

# The USAway International Major Medical Plan

## For

- People Traveling or Temporarily Residing Outside of The United States

## Uses

- Tourism
- Vacation
- Religious Pursuits
- VISA Requirements
- Business Assignments
- Students Studying Abroad

## How To Apply

- Paper Application
- Online Enrollment



**PETERSEN**

International Underwriters

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# The USAway International Major Medical Plan



## Description of Available Benefits

Choice of Deductible		Coinsurance	Maximum Benefit	
Age 0-69	\$0, \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000	After Deductibles are paid, Underwriters will reimburse 80% of the next \$5,000 in eligible expenses and then 100% of eligible expenses up to the Maximum Benefit	Age 0-69	\$50,000 - \$5,000,000
Age 70-79	\$1,000, \$2,500, or \$5,000		Age 70-74	\$250,000
Age 80-84	\$2,500 or \$5,000		Age 75-79	\$100,000
(Deductibles listed are per person, per policy period)			Age 80-84	\$50,000
			(Benefits listed are per person, per policy period)	

## Description of Policy Benefits

The insurance being described is a temporary major medical insurance plan. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographical area will be reimbursed to you. Benefits may be assignable directly to the providers once a claim has been reviewed and completed.

### Eligible Expenses

**Hospital Expenses:** All medically necessary expenses while hospitalized.

**Physician Services:** All medically necessary expenses for treatment.

**Skilled Nursing Facilities:** All medically necessary expenses if confinement begins following a medically necessary hospital confinement of 3 days or longer.

**Home Health Care:** All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

**Ambulance Services Expenses:** To and from a hospital within 100 miles in the same geographic area.

**Prescription Drugs:** Outpatient prescription medications covered up to a maximum of \$500.

**Repatriation of Remains:** In the event of death, Underwriters will reimburse the cost of delivery of your remains to a mortuary nearest your home up to \$100,000.

**Common Accident Provision:** In the event that you and any additional insured family members suffer injuries from the same accident, only one deductible and coinsurance shall be applied.

**Global Medical Transportation:** All medically necessary expenses for stabilization and transportation to the facility nearest your home, which can provide the appropriate care up to \$100,000.

**Lost Luggage:** In the event that your checked on luggage is completely and totally lost, Underwriters shall reimburse you to a maximum of \$500, excess of any and all other valid and collectible coverages.

**Emergency Return Home:** If, after you have departed, you learn of the death of an Immediate Family Member, or you learn of the substantial destruction of your home by fire, wind, flood, or earthquake, Underwriters shall reimburse you the cost of an economy one way air or ground transportation ticket for you to your home, up to a maximum of \$5,000.

**Trip Cancellation Benefit:** If within two weeks prior to your pre-paid ticketed or vouchered initial trip departure your entire trip must be cancelled due to 1) your death, illness or injury causing hospitalization or outpatient surgery, or 2) the death of an Immediate Family member, or 3) the substantial destruction of your home due to fire, wind, flood, or earthquake, any unused and nonrefundable portion of expenses shall be reimbursed up to a maximum of \$1,000, excess of \$100 each and every loss and excess of all other valid Insurances.

**\$25,000 Accidental Death:** Double indemnity (\$50,000 total) if accidental death occurs while riding as a passenger of a common carrier.

**Follow Me Home:** Provides benefits for any injury or illness which occurs while in the USA. Benefits are limited to 2 weeks for every 3 months of time outside the USA.

This is not intended to be a complete outline of coverage. Actual wording may change without notice.

Underwriters reserve the right to modify terms and benefits at time of underwriting.

USAway.07.01.2009

# The USAway International Major Medical Plan



## Optional Coverages

### War & Terrorism Coverage

If you elect this option Underwriters will reimburse You for Eligible Expenses which are incurred as a result of Injuries or Illnesses sustained due to war/terrorism or act of war/terrorism. Injuries or Illnesses due to war/terrorism or act of war/terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s) are not covered with this optional benefit.

### Cardiac and Cancer Limitations Removal

If you elect this option Underwriters will remove the \$25,000 limitation on cardiac and cancer related conditions and Underwriters will consider them to be the same as any other expense. This option is available only to individuals under the age of 60.

### Frequent Travelers Option

This option allows you to purchase a specified number of days of coverage, within the next 12 months, to allow you to leave the U.S.A. as frequently as you desire without applying for coverage each time.

### Sports or Activity Coverage

If you elect this option, underwriters will reimburse you up to \$250,000 for eligible expenses which are incurred due to an injury resulting from the participation in a sport or activity that is specifically named on the Schedule of Coverage. (See exclusions for a list of commonly excluded sports and activities.)



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## Daily Rate Per Person (A)

Age	Premium
0-18 Dependent	\$0.85
0-18	\$1.21
19-29	\$1.35
30-39	\$1.62
40-49	\$2.14
50-59	\$3.36
60-64	\$4.60
65-69	\$5.01
70-74*	\$7.25
75-79**	\$8.18
80-84***	\$12.74



\*Maximum coverage of \$250,000 with a minimum deductible of \$1,000.  
 \*\*Maximum coverage of \$100,000 with a minimum deductible of \$1,000.  
 \*\*\*Maximum coverage of \$50,000 with a minimum deductible of \$2,500.

Number of days can be a minimum of 7 day and a maximum of 2 years .

## Maximum Benefit Factors (B)

\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$5,000,000
0.815	0.875	0.925	0.95	1.0	1.425	1.60

## Deductible Factors (C)

\$0	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
1.75	1.375	1.25	1.125	1.0	0.9	0.7

## Optional Coverages: (D)

1. Cardiac/Cancer Limitation Removal = Add 10% (Only available to individuals under the age 60)
2. Recreational Sports & Activities = Add 25% for coverage up to 60 days or add 10% for 61-365 days
3. War & Terrorism Coverage = Call
4. Frequent Traveler = Determine the number of months you will be traveling within the next 12 months. Add (1) one extra month to this time. Calculate premiums based upon the adjusted time. Example: 3 months of coverage over the next 12 months, would be calculated as a 4 month premium

## To Calculate

Daily Rate Total* (A)	X	Number of Days	X	Maximum Benefit Factor (B)	X	Deductible Factor (C)	X	Optional Coverage (D)	+	\$100	=	Total Cost \$
\$ <input style="width: 80px;" type="text"/>		<input style="width: 80px;" type="text"/>		<input style="width: 80px;" type="text"/>		<input style="width: 80px;" type="text"/>		<input style="width: 80px;" type="text"/>				<input style="width: 80px;" type="text"/>

\*Total Daily Rate, please add the daily rate for each person to calculate the total.

## Individual & Group Application Form

This is a temporary major medical insurance plan intended for **reimbursement** of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

### Maximum Benefit Factors (A)

Name (Last, First)	Date of Birth	Gender	Travel Dates
	/ /	M / F	/ / to / /
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	

\*If additional applicants please attach a separate page.

### Contact Information (B)

Number & Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Coverage Amount (C)

Deductible: \$ \_\_\_\_\_ Maximum Benefit: \$ \_\_\_\_\_

### Optional Coverage (D)

- Sports or Activities Coverage      • Specify Sport or Activity \_\_\_\_\_
- War & Terrorism Coverage          • Specify Countries \_\_\_\_\_
- Frequent Traveler Option            • Number of Months Traveling \_\_\_\_\_
- Cardiac/Cancer Limitation Removal – Not available over age 59.

### Payment Options (E)

1. **Check** - Payable to Petersen International Underwriters
2. **Credit Card:**  Visa (2% fee)    MasterCard (2% fee)    American Express (3.5% fee)  
     Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
     Expiration Date: \_\_\_\_ / \_\_\_\_

## Declaration

**I understand this coverage is for persons traveling outside the United States of America. I understand the Terms and Conditions of this product. I (We) am/ are in good health and ordinarily enjoy good health. I understand that Pre-existing Conditions as defined in the Terms and Conditions are excluded. Payment for the full term of coverage must be paid in U.S. dollars at the time the certificate is issued and it is earned in full.**

Proposed Insured \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print

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## Limitations

1. Services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000, at the option of Underwriters.
2. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$100,000 in the aggregate.
3. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room.
4. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.
5. Insured age 70-74 is limited to \$250,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
6. Insured age 75-79 is limited to \$100,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
7. Insured age 80-84 is limited to \$50,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.

## Pre-existing Conditions Limitations

A preexisting condition means a condition, disease or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication including but not limited to ongoing condition(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonable prudent person to seek medical attention during the 12 months immediately preceding the Effective Date of the insurance described in this Certificate, whether disclosed or not on Your application.

## Exclusions

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Expenses in excess of UCR.
5. Self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries sustained from participation in Hazardous Sports or Activities.\*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Illnesses due to War or any act of War whether declared or undeclared.\*
16. Injuries or Illnesses due to Terrorism or any act of Terrorism whether declared or undeclared.\*
17. Injuries or Illnesses due to an act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Illnesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the specified Geographic Area.
24. Pre-existing conditions.
25. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.\*\*

\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

\*\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement. Please note this exclusion cannot be removed with the online enrollment.

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