PLAN C \$500,000 MEDICAL MAXIMUM**

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$2.39	\$2.17	\$1.95	\$1.74	\$1.52
18-29	\$2.39	\$2.17	\$1.95	\$1.74	\$1.52
30-39	\$3.16	\$2.86	\$2.59	\$2.29	\$2.01
40-49	\$4.82	\$4.38	\$3.94	\$3.50	\$3.07
50-59	\$6.82	\$6.20	\$5.58	\$4.96	\$4.35
60-64	\$8.31	\$7.55	\$6.81	\$6.03	\$5.29
65-69	\$9.52	\$8.65	\$7.79	\$6.92	\$6.06
70-79	N/A	N/A	N/A	N/A	N/A



## MEDICAL BENEFIT EXCLUSIONS

For Medical Benefits, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, and Return of Minor Child(ren), this Insurance does not cover:

1. Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.

### This exclusion is waived for Eligible Benefits incurred as defined below:

Acute Onset of Pre-existing Condition as defined in this Certificate up to the maximum stated in the Schedule of Benefits. Must be Coordinated by Azimuth Medical Management. Services and Treatment(s) in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person(s) is located. Any reoccurrence within the same Period of Coverage will no longer be considered Acute Onset of a Pre-existing Condition and will not be eligible for additional coverage. A Pre-existing Condition which is a congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. Acute Onset of a Pre-existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or you are discharged from a medical facility.

### This exclusion does not apply to Emergency Medical Evacuation/Repatriation.

2. Injury or Illness which is not presented to the Underwriter for payment within 90 days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes;
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion;
  - i. Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s). (NOT AVAILABLE TO PLAN C)
  - ii. Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals
  - iii. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
  - iv. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;

10. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics;

11. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
12. Treatment of the temporomandibular joint;
13. Vocational, speech, recreational or music therapy;
14. Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
15. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
16. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
17. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
18. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
19. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
20. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
21. Any Mental and Nervous disorders or rest cures;
22. Congenital abnormalities and conditions arising out of or resulting there from;
23. Expenses which are non-medical in nature;
24. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
25. Expenses as a result of or in connection with the commission of a felony offense;
26. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;
27. Treatment of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
28. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
29. Routine Dental Treatment;
30. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
31. For miscarriage resulting from Accident or complications of Pregnancy;
32. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
33. Treatment for human organ tissue transplants and their related treatment;
34. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
35. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
36. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
37. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
38. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act;
39. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
40. Weight reduction programs or the surgical treatment of obesity;
41. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
42. Treatment for learning disabilities, attitudinal disorders, or disciplinary problems

# THE OVERSEAS™ VISITORS INSURANCE™ MEDICAL PLAN APPLICATION

## 1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application

Last Name:		First Name:	MI:
Complete Mailing Address for correspondence:		Country of Citizenship:	Start Date of Coverage (M/D/Y):
		Daytime Telephone Number(s):	Date of Departure (M/D/Y):
<b>Note:</b> The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.		End Date of Coverage (M/D/Y):	
		Primary Applicant's Passport, SSN, or Driver's License #:	
Please note, Fulfillment Kit's will only be delivered to you electronically.		Email Address (Email is required for extending coverage):	

## 2. Select Coverage Option:

Plan A    Plan B    Plan C

## 3. Select Deductible / Rate Factor:

\$100 x 1.25    \$250 x 1    \$500 x 0.9    \$1,000 x 0.8    \$2,500 x 0.7

4. Please list names of all persons to be insured. (Last Name, First Name, MI)	Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total
A			\$		\$		\$
B			\$		\$		\$
C			\$		\$		\$
D			\$		\$		\$
E			\$		\$		\$
Total (A)							\$

## 5. Please Select a Medical Maximum

Plan A    \$25,000    \$50,000    \$100,000    \$250,000   -  
 Plan B    \$25,000    \$50,000    \$100,000    \$250,000   -  
 Plan C   -    \$50,000    \$100,000   -    \$500,000

## 6. Please enter information from Sections 4 and 5

Premium Total (A) from Section 4: Deductible Rate Factor from Section 3:		x
		=
		<b>TOTAL AMOUNT DUE: \$</b>

## 7. Payment Method

Check (annual only)    Money Order (annual only)    Visa Card  
 Master Card    American Express Card    Discover Card

All payments must be made in U.S. dollars. Please make checks and money orders payable to Azimuth Risk Solutions. If paying by credit card, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the total amount due as specified on the Application. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American Express cards, the CSC is a 4-digit number printed on the front above the account number. On all other cards, it is a 3-digit value printed on the signature panel on the back of the card immediately following the account number, or a portion of the account number.

Credit Card Number:	Expiration Date:	Card Security Code (CSC):
Billing Address:	Name as it appears on card:	Signature:

## 8. Agent/Broker Information

Agent/Broker Name: <b>Ramesh or Bharati Patel</b>	Azimuth Agent ID: <b>559cb0ae</b>
Company Name & Address: <b>Community Insurance Agency, Inc.</b>	<b>425 Huehl Road, Suite 22A</b>
Phone: <b>1-800-344-9540 or 1-847-897-5120</b>	Fax: <b>847-897-5130</b>
Email: <b>info@visitorsinsurance.com</b>	Website: <b>www.VisitorsInsurance.com</b>

I hereby apply for membership in the Beacon/Axis Series Group Insurance Trust (Anguilla)/OverseasCare™ Visitors Insurance™ Plan, and for the insurance provided to Participating Member(s) by certain Underwriters at Lloyd's. I understand that the insurance applied for is not a general health insurance policy but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-certification Requirement and other restrictions and exclusions. I understand that if I am eligible for an extension of this insurance, it may only be transacted online and will not be effective unless such transaction is confirmed in writing by Azimuth Risk Solutions. I understand that the information contained herein is a summary of benefits and that I may obtain a complete copy of the Master Policy upon request to Azimuth Risk Solutions. I understand that Certain Underwriters at Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.

Signature X:	Date (M/D/Y):
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**PRODUCTS MARKETED BY:**



Toll Free: **1-800-344-9540**  
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Disclaimer: This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.

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