



**TOKIOMARINE**  
**HCC**

**Medical Insurance Services Group**

251 North Illinois Street, Suite 600, Indianapolis, IN, 46204 USA

Tel: 317-262-2132 Fax: 317-262-2140 Toll Free: 800-605-2282

<http://service.hccmis.com>

hccmis.com

# SafetyWing Insurance™

DESCRIPTION OF COVERAGE

## SCHEDULE OF BENEFITS AND LIMITS

Plan Details	
Overall Maximum Limit	\$250,000
Maximum per Injury / Illness	\$250,000
Deductibles	\$250 per <b>certificate period</b>
Coinsurance – Claims incurred in U.S.	
In-Network Payment	<b>Within the PPO: We</b> will pay 100% of eligible expenses, after the deductible, to the overall maximum limit.
Out-of-Network Payment	<b>Outside the PPO: Usual, reasonable, and customary. You</b> may be responsible for any charges exceeding the payable amount.
Coinsurance – Claims incurred outside U.S.	<b>We</b> will pay 100% of eligible expenses after the deductible up to the overall maximum limit.

Eligible expenses are subject to **deductible, coinsurance, overall maximum limit, and are per certificate period** unless specifically indicated otherwise.

Benefit	Limit
Hospital Room and Board	Average semi-private room rate, including nursing services
Intensive Care Unit	Up to the overall maximum limit
Local Ambulance	<b>Usual, reasonable and customary</b> charges, when covered <b>illness</b> or <b>injury</b> results in hospitalization as inpatient.
Emergency Room Co-payment – Claims incurred in U.S.	<b>You</b> shall be responsible for a \$100 co-payment for each use of emergency room for an <b>illness</b> unless <b>you</b> are admitted to the <b>hospital</b> . There will be no co-payment for emergency room treatment of an <b>injury</b> .
Urgent Care Center – Claims incurred in U.S.	For each visit, <b>you</b> shall be responsible for a \$50 co-payment, after which coinsurance will apply. – <i>Co-payment is waived for <b>members</b> with a \$0 deductible.</i> – <i>not subject to deductible</i>
Outpatient Physical Therapy and Chiropractic Care	Up to \$50 maximum per day. Must be ordered in advance by a <b>physician</b> .
Emergency Dental ( <i>Acute Onset of Pain</i> )	Up to \$1,000 - <i>not subject to deductible or coinsurance</i>
Acute Onset of Pre-existing Condition ( <i>excludes chronic and congenital conditions</i> )	Up to the overall maximum limit Up to \$25,000 lifetime maximum for Emergency Medical Evacuation
Terrorism	Up to \$50,000 lifetime maximum, eligible medical expenses only
All Other Eligible Medical Expenses	Up to the overall maximum limit
Emergency Travel Benefits	Limit
Emergency Medical Evacuation	Up to \$100,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition - <i>not subject to deductible, coinsurance, or overall maximum limit</i>

Repatriation of Remains	Up to \$20,000 lifetime maximum - <i>not subject to deductible or coinsurance</i>
Local Burial or Cremation	Up to \$10,000 lifetime maximum - <i>not subject to deductible or coinsurance</i>
Crisis Response - Ransom, Personal Belongings, and Crisis Response Fees and Expenses	Up to \$10,000 - <i>not subject to deductible, coinsurance, or overall maximum limit</i>
Emergency Reunion	Up to \$50,000, subject to a maximum of 15 days - <i>not subject to deductible or coinsurance</i>
Bedside Visit	Up to \$1,500 - <i>not subject to deductible or coinsurance</i>
Return of Minor Children	Up to \$5,000 - <i>not subject to deductible or coinsurance</i>
Pet Return	Up to \$1,000 - <i>not subject to deductible or coinsurance</i>
Political Evacuation	Up to \$10,000 lifetime maximum - <i>not subject to deductible or coinsurance</i>
Trip Interruption	Up to \$5,000 - <i>not subject to deductible or coinsurance</i>
Accidental Death & Dismemberment ( <i>excludes loss due to Common Carrier Accident</i> )  Ages 18 through 69  Under age 18	Lifetime Maximum - \$50,000 Death - \$50,000 Loss of 2 Limbs - \$50,000 Loss of 1 Limb - \$25,000  Lifetime Maximum - \$5,000 Death - \$5,000 Loss of 2 Limbs - \$5,000 Loss of 1 Limb - \$2,500  \$250,000 maximum benefit any one family or group. - <i>not subject to deductible, coinsurance, or overall maximum limit</i>
Common Carrier Accidental Death Ages 18 through 69 Under age 18	\$50,000 \$25,000  Subject to a maximum of \$250,000 any one family or group. - <i>not subject to deductible, coinsurance, or overall maximum limit</i>
Lost Checked Luggage	Up to \$3,000 per certificate period; \$500 per item. Up to \$6,000 lifetime limit. - <i>not subject to deductible or coinsurance</i>
Travel Delay	Up to \$100 a day after a 12-hour delay period requiring an unplanned overnight stay. Subject to a maximum of 2 days. - <i>not subject to deductible or coinsurance</i>
Natural Disaster - Replacement Accommodations	Up to \$100 a day for 5 days - <i>not subject to deductible or coinsurance</i>
Hospital Indemnity	\$100 per day of <b>inpatient</b> hospitalization - <i>not subject to deductible or coinsurance</i>

Personal Liability	Up to: \$10,000 lifetime maximum \$10,000 <b>third person injury</b> \$10,000 <b>third person property</b> \$2,500 <b>related third person property</b> - <i>not subject to deductible, coinsurance, or overall maximum limit</i>
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**Certificate Period** means the period of time beginning on the date and time of the **certificate effective date** and ending on the date and time of the **certificate termination date**.

**Coinsurance** means **your** payment of eligible expenses as specified in the Schedule of Benefits and Limits.

**Deductible** means the dollar amount of eligible expenses, specified in the Schedule of Benefits and Limits that **you** must pay per **certificate period** before eligible expenses are paid.

**Usual, Reasonable and Customary** means the lesser of the following:

1. One and a half times (150%) of the charges payable under the United States Medicare program, for claims incurred outside the PPO network within the U.S., or
2. Most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as **usual, reasonable and customary** charges will be determined by **us**. In determining whether a charge is **usual, reasonable and customary**, **we** may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the **illness** or **injury** being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; such other factors **we**, in the reasonable exercise of discretion, determine are appropriate.

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## U.S. PREFERRED PROVIDER ORGANIZATION (PPO) REQUIREMENTS

Nothing contained in this insurance restricts or interferes with **your** right to select the **hospital, physician** or other medical service provider of **your** choice. Nothing contained in this insurance restricts or interferes with the relationship between **you** and the **hospital, physician** or other providers with respect to treatment or care of any condition, nor **your** right to receive, at **your** own expense, services and/or supplies that are not covered under this insurance.

To comply with the United States Preferred Provider Organization (PPO) requirements, **you** must receive medical treatment from PPO providers while in the United States. If **you** choose to seek treatment from a PPO provider, **we** will remit payment for eligible expenses directly to the provider and **we** will waive the **coinsurance** applicable to the expenses.

**You** may review a listing of **hospitals, physicians** and other medical service providers included in the PPO Network for the area where **you** will be receiving treatment by accessing the Internet website for Tokio Marine HCC - MIS Group at: [www.hccmis.com](http://www.hccmis.com). For assistance locating a provider, contact us at 1-800-605-2282.

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## CLAIM PROCEDURES

**You** must submit a claim for any expenses to be paid by **us**. This includes treatment or services for which the medical provider will bill **us** directly. No payments will be made by **us** without **you** first submitting a claim.