

Core™ Travel Insurance Program for

Globe Aware

Frequently Asked Questions and Answers

May 1, 2016

Core™ Travel Administrator

For info re: coverage and upgrades:

www.corereavelinsurance.com

administrator@coretravelinsurance.com

For claims questions, see question #28.

Medical Assistance Provider

For 24-hour emergency medical assistance

call Europ Assistance:

Tel: 1-866-690-5111 while in the USA

Tel: 1-202-659-7776 collect outside the USA

1. What is the purpose and limitation of this document?

This document addresses frequently asked questions about the Globe Aware travel medical and evacuation insurance program in which you are automatically enrolled. It allows you to quickly locate the information you need to know about the program and its benefits. Please note that we address coverage issues in a broad way, and this summary does not contain all of the policy details that govern the insurance. That information is available from administrator@coretravelinsurance.com upon request. In the event of a coverage dispute or discrepancy the wording of the policy on file will apply. These benefits are subject to change without notice.

2. Who is the insurance company?

The Insurance Company is Axis Global Accident and Health. The policy number is # BTAB-50381-370.

You will find an ID card customized for your Core™ Travel insurance coverage with Globe Aware on the www.coretravelinsurance.com website. Click on the button that says "Go to your Profile". There you will find an button that says "Print Insurance Card".

The front of the card will list your name, policy number and organization. The reverse will show contact information for emergency assistance and claims. The emergency assistance provider can inform a medical facility about your coverage and limits. The card is wallet-sized so that you can carry it with you during your trip. A good idea is to take a photo of the card and keep it in your smartphone.

3. What benefits does this plan offer and what are its limits?

"The Core™ Plan" is automatically provided to Globe Aware participants while they are on a Globe Aware program anywhere in the world, outside of the United States. It covers your travel medical risks, including Medical Expenses and Emergency Medical Evacuation, while you are traveling. Travel medical insurance is not the same as the health insurance available to you at home and does not cover routine or wellness visits, or expenses that can safely wait until you get home. Expenses that arise from situations that are not clearly due to a covered travel medical risk may be payable by the participant. You can then submit the claim to the insurance company with a request for reimbursement.

This policy doesn't provide any kind of liability insurance. Baggage and Personal Property insurance is not included in "The Core™ Plan" but can be purchased as an upgrade (see question 23.)

The benefits and limits of "The Core™ Plan" are:

Medical Expense	\$50,000
Emergency Medical Evacuation	100% of covered expenses
Tail Medical	\$10,000
Emergency Dental	\$1,000 for injury \$250 for alleviation of pain
Accidental Death	\$10,000
Permanent Total Disability	\$10,000
Return of Mortal Remains	100% of covered expenses
Trip Cancellation	\$1,000
Emergency Reunion/Trip Interruption	\$ 3,000

4. Can I get higher limits of coverage during my Globe Aware program?

Yes. You can choose to upgrade your limits of coverage from the "The Core™ Plan" to "The Silver Plan"; "The Gold Plan"; or "The Diamond Plan". These plans offer up to \$500,000 in Medical Expense, as well as increased limits on other benefits.

You can upgrade by going to www.Coretravelinsurance.com and clicking on "Go to your Profile". and then "Purchase Options." Fill out the online application and pay for the additional benefits with a credit card before your Globe Aware program starts. You will receive a confirmation of your order by email. Once you have begun your Globe Aware program, however, your limits of insurance coverage cannot change. Premium paid for upgrades is not refundable once you have left for the international journey. **If you do not wish to upgrade the coverage, you do not have to do anything. You will automatically receive coverage under the "The Core™ Plan".**

5. When does the coverage begin and end?

You are automatically covered for the scheduled period of the Globe Aware program. Coverage begins on the day that your Globe Aware program is scheduled to start, and stays in effect until the

end of the day on which your program is scheduled to finish. The insurance does not cover international travel time to and from your home country, or the ordinary travel to and from the airports or other points of disembarkation. However, if you return from your program by Emergency Medical Evacuation, coverage applies for transportation directly to the designated medical facility or to your home.

6. Is it possible to buy insurance that would cover me either before or after the Globe Aware program?

Yes, you can use the upgrade feature to buy travel insurance for your periods of international travel before or after your Globe Aware program, or both.

EXTENSION BEFORE. If you want coverage for the period before you arrive at the program site, you can purchase that using the upgrade feature before your departure from your home country. If you choose to cover your trip from your home country, coverage begins at the airport (or at the international disembarkation site) on the day you depart for your international journey.

Make sure to specify enough days to fully cover your transportation time, accounting for all stopovers and travel from the airport to the Globe Aware program site. For some Globe Aware programs this may require two or more days.

You may also cover other days you are overseas before your Globe Aware program begins. You can choose to start your coverage at any time before your Globe Aware program begins, as long as you are not in your home country or in the US during that time, and as long as your period of extension ends on the day your Globe Aware program begins.

Go to the application on the www.coretravelinsurance.com website and click first on the button that says "Go to my Profile" and then on "Purchase Options". You will find pricing and instructions for purchasing extension coverage for the specific dates you want.

EXTENSION AFTER. If you want coverage for the period after your Globe Aware program ends, you can buy it either before your departure from the home country or even while you are still on the Globe Aware program, as long as your period of group insurance with Globe Aware has not yet expired. Coverage for your trip back to your home country will end when you arrive at the airport or other international disembarkation site in your home country.

You can buy extension coverage for travel past your program dates at www.coretravelinsurance.com. Click first on the button that says "Go to my Profile" and then on "Purchase Options". Note that once the date on which your program is scheduled to end has passed, you will no longer be able to buy the extension.

If you need to stay overseas past the program end date, make sure that your insurance is extended in time to keep your coverage going. If you are not able to arrange for the extension yourself, ask Globe Aware to assist you.

Your insurance will end on the date your program ends unless you have arranged for an extension. If you are hospitalized on the date your program ends, coverage will continue until you are determined to be fit to fly home or until the limit of Medical Expense coverage has been met.

Coverage extension after the Globe Aware program has ended is the only benefit from Core™ Travel that can be purchased after the departure from your home country.

GENERAL INFORMATION ABOUT EXTENSIONS. Coverage limits for extension periods will be the same as the limits in effect during the Globe Aware program. For example, if you elect to upgrade to Silver Plan coverage for your Globe Aware program, you will also need to buy any extension coverage under the Silver Plan too. Coverage extension is available for up to a full year, including your time on the Globe Aware program. Coverage applies anywhere in the world except for travel in your Home Country or the US.

Extension coverage is not provided until your purchase is approved and confirmed. Make sure that your correct email address is on your profile so that you can receive immediate confirmation by email of your extension coverage purchase. If you feel you have not received the confirmation, check your spam or junk files. Then send an email to administrator@coretravelinsurance.com to request duplicate confirmation. Keep this confirmation with you while you travel outside the dates of the Globe Aware program.

Premium paid for extended coverage is not refundable once you have left for the international journey.

7. Where does the insurance cover me?

Coverage is valid in the country of your Globe Aware program. Overseas travel to and from the Globe Aware program site is not covered, but you can buy extension coverage for these periods at www.coretravelinsurance.com. Extension coverage applies anywhere in the world except for travel within the US or within your Home Country. The place where extension coverage can begin is at the airport or international disembarkation site for your international journey. Extension coverage ends once you have arrived at the airport or international disembarkation site in your Home Country.

8. Does coverage continue if I remain out of my Home Country?

Coverage ends when your Globe Aware program is over, even if you choose to remain overseas, stay at the program location, or don't return directly home. Your travel medical coverage is only effective for the official period of your Globe Aware trip.

If you plan to continue traveling or remain outside the US or outside your home country after your Globe Aware program ends, you may want to extend coverage to remain protected. You need to do that, however, **before your group coverage ends**. There is no extension of coverage available once your Globe Aware expedition is over. You can upgrade at www.coretravelinsurance.com by clicking on "purchase options", making your selection, paying by credit card and receiving an email confirmation.

Your Home Country is the country from which you hold a passport. If you hold a passport from more than one country, it's the country you declare to the insurer in writing.

9. Is there any deductible or co-payment?

No deductible or copayment is required. (There is a deductible for baggage and personal effects coverage, which is available as an upgrade.) It's important to note that the insurance does contain exclusions. If one is found to apply to you after coverage has been provided, for example for a pre-existing condition, your insurance claim could be denied and you could be held financially responsible for the expense, as is the case with any travel medical insurance policy.

10. I think I am already insured for my medical expenses while on the program. What happens then?

The Globe Aware insurance program is mandatory for all participants, regardless of existing coverage. Many domestic insurance policies don't cover expenses incurred outside your Home Country or even in different states or provinces in your Home Country. In particular, many don't cover Emergency Medical Evacuation or Assistance, especially from remote areas. We have this policy to make sure that you don't encounter gaps in coverage that might impede your medical care while on the program and that could result in costly medical expenses for you.

While this is primary coverage, if the insurance company pays benefits that are available to you under another health care plan, they may seek to recover those expenses.

There are also special travel risks that can occur on an international travel program that this policy is designed to address that other medical policies may not cover. In many cases, such as automobile accidents, the insurer is obliged to investigate coverage related to the vehicles involved. We will ask for your help in making such investigations, as they assist greatly in helping to keep Globe Aware insurance affordable.

11. What is covered under the Medical Expense benefit?

The medical limit of "The Core™ Plan" coverage is \$50,000. "Medical expense" means the cost of medical care received overseas. It applies to Medical Expenses that arise from a covered illness or injury. This policy is meant to cover expenses that can't wait until you return home, and those not covered under any other source of insurance. The first covered expenses have to be incurred within 30 days from the date of covered accident or illness.

The same medical expense benefits are covered on all the upgrade plans offered. The maximum limit covered are different from plan to plan.

If an Injury or Illness occurs during the period of coverage and you require medical or surgical treatment, this plan will pay no more than ***Reasonable and Customary (R&C)*** charges for Covered Expenses, up to the policy maximum. Reasonable and customary represents the range of usual fees for comparable services charged by medical professionals in the geographic area where medical services are rendered, as determined by the insurance company.

Covered Medical Expenses include:

- **Hospital Expenses** - Charges for average semi private room and board, floor nursing and other services inclusive of charges for professional services, provided that expenses do not exceed the Hospital's average for semi-private room and board accommodations. Also, charges made for the diagnosis, treatment and surgery by a Physician; cost of administration of anesthetics; prescriptions and medication, x-ray services, laboratory tests and services, while in the hospital, both Inpatient or Outpatient.
- **Intensive Care - at 2 times the average semi-private room and board and R&C charges.** Two times the average semi-private room charge made by the servicing Hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing Hospital, whichever is less.
- **Physician Visits** – Charges for an office visit to a Physician for a covered Injury or Illness.
- **Physiotherapy** - Charges for physiotherapy, if recommended by a Physician for treatment of a specific disablement and administered by a licensed physiotherapist are included.
- **Dressings, Prescription Drugs and Medicines** - Charges are included for dressings, prescription drugs and medicines, are covered only if prescribed by a Physician in relation to a covered Injury or Illness. Prescriptions must be paid for at the Pharmacy and then receipts must be submitted with a claim form.
- **Dental--if Caused by an Accident or for Alleviation of Pain** - for repair and replacement of sound, natural teeth damaged as a result of an accident or for the relief of pain are covered up to the maximum. Routine dental examinations, routine x-rays, and other dental procedure that are not the result of an accident are not covered.
- **Mental Health Visits** –Charges for up to two visits to a mental health professional, including costs for an interpreter if needed, up to a maximum of \$500. This maximum limit applies for the entire duration of the participant's international journey, including any extensions taken.

Medical Expenses Not Covered:

- **Pre-existing Conditions** – which means that expenses arising from an Injury or Illness for which a person receives any diagnosis, treatment, or had taken any prescription medicines during the one month immediately preceding the dates of travel are not covered. This does not apply when the Insured Person is taking prescription medications for a condition which is and remains under control without any change in the required prescription for this time period.

However, when it does apply, there is an emergency medical benefit of up to \$2,500 for medical expenses arising from pre-existing conditions.

- **Routine Physical Examinations, Vaccinations** - *Not covered*
- **Routine Eye Examinations, Eyeglasses and Contact Lenses** – *Not covered*
- **Preventive Medical Services and Wellness Benefits** - *Not covered*
- **Mental and Nervous Disorders**-- *Not covered.*
- **Maternity or Childbirth or nursery care**—*Not covered.* There is an emergency medical services benefit of up to \$2,000 for medical expenses arising from pregnancy.

12. What kind of dental coverage is provided?

The plan provides coverage for expenses due to injury to sound, natural teeth or to relieve pain. It does not cover fillings or routine dental exams. There is no upgrade available for dental coverage.

13. What is the "Tail Medical" benefit?

This is a nickname for a benefit known in the insurance policy as the Home Country Emergency Medical Benefit. It keeps you covered in certain cases after your return to your Home Country. It covers medical expenses from a covered Injury or Illness that occurred while you were on an Globe Aware program. It's particularly useful should you be medically evacuated and face continuing medical bills from a covered Injury or Illness. This coverage does not apply to a new Injury or Illness you experience once you have returned to your Home Country.

The maximum is \$10,000, which you must use in the forty-five days immediately following the date of your return to your Home Country. Coverage ends forty-five days from the date you return to your Home Country even if the full limit has not been used up. Coverage includes Physician visits, surgery, medicine, hospital stay and ambulance, but not air evacuation that may be desired once you're back home. If you have other insurance, like domestic medical insurance, available on your return, this feature is secondary. This benefit is in excess of any other valid and collectible insurance. There is no upgrade available for the "Tail Medical" benefit.

14. How much coverage is available for Emergency Medical Evacuation and how does it work?

The policy pays a limit of 100% of covered expenses for covered emergency medical evacuation expenses. Note that this is separate from the limited benefit for Medical Expense, which addresses the cost of medical care you receive overseas. Emergency Medical Evacuation is used when you become injured or ill and the Physician assisting you recommends that your Illness or Injury requires an Emergency Medical Evacuation to the nearest medical facility where appropriate medical treatment can be obtained or to your Home Country. This can include the costs of a nurse or physician to accompany you, either on a commercial airliner, on a special chartered plane, or other means of transportation.

It is important to note that Emergency Medical Evacuation is subject to the terms and conditions of the policy, which means that coverage exclusions apply. If you are medically evacuated for a reason that is found to be excluded under the policy the Medical Evacuation expenses become your responsibility. If it is possible that you could be medically evacuated for a reason excluded under this policy, it is advisable to make special provisions for additional coverage.

Note that Emergency Medical Evacuation is done only in serious cases, where your life is threatened or where you face a risk of permanent disability, and used when your health would be threatened by using regular forms of transport.

The decision to medically evacuate, and the determination of whether the evacuation is made to the home country or to a different medical facility, is made based on information from medical professionals working on the case and is implemented by Europ Assistance.

The process has to be coordinated by Europ Assistance in order to be covered, including medical care, transportation arrangements and travel plans. Do not arrange a Medical Evacuation on your own. Make sure that both Europ Assistance and Globe Aware are involved in helping with any medical evacuation plans.

15. Who is Europ Assistance and how do I reach them?

Europ Assistance is a travel assistance company that operates around the world in conjunction with your insurer. The Europ Assistance emergency hotline is available 24 hours a day, 7 days a week. You can call them from **inside the US at 1-866-690-5111** or collect from **outside the US at 1-202-659-7776**. If a medical evacuation is required, Europ Assistance will arrange for it. They provide the following services:

Medical Assistance - Worldwide medical information, worldwide hospital and physician referral, medical monitoring, mental health counseling, dispatch of physician or specialist, emergency prescription replacement, evacuation or return of remains, and payment guarantee of medical expense.

Please note that payment guarantees apply to emergency medical situations only and must be approved by the assistance provider. Medical expense for emergency in-patient admission will be guaranteed in full. Medical expenses for emergency out-patient will be guaranteed in excess of the first \$100 of expenses. Up-front payment by Europ Assistance for non-emergencies is not guaranteed. You should be prepared to pay these expenses and submit a claim to the insurance company for them later if necessary.

The assistance provider will provide the service and guarantee payment unless there is clear indication that the situation is not an emergency. The definition of an emergency is " a condition caused by accident or illness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive adequate medical attention would place the health of the person in serious jeopardy".

Travel Assistance Services- 24-Hour emergency travel arrangements, emergency translation service (for a fee), embassy and consular assistance, lost document assistance, worldwide legal referrals, bail bonds assistance, credit card replacement, lost baggage assistance. For more information about these services, please contact Europ Assistance.

16. Who handles my insurance questions and administration?

For information about the Core™ Travel program for Globe Aware participants, including detailed explanation of upgrade options, go to www.coretravelinsurance.com. There you can select and purchase upgrade options. Payment may be made by Visa, MasterCard or Discover; payment by check or money order is not accepted. You will be contacted by the administrator if there are any questions about your application or adjustments that need to be made, and you will receive a confirmation of upgrade purchase by email. Premium paid for upgrades, including coverage extension, is not refundable once you have left for the international journey.

For questions about Core™ Travel coverage and upgrade options, you can send an email to administrator@coretravelinsurance.com or telephone at 518-708-4192.

All questions about claims should be directed to the insurance company at the contact information listed in question #28.

17. What is the Return of Mortal Remains benefit?

Return of Mortal Remains means the transport of bodily remains or ashes to your Home Country. Coverage for this is included in the limit provided for Emergency Medical Evacuation. The process has to be coordinated by Europ Assistance in order to be covered.

18. How does the Accidental Death benefit work?

This benefit is paid to a beneficiary if you die as the result of a covered Injury that occurred while traveling on an expedition. The death has to arise solely as a result of the covered Injury, and within twelve months of the date it occurred. Death that occurs as a result of an Illness is not covered. Disappearance of the insured person is covered. The insurer will need a certificate of death to process a claim.

Participants have the option to increase this limit by using the Silver or Gold upgrade plans.

19. How are benefits paid for permanent disability?

A lump sum payment is made to you if you are permanently totally disabled because of a covered Injury. Permanent disablement means your ability to do any type of work for which you are or may become qualified by reason of education, training or experience. The permanent disability benefit is not payable to travelers who are aged 70 or older at the time of the injury

In addition to the benefit paid for permanent disability, the insurance policy can also pay a Rehabilitation benefit of \$5,000 and a Home Alteration/Vehicle Adaptation benefit of \$5,000, when special equipment may be required.

Participants have the option to increase this limit by using the Silver or Gold upgrade plans.

20. What are the Emergency Reunion/Trip Interruption benefits?

This benefit accommodates three kinds of unexpected travel expenses that arise from a medical emergency while you are traveling outside your home country. These are subject to the conditions specified by the policy.

- 1) **Emergency Reunion -- Family member visit to your international location.** If you suffer an injury or sickness while overseas and must be confined to a hospital for at least seven days, the insurer will reimburse the expenses for a Family Member to visit you during your stay in the hospital. This includes transportation and lodging arrangements made in the most direct and economical way and not exceeding the usual level of charges for similar transportation or lodging in the location where the expense is incurred.

Benefits need to be approved in advance by the Insurance Company, and travel arrangements made by Europ Assistance.

- 2) **Trip Interruption - Your return to your Home Country for your health reasons.** If you are advised by a Physician in writing that you should return to your Home Country before the scheduled completion of your trip for health reasons, but the situation does not require an Emergency Medical Evacuation, this benefit can address your extra traveling expenses. Coverage will also apply if you incur an injury that makes it impossible for you to partake any longer in the activities of your organization.

This benefit can reimburse the costs of a one-way economy air and/or ground transportation ticket, up to the limit of coverage provided. This benefit can also pay for your economy transportation costs home should you be medically evacuated to a location other than your home country. The benefit does not cover the expenses of returning to the location of your trip after your recovery.

- 3) **Trip Interruption - Your return to your Home Country for family health reasons.** If a Family Member has died or experienced an unforeseen illness or injury, to a degree that is so disabling that it could reasonably cause a trip to be interrupted, this benefit will reimburse the cost of your one-way economy air and/or ground transportation ticket to return home. The health situation of the Family member should be confirmed in writing by a physician who is not related to you or to a Family member or by a death certificate. The benefit also responds should there be substantial destruction of your principal residence by fire or weather-related activity. This benefit does not cover the expenses of returning to the location of your trip.

“Family Member” means your parent, parent-in-law, sister, brother, husband, wife, domestic partner, children, or grandparent.

An unforeseen injury is one that happens after the participant has left for the trip overseas. An unforeseen illness is one for which the sick person had not seen a doctor, experienced symptoms or received treatment in the thirty days before coverage became effective under the policy.

See questions 21 and 22 for information on upgrading trip interruption benefits.

Note that when a trip is interrupted due to a covered reason, the Trip Interruption benefit pays for transportation expenses. In some cases the trip cancellation benefit could also be payable, up to the Core™ Travel limit provided, or to the upgrade limit purchased. For example, if a participant must return home early because of the illness of a Family Member, the Trip Interruption expense could reimburse travel expenses up to \$3,000. The trip cancellation benefit could pay up to \$1,000 towards the costs of non-refundable trip payments, or more if you have purchased a voluntary upgrade.

The Trip Cancellation benefit is also triggered when a trip has been purchased but can't be undertaken for covered reasons. See question 26 for more information on the trip cancellation benefit and upgrades.

21. Can I get higher limits of coverage?

You can upgrade to any of the following plans. Any extension of coverage you take before or after your Globe Aware program will also be put into effect at the upgraded level. Rates are based on the length of your program.

Terms and conditions offered under these plans are the same as provided under “The Core™ Plan”, but the limits are higher. See the application online for applicable premiums at www.coretravelinsurance.com.

The benefits and limits of “The Core™ Plan” are:

Medical Expense	\$50,000
Emergency Medical Evacuation	100% of covered expenses
Tail Medical	\$10,000
Emergency Dental due to Accidental Death	Injury \$1,000 or Pain \$250
Permanent Total Disability	\$10,000
Return of Mortal Remains	100% of covered expenses
Trip Cancellation	\$1,000
Emergency Reunion/Trip Interruption	\$ 3,000

The limits of coverage for “The Silver Plan” are:

Medical Expense	\$100,000
Emergency Medical Evacuation	100% of covered expenses
Tail Medical	\$10,000
Emergency Dental due to Accidental Death	Injury \$1,000 or Pain \$250
Permanent Total Disability	\$15,000
Return of Mortal Remains	\$15,000
Trip Cancellation	100% of covered expenses
Emergency Reunion/Trip Interruption	\$1,000
	\$ 5,000

The limits of coverage for “The Gold Plan” are:

Medical Expense	\$200,000
Emergency Medical Evacuation	100% of covered expenses
Tail Medical	\$10,000
Emergency Dental due to Accidental Death	Injury \$1,000 or Pain \$250
Permanent Total Disability	\$25,000
Return of Mortal Remains	\$25,000
Trip Cancellation	100% of covered expenses
Emergency Reunion/Trip Interruption	\$1,000
	\$10,000

The limits of coverage for “The Diamond Plan” are:

Medical Expense	\$500,000
Emergency Medical Evacuation	100% of covered expenses
Tail Medical	\$10,000
Emergency Dental due to Accidental Death	Injury \$1,000 or Pain \$250
Permanent Total Disability	\$25,000
Return of Mortal Remains or Cremation	\$25,000
Trip Cancellation	100% of covered expenses
Emergency Reunion/Trip Interruption	\$1,000
	\$10,000

22. Is it possible to buy higher levels of trip interruption only?

Trip interruption levels rise in the Silver and Gold plans. To increase trip interruption coverage participants need to buy one of these plans. To determine the level of trip interruption benefit that is right for you, consider the cost of purchasing last-minute travel to and from your home and overseas location. Trip interruption covers transportation costs for the traveler or their immediate family that are triggered by qualified health issues during the covered period of overseas travel. For more specific information about trip interruption, go to www.coretravelinsurance.com.

23. Can I obtain coverage for my lost baggage and personal property?

Baggage and personal property coverage is not provided under "The Core™ Plan" but you may purchase it as an upgrade at www.coretravelinsurance.com. Baggage insurance, including coverage for baggage delay, may be purchased before the departure for overseas travel, but not once the trip has begun.

Travelers often wonder about the value of baggage coverage that's typically available through credit cards or through the airline. The advantage of the Core Travel baggage insurance is that it pays the reimbursement cost of lost items (instead of their partial, or actual cash value). It also doesn't require that other sources of insurance (like home insurance, or common carriers) pay the bill for lost items first.

You can get \$2,500 limits for loss, with a \$50 deductible. Coverage is not just for baggage in transit (whether checked or not) but also applies to personal possessions lost during the course of your stay overseas.

The only items not covered for loss are 1) documents or valuable papers 2) money 3) securities 4) tickets 5) checks 6) traveler's checks 7) fur.

Note that the insurance policy does not pay for loss of cash, nor loss due to confiscation or detention by customs or government agents. It also doesn't cover loss that was not reported to the police, hotel, or common carrier within 48 hours of the time you discovered it, or loss where no attempt has been made to recover the items.

Coverage for baggage delayed can kick in after a delay of at least 12 hours after travel by common carrier, such as plane or train. The limit of coverage specifically for baggage delay is \$100 a day for a maximum of 7 days, or \$700.

Baggage delay coverage is meant for replacement of emergency items, and you must present itemized receipts to make a claim. It applies to destinations other than your primary residence. This benefit is secondary over any other insurance coverage that is available, such as homeowner's insurance.

The Baggage Delay benefit excludes these items:

1. Contact lenses, eyeglasses or hearing aids;
2. artificial teeth, dental bridges or prosthesis devices;
3. tickets, documents, money, securities, checks, travelers checks and valuable papers;
4. business samples; and/or
5. jewelry and watches; or cameras, video recorders and electronic equipment.

The general policy exclusions in question 24 apply both to loss of baggage & personal property, and also to baggage delay.

24. What are the general exclusions to this insurance policy?

Note - Coverage won't be provided for any benefit provided under this insurance policy that is caused by or results from:

- Pre-existing conditions. This means that expenses arising from an Injury or Illness for which a person receives any diagnosis, treatment, or had taken any prescription medicines during the one month immediately preceding the dates of travel are not covered.
- Expenses that are payable by any other form of insurance, including expenses covered by an employer or government sponsored plan
- Expenses arising from Injuries or Illnesses that occur after the return to your Home Country
- Declared or undeclared War in the countries specified in question 27.
- Intentionally self-inflicted Injury; suicide or attempted suicide while sane or insane.
- Mental or nervous disorders. There is a limited benefit offered in the policy for mental health visits.
- Pregnancy, childbirth. There is a limited emergency benefit for expenses due to pregnancy.
- Air travel other than as a fare-paying passenger of a scheduled commercial or scheduled charter flight, including piloting or serving as a crew member.
- Active participation in riot, or insurrection or commission of, or attempt to commit a felony, an assault, or any other criminal activity.
- Routine physicals
- Routine dental care and treatment
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury
- Services, supplies or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a doctor, or expenses which are non-medical in nature
- Routine nursery care
- Eye refraction or eye examinations for the purpose of prescribing corrective lenses or the fitting thereof; eyeglasses, corrective lenses, and hearing aids.
- Treatment or service provided by a private duty nurse.
- Under the Accidental Death & Dismemberment benefit, which responds to accidental injury only, there is an exclusion for sickness, disease or infection of any kind except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- Treatment by any immediate family member or member of the Covered Person's household
- Military service

25. Which sports does this policy cover?

Sports are fully covered under this policy

26. How does the Trip Cancellation Benefit work?

The cancellation benefit can reimburse you for the amount you paid for your trip, in excess of any refund available, up to the \$1,000 limit that is automatically provided under the Core™ Plan. The benefit responds if you are prevented from taking your trip, or if the trip is interrupted as the result of a covered event that happens to you or to a Family Member. "Family Member" means your parent, parent-in-law, sister, brother, husband, wife, domestic partner, children, or grandparent.

This coverage will take effect once your program fee, and any upgrade, has been paid in full. It cannot be purchased after you have begun any part of your international journey. If cancellation occurs after you have paid for the trip but before it begins, this benefit will apply in excess of any refund available from Globe Aware. If the trip is cancelled once you have departed, the insurer will reimburse according to the following percentages: 100% reimbursement for trips cancelled during the first one-third of the trip, 66% for cancellations during the second third of the trip, and 33% reimbursement for cancellations during the final third of the trip. The maximum benefit payable under the Core™ Plan is \$1,000, so in order to fully protect the cost of your trip you must purchase additional insurance, such as the voluntary upgrade.

If you would like higher limits of coverage, upgrades are available for limits up to \$2,000, \$3,000, \$4,000, or \$5,000. Click on the "Go to Your Profile" button and then on "Purchase Options" www.coretravelinsurance.com for premiums. You must purchase upgrades before or at the same time as you book your Globe Aware trip. These higher levels of coverage are subject to the same prorated percentages as listed in the previous paragraph.

Cancellation coverage can be triggered by the following covered events:

- Death of a Family Member
- An Injury or medical condition (whether or not death results) requiring you or a Family Member to receive treatment by a licensed Physician who advises cancellation of the trip in writing. This licensed Physician may not be a Family Member of yours, or a Family Member of the person whose condition caused the cancellation or interruption. An actual examination or visit must take place before the cancellation is made, and you must notify Globe Aware of your cancellation within 72 hours of the visit, unless the condition prevents it, and then as soon as possible. Failure to do so may result in a claim payment which is less than the penalty imposed for cancellation;
- Substantial destruction of your principal residence by fire or weather-related activity.

Note that this cancellation benefit is not as broad as many of those found on some travel insurance policies. It primarily responds to medical reasons for cancellation (and there is no exclusion for pre-existing medical conditions). Coverage, for example, does not apply if your travel provider goes bankrupt or if the airline goes on strike. You will need to obtain a different insurance policy to address these kinds of cancellation losses. For more information about the trip cancellation benefit, go to www.coretravelinsurance.com

The Cancellation benefit differs from Trip Interruption benefit because the Trip Interruption benefit addresses covered costs of unexpected travel that are occur after your trip is underway. Some trips that are interrupted may be eligible both for a Trip Interruption benefit and a Trip Cancellation benefit. See question 20 for more information on Trip Interruption.

27. How does this coverage address War Risks?

Coverage is provided worldwide for war risks except for the following countries: Afghanistan, Chad, Chechnya, Democratic Republic of Congo, Iraq, Iran, Israel, Ivory Coast, Lebanon, Somalia and Sudan. In addition, no war risk coverage is payable in the United States or in the covered person's country of citizenship.

28. How do I make a claim under this policy?

You need to send a completed claim form and original medical bills within 90 days to Europ Assistance, who provide claims services for your insurance company. Find the claim form at www.coretravelinsurance.com in the Claims section. At your request, and of course subject to coverage, Europ Assistance will either compensate the medical provider directly, or reimburse you if you have already paid the bill.

For fastest service, send claims by fax or email, including backup information, to :

Email: ops@eausa.com

Fax: (301) 907-7445 or (301) 907-7417

Claims can also be mailed to:
Europ Assistance USA
4330 East West Highway, Suite 1000
Bethesda, MD 20814

The toll-free telephone number to call about claims is 866-690-5111. Press option 2 for claims assistance.

This is a summary of the policy coverage. In the event of a claim, the full policy wording will apply. For a full description on these benefits, including policy limitations, waiting periods, and other benefit requirements, please refer to the master policy available at Globe Aware.