

# Global Medical USA

Accident and Sickness Insurance for Foreign Nationals traveling outside of their Home Countries and to the USA.

Including...

- Medical Expense Benefits, choice of Plans
- Emergency Medical Evacuation Benefit
- Emergency Reunion Benefit
- Repatriation of Remains Benefit
- Accidental Death & Dismemberment Benefits
- Optional Athletic / Hazardous Activity Coverage
- 24-Hour Assistance Services

You are entitled to the benefits described in this brochure if you have enrolled for this insurance and paid the required premium.



**Global Medical USA**  
Accident and Sickness Insurance for  
Foreign Nationals traveling outside of their  
Home Countries and to the USA

**Global Medical USA** is for foreign nationals while traveling outside of their Home Country to the USA. The plan provides international insurance benefits for individuals, their spouses, and their unmarried dependent children. "Dependents" not fitting the insurance definition under eligibility may purchase coverage on their own.

### Benefits include

- Access to the 24-hour, 365 days per year FrontierMEDEX Assistance network for emergency assistance anywhere in the world. This gives you fast, reliable referrals to the nearest medical facility or provider, as well as help relaying messages to family members.
- Medical Expense Benefits with choice of deductibles.
- Emergency Medical Evacuation Benefits.
- Emergency Reunion Benefits.
- Repatriation of Remains Benefits.
- Accidental Death and Dismemberment Benefits.
- Optional Coverage for Hazardous Activities and Athletic Activities

### Period of Coverage:

Coverage may be purchased for a minimum of one month (if trip duration is shorter than one month, use the monthly rate) up to a maximum of 12 months. Rates are listed in the enrollment form. Coverage begins at 12:00 (midnight) at the covered person's address, on the latest of the following: a) the date of the covered person's departure from his or her Home Country b) the date the enrollment form and premium are received by the Company or its designated representative; or c) the date requested on the enrollment form. Coverage will end on the earliest of the following: a) the date of the covered person's return to his or her Home Country; b) the date requested on the enrollment form; c) the date of termination under the Plan's provisions; or d) the end of the period for which premium has been paid.

**Coverage may not be purchased for longer than 12 months per Period of Coverage.**

**Coverage may not be extended; it must be repurchased with a new Period of Coverage issued (no more than 12 months).**

All correspondence and requests for information should be directed to CMI Insurance, FrontierMEDEX, P. O. Box, 19056 Baltimore, MD 21284. Phone: (410) 583-2595, (800) 586-0753 FAX: (410) 583-8244. Or go to [www.cmi-insurance.com](http://www.cmi-insurance.com) to enroll on line.

## Schedule of Benefits

### Medical Expense Benefits

Medical Expense Benefits will be paid up to the Plan maximum elected by you.

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Plan A \$ 50,000 per Covered Accident or Sickness Maximum

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Plan B \$ 100,000 per Covered Accident or Sickness Maximum

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Plan C \$ 200,000 lifetime maximum

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#### Covered Persons

Age 60-64 \$ 100,000 per Covered Accident or Sickness Maximum

Age 65 and older \$ 10,000 per Covered Accident or Sickness Maximum

The maximum limits are per covered Sickness or Accident for Plans A and B, and a lifetime maximum for all Covered Accidents or Sicknesses combined under Plan C. **Expenses incurred for a Sickness that first manifested, was treated or diagnosed during the covered person's first fourteen days of coverage will be limited to a maximum of \$1,000. No other benefits will be paid for the Sickness.**

## Deductible Options and Co-payments

Rates shown in the enrollment form are for \$250 deductible. \$500 or \$1,000 per person, per Period of Coverage deductibles are also available. There is a maximum of three deductibles per family. In addition, there is a \$250 surgical co-payment, inpatient or outpatient. There is an additional \$50 co-payment for Emergency Room treatment which is waived if admitted as an inpatient to the hospital.

## Co-Insurance

After you pay the selected deductible amount, the Plan pays 80% of the first \$10,000 of covered expenses, then 100% to the selected benefit maximum. Covered expenses are based on usual and customary charges for the area in which the claim is incurred.

## Definitions

**"Sickness"** means an illness, disease or condition of the covered person that causes a loss for which the covered person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**"Injury"** means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one covered accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**"Medically Necessary"** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or

ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the covered person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the Covered Expense.

**“Preexisting Condition”** means an illness, disease, or other condition of the Covered Person that in the 36 month period before the Covered Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment: or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

## What Expenses are Covered

Medical Expense Benefits are only payable:

- a) for usual and customary charges incurred after the deductible has been met;
- b) for those Medically Necessary Covered Expenses that the Covered Person incurs;
- c) for charges incurred for services rendered to the Covered Person while traveling outside of his or her Home Country;
- d) provided that the first charge is incurred within the incurral period shown in the Schedule of benefits; and
- e) for charges incurred during the Period of Coverage.

## Covered Medical Expenses

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
2. Services of a Doctor or a registered nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and their administration;
7. Blood, blood products, artificial blood products, and the transfusion thereof;
8. Physiotherapy;
9. Chiropractic expenses on an inpatient or outpatient basis, limited to 80% of Usual and Customary Charges, up to \$35 per visit, with a maximum of 10 visits per Injury or Sickness.;
10. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription; The Company will pay 100% of inpatient expenses, and 50% of outpatient expenses.
11. Dental charges for Injury to sound, natural teeth, and alleviation of pain, up to \$100 per tooth, and \$500 maximum benefit.
12. Artificial limbs or eyes (not including replacement of these items);
13. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
14. Oxygen or rental equipment for administration of oxygen;
15. Rental of a wheelchair or hospital-type bed;
16. Rental of mechanical equipment for treatment of respiratory paralysis;
17. Expenses incurred for a Sickness that first manifests itself, was treated or diagnosed during the first 14 days of coverage are limited to a maximum of \$1,000.

## PRE-ADMISSION CERTIFICATION REQUIREMENT

### **All Inpatient Stays must be Certified by the Claim Administrator**

The Claims Administrator, Administrative Concepts, Inc. (ACI), must be notified of all hospital admissions as stipulated below. You are responsible for advising your physician of the pre-admission certification requirement of this Plan.

If the patient needs continued hospitalization beyond the time initially certified, additional necessary hospital days must be approved by the pre-certification nurse. Expenses incurred beyond the number of authorized days will not be considered unless this procedure has been followed.

## **Outpatient Diagnosis and Treatment Must be Certified by the Claim Administrator**

The Claims Administrator, Administrative Concepts, Inc. (ACI), must be notified of the uses of the following diagnostic equipment or methods of outpatient treatment: CAT Scans, Magnetic Resonance Imaging, Electroencephalogram, Holter Monitor Testing, Cystoscopy, Laparoscopy, and Sleep Testing. You are responsible for advising your physician of the pre-admission certification requirement of this Plan.

Pre-Certification is not a guarantee that benefits will be paid. All certification and notification information and questions will be handled by the Claim Administrator.

You must call Administrative Concepts, Inc. (ACI) at (610) 293-9229 or (888) 293-9229 for Pre-Admission Certification.

## **Emergency Medical Evacuation Benefit 100% of Covered Expenses**

The Company will pay 100% of Covered Expenses incurred for the Covered Person's Emergency Medical Evacuation. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

### **Covered Expenses:**

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by FrontierMEDEX in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by FrontierMEDEX to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

**"Medical Emergency"** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

**Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

### **Emergency Reunion Benefit \$12,500 Maximum Benefit**

In the event of an Emergency Medical Evacuation due to a covered Injury or Sickness, where the doctor feels it would be beneficial for the covered person to have a family member at his or her side during transport, the Company will pay the expenses incurred for travel and lodging for that relative, up to a maximum of \$12,500. Covered Expenses include an economy airline ticket and other travel related expenses not to exceed \$300 a day for a maximum of ten days.

**Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

## Repatriation of Remains Benefit 100% of Covered Expenses

The Company will pay 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct, economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

**Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

## Accidental Death & Dismemberment Provisions \$25,000 Principal Sum

If Injury to the Covered Person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

**"Quadriplegia"** means total Paralysis of both upper and lower limbs. **"Hemiplegia"** means total Paralysis of the upper and lower limbs on one side of the body. **"Uniplegia"** means total Paralysis of one lower limb or one upper limb. **"Paraplegia"** means total Paralysis of both lower limbs or both upper limbs. **"Paralysis"** means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

**"Member"** means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. **"Loss of Hand or Foot"** means

complete Severance through or above the wrist or ankle joint. **“Loss of Sight”** means the total, permanent Loss of Sight of one eye. **“Loss of Speech”** means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. **“Loss of Hearing”** means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. **“Loss of a Thumb and Index Finger of the Same Hand”** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). **“Severance”** means the complete separation and dismemberment of the part from the body.

## Optional Benefits

**Optional Hazardous Activity / Athletic Coverage** - The Company will pay benefits if a covered person is injured and the covered accident results from: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing. Note: The Hazardous Activities Exclusion does not apply when this coverage is purchased. In addition, the Company will pay benefits if a covered person is injured and the covered accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports are excluded. Note: The Athletic Sports Exclusion does not apply with respect to these named sports when this coverage is purchased.

## Excess Benefits

Covered Expenses will be paid after the Covered Person satisfies any Deductible and only when they are in excess of amounts paid by any other health care plan. We pay benefits without regard to any Coordination of benefits provisions in any other health care plan.

## EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any loss or Injury that is caused by or results from:

1. intentionally self-inflicted injury; suicide or attempted suicide.
2. war or any act of war, whether declared or not.
3. a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. piloting or serving as a crewmember in any aircraft (unless otherwise provided by the Policy).
5. commission of, or attempt to commit, a felony.

6. Injury or loss contributed to the use of drugs, unless administered by a Doctor
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. (Applicable to the Accidental Death and Dismemberment Benefits only.)
8. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline (Applicable to the Accidental Death and Dismemberment Benefits Only)

**In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:**

1. routine physicals and care of any kind.
2. routine dental care and treatment, except as the result of Injury to natural teeth caused by an accident or for emergency pain relief treatment to sound natural teeth.
3. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
4. damage to or loss of dentures or bridges, or damage to existing orthodontic equipment
5. routine nursery care.
6. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. Mental and Nervous disorders (unless otherwise provided in the Policy).
8. pregnancy or childbirth.
9. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
10. services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
11. treatment or service provided by a private duty nurse.
12. treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.
13. medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expense incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
14. cosmetic or plastic surgery, including but not limited to, breast implants and breast reduction surgery.
15. expenses incurred during travel for purposes of seeking medical care or treatment.
16. Preexisting Conditions (unless otherwise provided in the Policy)
17. any expense paid or payable by any other valid and collectible group insurance plan.

18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
19. any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
20. Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
21. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
22. rest cures or custodial care.
23. services or expenses incurred in the Covered Person's Home Country.
24. elective treatment, exams or surgery; elective termination of pregnancy.
25. expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
26. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
27. expenses payable by any automobile insurance policy without regard to fault.
28. birth defects and congenital anomalies, or complications which arise from such conditions.
29. Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.
30. organ or tissue transplants and related services.
31. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
32. treatment of hernia.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

## Claims

Claims are to be filed with the Company claim office. Detailed claim instructions and claim forms are provided upon enrollment in this Plan. Claim instructions and forms may also be found at our web site, [www.cmi-insurance.com](http://www.cmi-insurance.com).

# FrontierMEDEX

## 24 Hour Assistance Features provided by:

With your insurance program, you have access to the 24-hour FrontierMEDEX Emergency Response Center (ERC) for emergency assistance anywhere in the world. Simply call the ERC toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance.

FrontierMEDEX Assistance Coordinators are available 24/7 to help you with travel emergencies.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board certified emergency doctors in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and
6. Repatriations of Remains.
7. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
8. Referral to legal assistance.
9. Assistance in locating lost or stolen items, including lost ticket application processing.
10. These services are included in the benefits provided in this program and are provided by the Assistance Company.

**How to Enroll**

Enroll online at

**WWW**  
**cmi-insurance.com**

Underwritten By:



**ace usa**

ACE American Insurance Company  
436 Walnut Street  
Philadelphia, PA 19106

Marketed By:



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GO FURTHER. DO MORE.

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P.O. Box 19056  
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[www.globalmedicalinternational.com](http://www.globalmedicalinternational.com)  
[www.cmi-insurance.com](http://www.cmi-insurance.com)

*This brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in policy issued to: Trustee of ACE USA Accident and Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.*

*Under the HIPAA Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.*

