

## WorldNet International

Personalized protection for  
American and/or  
International Visitors  
traveling more than 100  
miles from home

Including...

- Accidental Death & Dismemberment Benefits
- Emergency Medical Evacuation Benefit
- Emergency Reunion Benefit
- Repatriation of Remains Benefit
- 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.



**Fron+ierMEDEX**  
GO FURTHER. DO MORE.



**WorldNet International**  
Personalized protection for individuals traveling  
more than 100 miles from home

**The WorldNet International Plan** is designed for Americans and/or International Visitors temporarily pursuing educational activities while acting as a faculty member, staff member, researcher or student. WorldNet International covers you when you travel domestically more than 100 miles from home or outside of your Home Country. The Plan is designed for trips or visits lasting up to 12 months. The Plan also provides benefits for multiple trips during the year; you need only enroll once for annual coverage.

You may also purchase coverage for your eligible spouse and any unmarried dependent children, up to age 19, 25 if a full-time student. Married children should enroll for their own coverage if eligible.

Benefits Include:

- Access to the 24 hour, 365 days per year FrontierMEDEX 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.
- Accidental Death and Dismemberment Benefits.
- Emergency Medical Evacuation Benefits.
- Emergency Reunion Benefits.
- Repatriation of Remains Benefits.

## Period of Coverage

**Coverage may be purchased for a year with multiple trips covered during the year.** Coverage begins at 12:01 a.m. at the covered person's address, on the latest of the following: a) the date of the covered person's departure from their home; 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 covered person's return to their home; b) the date requested on the enrollment form; or c) the end of the period for which premium has been paid. Coverage may not be purchased for longer than 12 months, and coverage may not be extended, it must be repurchased with a new Period of Coverage issued (no more than 12 months in total).

Refund of premium, less a \$10 processing fee, will be considered only if written request is received prior to the effective date of coverage. Once the coverage has begun, the premium is considered fully earned and no refund will be allowed. Partial refunds are not available.

All correspondence and requests for information should be directed to CMI Insurance, 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) or [www.worldnetinternational.com](http://www.worldnetinternational.com). Enroll on line or email us from the site.

## Schedule of Benefits

### Accidental Death & Dismemberment Benefits

Principal Sum Insured Person			Principal Sum Spouse	
Plan 1	\$ 25,000	All Ages		
Plan 2	\$ 50,000	Age 19 and over	\$ 25,000	Age 19 and over
Plan 3	\$ 100,000	Age 19 and over	\$ 50,000	Age 19 and over
Plan 4	\$ 250,000	Age 19 and over	\$ 125,000	Age 19 and over
Plan 5	\$ 500,000	Age 19 and over	\$ 250,000	Age 19 and over
Ages 70 – 74		65% of Principal Sum		
Ages 75 – 79		45% of Principal Sum		
Ages 80 – 84		30% of Principal Sum		
Ages 85 and older		15% of Principal Sum		
Dependent Children			\$25,000 Principal Sum	

**Time Period for Loss: 365 days from the date of a Covered Accident**

### Emergency Medical Evacuation Benefit

Benefit Maximum: 100% of Covered Expenses

### Emergency Reunion Benefits

Benefit Maximum: \$12,500

### Repatriation of Remains Benefit

Benefit Maximum: 100% of Covered Expenses

## Definitions

**“Country of Residence”** means a country or location in which the Insured maintains a primary permanent residence.

**“Covered Accident”** means an accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

**“Covered Expenses”** means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by the Policy. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, that gave rise to the expense or the charge, was rendered or obtained.

**“Covered Loss” or “Covered Losses”** means an accidental death, dismemberment or other Injury covered under the Policy.

**“Covered Person”** means any eligible person, including Dependents if eligible for coverage under the Policy, who applies for coverage and for whom the required premium is paid. If the cost for this insurance is paid for by the Policyholder, individual applications are not required for an eligible person to be a Covered Person.

**“Dependent”** means an Insured’s lawful spouse ; or an Insured’s unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. If the Insured has elected coverage for a Dependent child, any newly born child of the Insured will be covered from the moment of birth for 31 days. Coverage may be continued beyond this time period if the Insured notifies Us within 31 days of the child’s birth and pays any required premium.

**“Doctor”** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured’s Immediate Family or household.

**“Home”** means the Insured’s place of primary permanent residence.

**“Home Country”** means a country from which the Insured holds a passport. If the Insured holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country.

**“Hospital”** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

**“Injury”** means accidental bodily harm sustained by an Insured 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.

**“Insured”** means a person for whom the required premium is paid making insurance in effect for that person.

**“Medical Emergency”** means a condition caused by an Accidental Injury or Sickness that manifests itself by symptoms of sufficient severity that a 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.

**“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 Insured’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

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

**“Trip”** means travel by air, land, or sea from the Insured’s Home, Home Country or Country of Residence.

**“Usual and Customary Charge”** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

## Description of Benefits

### Accidental Death & Dismemberment Benefit

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.

## Exposure and Disappearance

Coverage under this hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Insured was traveling.

An Insured is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

## Aircraft Restrictions

If the Covered Accident happens while an Insured is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

- a) he or she is riding as a passenger only, and not as a pilot or member of the crew; and
- b) the aircraft has a valid certificate of airworthiness; and
- c) the aircraft is flown by a pilot with a valid license; and
- d) the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

- e) a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.

### **Owned Aircraft Not Covered:**

Benefits will not be paid if the aircraft is owned, leased or controlled by the Covered Person, or any of the Policyholder's affiliates.

An aircraft will be deemed "controlled" by the Covered Person if the Covered Person may use it for more than 10 straight days, or more than 15 days in any year.

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

The Company will pay Emergency Medical Evacuation Benefits of 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. 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 100 miles away from his or her place of permanent residence or outside 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. Maximum benefit is \$2,500.
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.

**“Family Member”** means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

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. During the course of an Emergency Medical Evacuation of a covered person to their home, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits.

**“Medical Emergency”** means a condition caused by an Accidental 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 or Home Country.

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

**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 the Covered Person has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days.

In the event that the Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

**“Family Member”** means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

**“Felonious Assault”** means a violent or criminal act reported to the local authorities which were directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping, or rape.

**All travel arrangements must be made by FrontierMEDEX and approved by the Company (or FrontierMEDEX) in order for expenses to be considered eligible.**

## **Repatriation of Remains Benefit**

### **100% of Covered Expenses**

The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies due to an Accidental Injury or Sickness while traveling 100 miles away from his or her place of permanent residence or 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 and 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 We (or FrontierMEDEX) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

## **Right of Subrogation**

If the covered person is injured as the result of another person's negligence, the Company has the right to seek reimbursement on his/her behalf against the negligent party for any claims paid under this Plan, unless prohibited by state law.

## EXCLUSIONS AND LIMITATIONS

**The Plan does not cover any loss or Injury that is caused by, or resulting from:**

1. War or any act of war, whether declared or not.
2. Commission of, or attempt to commit a felony, an assault or other criminal activity.
3. Injury that occurs while the Covered Person is under the influence of any drug unless administered under the advice and consent of a Doctor.

**For the Accidental Death and Dismemberment Benefit, the Plan does not cover any loss or Injury that is caused by, or resulting from:**

1. Intentionally self-inflicted injury.
2. Suicide or attempted suicide.
3. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
4. Piloting or serving as a crew member or riding in any aircraft, except as a fare paying passenger on a scheduled or chartered airline.
5. A covered accident that occurs while on active duty service in the military, naval, or air force of any country or international organization. Upon our 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.

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

## 24 Hour Assistance Services Offered by FrontierMEDEX

*Available around the world!*

*Every hour of the day!*

*Every day of the week!*

- *More than 59,000 resources to help with any travel or medical emergency*
- *Multi-lingual coordinators and experts working 24/7 to care for your assistance needs*
- *Centralized case management gives you one easy-to-reach point of contact*
- *Access the U.S.-based Emergency Response Center from any place in the world using toll-free phone numbers*

In addition to this insurance program is the availability of the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free, direct or collect. The telephone numbers from around the world will be supplied to you when you enroll in the plan. The multilingual staff will answer

your call and immediately provide reliable, professional and thorough assistance.

The following services are included:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board-certified emergency doctors.
3. Urgent message relay between family, friends, personal doctor, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions, and Repatriations.
6. Emergency travel arrangements for disrupted travel as a consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

WorldNet International is for individuals traveling more than 100 miles from home.

## Annual Rates

Principal Sum Insured Person				Principal Sum Spouse		
Plan 1	\$ 25,000	All Ages	\$ 25.00			
Plan 2	\$ 50,000	Age 19 and over	\$ 50.00	\$ 25,000	Age 19 and over	\$ 25.00
Plan 3	\$ 100,000	Age 19 and over	\$ 100.00	\$ 50,000	Age 19 and over	\$ 50.00
Plan 4	\$ 250,000	Age 19-24	\$ 250.00	\$ 125,000	Age 19-24	\$125.00
		Age 25 and over	\$ 337.50		Age 25 and over	\$168.75
Plan 5	\$ 500,000	Age 19-24	\$ 500.00	\$ 250,000	Age 19-24	\$250.00
		Age 25 and over	\$ 675.00		Age 25 and over	\$ 337.50
		Age 70-74	65% of Principal Sum			
		Age 75-79	45% of Principal Sum			
		Age 80-84	30% of Principal Sum			
		85 and older	15% of Principal Sum			
Dependent Children			\$25,000 Principal Sum	\$25.00		

A \$7.00 administrative processing fee is added to each transaction.

Go to [www.cmi-insurance.com](http://www.cmi-insurance.com) and enroll online

Underwritten By:



**ace usa**

ACE American Insurance Company  
436 Walnut Street  
Philadelphia, PA 19106

Marketed By:



**Fron+ierMEDEX**  
GO FURTHER. DO MORE.

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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.*