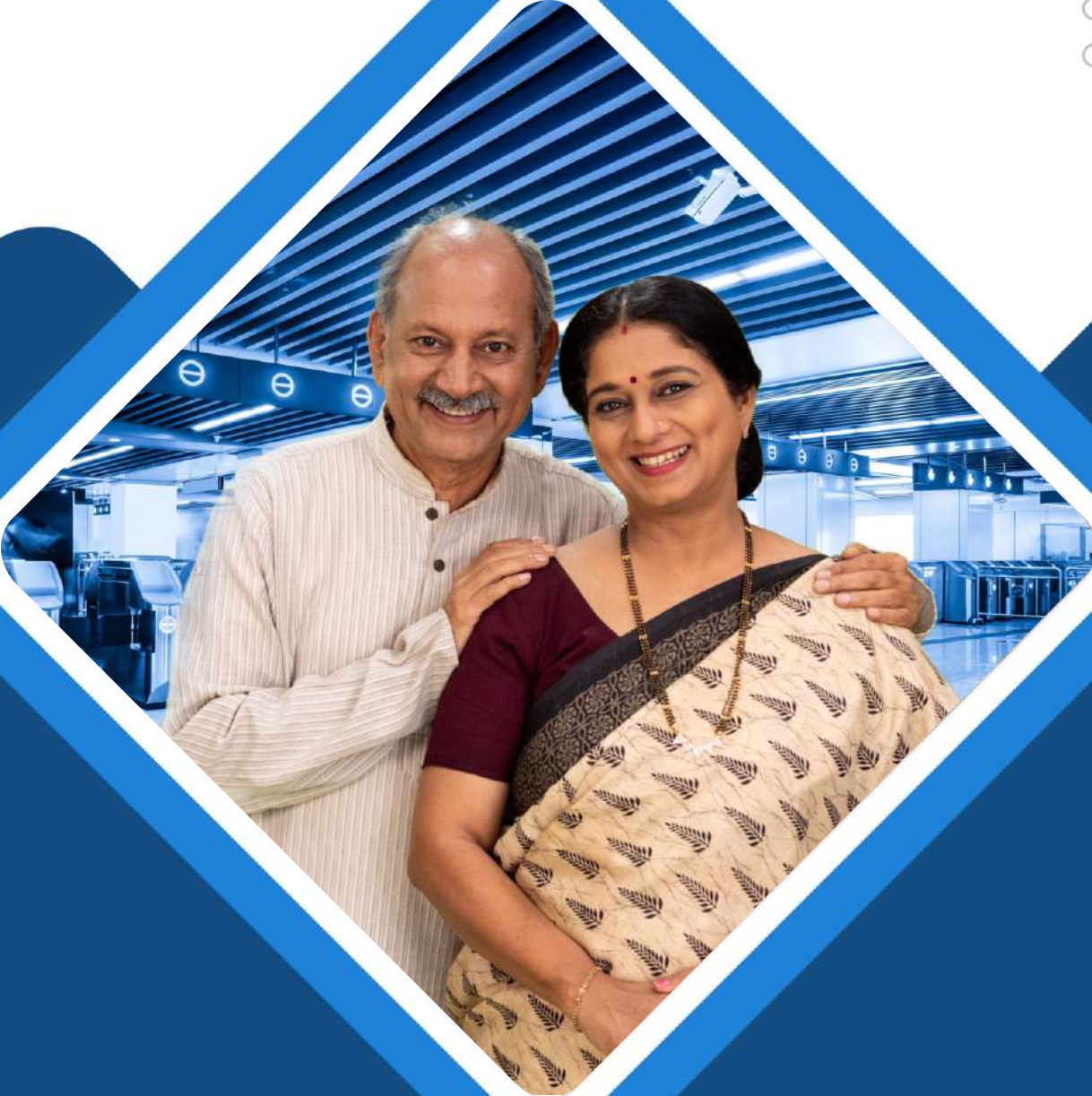




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OSK PROTECT AMERICA TRAVEL PLAN



INTRODUCTION

Welcome to Your OSK Protect America Policy. This Policy provides travel insurance benefits for individuals traveling outside their Home Country.

By paying the Premium specified in the Declaration of Insurance, and subject to the Terms, Conditions, Exclusions, and Endorsements contained in or incorporated into this Policy, We agree to provide the coverage and benefits described herein for Medically Necessary, Non-Elective Treatment.

This Policy is a binding legal contract between You, the Insured Person, and Us. The Declaration of Insurance, together with this Policy, the Application, and any applicable Endorsements, serves as the official summary and evidence of the insurance coverage provided under the Master Policy. These documents do not create, expand, or alter the scope of coverage beyond what is expressly stated in the Master Policy.

All insurance coverage evidenced by the Declaration of Insurance is governed by the provisions of the Master Policy and this Policy. You are responsible for reviewing this Policy in its entirety and retaining it for Your records.

Certain terms used in this Policy have defined meanings. All correspondence and documentation relating to this Policy shall be written in English.

The Master Policy is underwritten by Skybridge Risk Holdings SPC, authorised by the Bermuda Monetary Authority.

Skybridge Risk Holdings, LLC is recognised as the Plan Administrator and Our authorized agent for managing this Policy, including receiving Premium, receiving and holding claims funds prior to transmission, and receiving and holding Premium refunds prior to transmission.



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INFORMATION YOU HAVE GIVEN US

You are under an ongoing obligation to provide Us with complete, accurate, and truthful information. This obligation applies when You apply for, amend, extend, or renew this Policy, and it continues throughout the Period of Coverage.

You must provide full disclosure of all material facts relevant to this insurance and immediately inform Us of any changes that could influence the Terms, Conditions, or administration of this Policy. If You are unsure whether a particular fact is material, You should consult the Plan Administrator for guidance.

If any information You provide either when applying or at any time during the coverage period is found to be incomplete or inaccurate, We may, at Our discretion, take one or more of the following actions:

- Declare this Policy null and void
- End or cancel the Policy
- Limit, reduce, or refuse coverage under the Policy
- Decline a claim or pay only part of a claim.

You are therefore responsible for the following:

- Making sure all details given to Us are true, accurate, and complete;
- Advising the Plan Administrator as soon as reasonably possible if You become aware of any errors or missing information;
- Checking that the Schedule correctly shows the coverage and benefits You intended to obtain;
- Meeting and complying with all terms and responsibilities set out in this Policy at all times.

Acute Onset of Pre-Existing Conditions Clause

This Policy offers limited coverage for the Acute Onset of a Pre-Existing Condition, defined as a sudden and unexpected flare-up of a condition that was previously diagnosed and that requires immediate medical care. Coverage will only apply if all of the following conditions are met:

- The condition was stable and well managed prior to travel;
- Symptoms occur suddenly and require urgent treatment within 24 hours of their onset;
- No medical professional advised You to seek treatment or modify medication within the 24 months before departure.

This coverage does not apply to:

- Long-term or chronic conditions;
- Routine or non-urgent medical care;
- Conditions that progressively worsen over time;
- Any condition requiring ongoing or continuous treatment.

All claims related to Pre-Existing Conditions will be evaluated based on available medical documentation and at the insurer's discretion.

If You have been diagnosed with any type of heart condition or chronic lung disease, You are required to carry relevant medical records with You during Your trip.

Failure to meet these requirements may lead to a reduction or denial of coverage for any claims connected to such Pre-Existing Conditions.



IMPORTANT INFORMATION

ASSISTANCE

Customer Service:

For customer service, eligibility verification, or plan information, contact:

Skybridge Risk Holdings,



Address: 230 Sunrise Ave Ste. B-247 Palm Beach, FL 33480

 **Email:** support@oskplans.com

CLAIMS

If You wish to make a claim under this Policy, please contact the Claims Administrator:

Claimsorted

 **Email:** osk@claimsorted.com  **Tel No:** +1 646 535 4908

A claim form may also be obtained at: <https://oskplans.com/claims/>

There are certain Claims Conditions with which You must comply. Please refer to the Claims Conditions section.

MEDICAL EMERGENCY ASSISTANCE

Medical Emergency assistance is available around the clock 24/7, every day of the year, to provide support for any Medical Emergency or Emergency Medical Evacuation covered under this Policy

This service is managed by the Claims Administrator, who will coordinate with Your Doctor to arrange Hospital admission, emergency ambulance transfers, and air evacuations when Medically Necessary.

Claimsorted is available 24 hours a day, 7 days a week, 365 days a year:

 **Email:** osk@claimsorted.com

You will need to provide the following information:

- Name of Insured Person;
- Policy number;
- Contact telephone number, fax number and/or e-mail;
- Location of Insured Person; and
- A description of the Medical Emergency.

CANCELLATION

Your Cancellation Rights:

You may cancel the policy anytime before the policy effective date and receive a full refund minus the cancellation fee of \$50.

You may cancel the policy for a pro-rated refund after 30 days from the effective date of the policy in accordance with the terms of the policy.

(a) If any claims have been filed with the Company, the Premium is fully earned and non-refundable.

(b) If no claims have been filed with the Company:

- i. a cancellation fee of fifty dollars (\$50.00 USD) will be charged
- ii. only Premium covering periods after cancellation are refundable.

For cancellation of this Policy, please contact OSKPlans:

 **Tel no:** 650-466-0155  **Email:** cancel@oskplans.com

Our Cancellation Rights

For Our cancellation rights, please refer to the General Conditions.



COMPLAINTS

If You wish to make a complaint regarding this Policy, please follow the procedure explained in the section on Making a Complaint.

DATA PROTECTION

For Our privacy notice, please refer to the Data Protection section.

EXCLUSIONS AND CONDITIONS

This Policy contains certain Exclusions, General Conditions, and Claims Conditions. Please refer to those sections for more information.

HOME COUNTRY

There is no cover within Your Home Country.

LAW AND JURISDICTION

This insurance agreement, as documented by the Master Policy and the Certificate of Insurance, is considered to have been issued and finalized in the Cayman Islands. Any disputes arising under or in connection with this Policy shall fall under the exclusive jurisdiction of the courts of the Cayman Islands, and You agree to submit to that jurisdiction. This Policy is governed by the laws of the Cayman Islands, and no aspect of the coverage shall be regarded as situated in any other jurisdiction.

BENEFIT LIMITS

Many sections of this Policy are subject to maximum benefit limits. Please consult the Schedule of Benefits for specific details.

PRE-AUTHORIZATION

For certain benefits under this Policy, You are required to obtain Pre-authorization from the Claims Administrator before incurring any expenses and to follow the procedures outlined in the Claims Conditions. This requirement includes, but is not limited to:

- Admission to a hospital overseas, whether as an In-Patient or Out-Patient;
- Certain Treatments, services, or medical supplies.

Please refer to the Claims Conditions for complete details regarding Pre-authorization requirements.

Failure to secure the necessary Pre-authorization may lead to a denial of coverage or a reduction in the amount payable for Your claim.

SPORTS AND OTHER LEISURE ACTIVITIES

Coverage may not apply to Injuries incurred while participating in certain sports or activities that carry an increased risk of harm. Please refer to the Exclusions section for complete details.

VISA REQUIREMENTS

You must obtain the appropriate visa when required to enter Your Host Country. Failure to secure a valid visa may result in denial of entry.

WHO IS COVERED

This Policy only covers Insured Persons, Spouses, and Dependent children who, at the Effective Date, are:

- Aged 15 days or over;
- Under 99 years of age;
- An individual who has been lawfully admitted into the Host Country; and
- An individual whose Home Country is outside Syria, Iran, Russia, North Korea, Cuba, and USA



If You purchase the Policy after arriving in Your Host Country, Sickness coverage will be subject to a 7-day waiting period. Accident coverage, however, will start immediately once the health attestation form has been submitted.

This Policy provides coverage on an excess basis over any other valid and collectible insurance or third-party benefit. If We find that any benefits payable under this Policy are also covered by another plan, We will only pay the amount exceeding what the other plan covers and may recover expenses from that plan to the extent You are entitled to reimbursement.



DEFINITIONS

Certain words and phrases used in this Policy are defined below. Other words and phrases may be defined elsewhere in this Policy, including where first used.

Accident: An Unexpected occurrence directly caused by external, visible means and resulting in physical Injury to the Insured Person during the period of cover.

Acute Onset of Pre-Existing Condition: A sudden and Unexpected outbreak or recurrence of a Pre-Existing Condition that 1) occurs spontaneously and without advance warning, whether in the form of a Doctor's recommendation or symptoms, is of short duration, is rapidly progressive, and requires urgent medical care; and 2) occurs after the Effective Date. Treatment must be obtained within 24 hours of the sudden and Unexpected outbreak or recurrence.

Application: The form or set of forms completed and submitted by the applicant (or the applicant's authorised representative) to request insurance coverage under this plan. The Application includes all personal, medical, and travel information required by the insurer, whether submitted in paper, electronic, or telephonic format. The information provided in the Application forms the basis for issuance of the insurance Policy, and any misrepresentation or omission may affect the validity of coverage.

Child; Children: An Insured Person who, at the Effective Date, is at least fifteen (15) days old but less than eighteen (18) years of age.

Claim Administrator: The individual or entity responsible for handling and processing insurance claims on behalf of the insurer. This includes reviewing claim submissions, verifying documentation, determining coverage and eligibility, and coordinating payment or settlement of claims. A Claims Administrator may be an internal department of the insurance Company, or an external third-party administrator (TPA) engaged to perform those functions.

Company: The Company, as referred to in the Master Policy, is Skybridge Risk Holdings SPC. This insurance and its risks are underwritten by the Company as insurer and carrier, and the Company alone is obligated and liable for the coverage and benefits provided by this insurance.

Co-pay: The amount the Insured Person is responsible for paying for each urgent care or walk in clinic visit as specified in the Schedule of Benefits. This amount applies per eligible visit, regardless of whether the Deductible has been met, and does not count toward satisfaction of the Deductible amount.

Dangerous Occupations: Jobs or professions that expose the Insured Person to a higher risk of Injury, Illness, or death because of hazardous working conditions or activities. In the context of this Policy, Dangerous Occupations include, but are not limited to, roles involving work at significant heights, underground, with explosives, hazardous materials, heavy machinery, or in emergency services.

Declaration of Insurance: The Declaration of Insurance sets out the Insured Person's identity, Policy effective dates, selected plan, maximum benefit limits, deductibles, and Premium paid. It forms part of the contract as described in the full Policy wording.

Deductible: The dollar amount of Eligible Charges that must be incurred as an out-of-pocket expense by each Insured Person per each Accident or Illness before any benefit is paid on an expense-incurred basis under the Policy.

Dependent: An Insured Person's lawful Spouse or an unmarried child, from age 14 days to age 18, who is chiefly dependent on the Insured Person for support. For eligibility purposes, a child includes the Insured Person'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 Person or depends on the Insured Person for financial support.



Doctor: A person who is a licensed practitioner of medical, surgical, or dental services, acting within the scope of that license in the jurisdiction where the services are rendered. The Doctor must not be the Insured Person, an Immediate Family Member, or anyone traveling with the Insured Person. The term excludes chiropractors, naturopaths, acupuncturists, or any person who is not licensed as a medical Doctor (M.D.), Doctor of osteopathy (D.O.), or equivalent recognised medical professional authorised by the competent authority to provide medical treatment or services for which benefits are payable under this Policy.

Effective Date; Effective Date of Coverage: The date coverage for the Insured Person begins under the Terms of the Master Policy, as evidenced by the Certificate of Insurance.

Eligible Charges: Means the Usual, Reasonable, and Customary Charges for costs and expenses incurred by You during the Period of Coverage for Treatment, services, or medical supplies that are Medically Necessary and covered by the Policy, as outlined in the Schedule of Benefits.

Emergency Medical Evacuation: Emergency transportation from the Hospital or medical facility where the Insured Person is located to a non-local Hospital or medical facility, recommended by the attending Physician who certifies, to a reasonable medical certainty, that the Insured Person has experienced:
a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within twenty-four (24) hours; and where Medically Necessary Treatment cannot be provided locally, either in the facility of the attending Physician or another local facility.

Endorsements: Any amendments to an existing, bound Policy including, but not limited to, exclusions, additions, and modifications.

EST: United States Eastern Standard Time.

Home Country: A country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, the Home Country will be the country declared to Us in writing as the Home Country. Home Country also includes the Insured Person's country of permanent assignment or country of permanent residence.

Hospital: An institution that operates as a Hospital pursuant to law and is licensed in the state or country in which it operates. It must operate primarily for treatment of sick or injured persons as inpatients and provide 24 hour nursing services by Registered Nurses on duty or on call. It must have Doctors available at all times and provide organised facilities and equipment for diagnosis and treatment of acute medical conditions on its premises. It must not primarily be a long-term care facility, rehabilitation or extended care facility, nursing home, rest home, convalescent home, home for the aged, or facility for drug addicts or abusers, alcoholics, or similar establishments.

Host Country: The country or countries other than the Home Country to or within which the Insured Person is traveling.

Illness: A sickness, disorder, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition. Provided, however, that Illness does not include Mental Health Disorders. All Illnesses that exist simultaneously or arise subsequent to a prior Illness, and which directly or indirectly relate to, result from, or arise from the same or related causes or as a consequence of them or from one another, are considered one Illness.

Immediate Family Member: Your Spouse, Child, brother, sister, parent, grandparent, or in-law.

Implant: Any device, object, or medical item that is surgically imbedded, inserted, or installed for medical purposes within or on a patient's body, including for orthotic or prosthetic reasons.

Injury: Accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from an Accident. All Injuries resulting or arising from the same Accident shall be deemed one Injury.



Inpatient: A person admitted to and charged by a Hospital for bed occupancy for purposes of receiving Inpatient Hospital services. Generally, a patient is considered an Inpatient if billed by the Hospital for Charges as an Inpatient and formally admitted as an Inpatient with the expectation that he will occupy a bed and (1) remain at least overnight or (2) be expected to need Hospital care for twenty-four (24) hours or more.

Insured Person: The person named as the Insured Person on the Declaration of Insurance, who, along with the Insured Person's Family, shall be beneficiaries under and to the Master Policy.

Intensive Care Unit: A cardiac care unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units or local equivalent.

Investigational: Treatment that includes drugs not yet released for distribution by the United States Food and Drug Administration and/or procedures or services still in the clinical stages of evaluation.

Local Ambulance Transport; Local Ambulance Expense: Transportation and accompanying Treatment provided by designated, licensed, qualified, professional Emergency personnel from the location of an Accident or acute Illness to a Hospital or other appropriate health care facility. Local Ambulance Transport does not include subsequent inter-facility transfers of admitted patients.

Master Policy: The applicable Master Policy for the insurance Policy issued by the Company to the Master Policyholder, under which insurance coverage and benefits are provided by the Company to the Master Policyholder and any such beneficiaries under the Master Policy, being the Insured Person, subject to its Terms, and as outlined and evidenced by the Policy wording and subject to the Terms hereof. The Company, as insurance carrier and underwriter of the Master Policy, is solely liable and responsible for the coverage and benefits provided thereunder.

Master Policyholder: The applicable Master Policy for the insurance Policy issued by the Company is Skybridge Risk SPC, to whom the Company has issued the Master Policy. The Master Policyholder is the only party that can make or request changes to the Master Policy and the party with whom the Company has contracted for provision of insurance under the Master Policy. All Insured Persons shall hold a beneficial interest in the Master Policy to the extent of their Policy, but are not contractual parties to that insurance.

Maximum Limit: The cumulative total dollar amount of benefit payments and/or reimbursements available to an Insured Person under this insurance. Once the Maximum Limit is reached, no further benefits, reimbursements, or payments will be available under this insurance.

Medically Necessary; Medical Necessity: A Treatment, service, medicine, or supply that is necessary and appropriate for the diagnosis or Treatment of an Illness or Injury based on generally accepted standards of current medical practice, as determined by the Company. By way of example but not limitation, a service, Treatment, medicine, or supply will not be considered Medically Necessary or a Medical Necessity if it is provided or obtained only as a convenience to the Insured Person or his/her provider; and/or if it is not necessary or appropriate for the Insured Person's Treatment, diagnosis, or symptoms; and/or if it exceeds, in scope, duration, or intensity, the level of care needed to provide safe, adequate, and appropriate diagnosis or Treatment.

Mental or Nervous Disorders: Any mental, nervous, or emotional Illness that generally denotes an Illness of the brain with predominant behavioural symptoms; or an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental or Nervous Disorders include, without limitation: psychosis; depression; schizophrenia; bipolar affective disorder; learning disabilities and attitudinal or disciplinary problems; any disease or condition, regardless of whether the cause is organic, classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the U.S.

Department of Health and Human Services; and those psychiatric and other mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. For purposes of this insurance, Mental or Nervous Disorder does include Substance Abuse.

Mortal Remains: The physical body of the Insured Person after death. In the context of this Policy, Mortal Remains refers to the bodily remains of the Insured Person.



Natural Disaster: Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the human population for its safety. The occurrence must be a disaster due entirely to the forces of nature and one that could not reasonably have been prevented.

Newborn: An infant from the moment of birth through the first thirty-one (31) days of life.

Non-Elective Treatment: Medically Necessary treatment or procedures required due to an unexpected illness or injury that cannot safely be delayed without risking serious harm to the Insured Person's health. Non-Elective Treatment excludes elective or planned procedures and is covered only when urgent or Emergency care is needed.

Outpatient: A person who receives Medically Necessary Treatment by a Physician or other healthcare provider and is not an Inpatient, regardless of the time the person arrived at the Hospital, whether a bed was used, or whether the person remained in the Hospital past midnight.

Period of Coverage: The period beginning on the Effective Date of Coverage of this Declaration of Insurance and ending on the earliest of the following dates: (a) the termination date specified in the Declaration of Insurance; or (b) the termination date requested by the Covered Person. The Period of Coverage can be no more than the number of days shown in the Schedule of Benefits.

Physician: A practitioner who holds a degree in Doctor of Medicine or its equivalent and who holds a valid, unlimited license to practice medicine. Commissioned medical officers, and individuals licensed and legally authorized to provide health care or professional services including a: (a) psychologist; (b) psychiatrist; © dentist; (d) registered or licensed practical nurse; (e) certified nurse midwife or a certified direct entry midwife; (g) optometrist; (h) podiatrist; or (i) chiropractor may be considered a Physician. A Physician must be currently and appropriately licensed by the state or country in which the services are provided, and the services must be within the scope of that license, training, experience, competence, and health profession standards of practice. A person who is not authorized or able to prescribe controlled substances, drugs, medicine, or Treatment by the jurisdiction in which the person acts in the usual course of professional practice; unfit to practice; and/or who violates any statute, rule, or regulation governing the profession, or engages in the unlawful or unauthorized practice of medicine or osteopathic medicine, is not a Physician.

Plan Administrator: The entity or organisation appointed by the Company to administer the Policy, including, but not limited to, managing enrollment, coordinating benefits, processing claims, and providing assistance to Insured Persons. The Plan Administrator acts on behalf of the Company in all matters relating to administration of the plan and may be contacted for questions concerning coverage, claims, or plan benefits.

Policy: The terms on which the Insured Person shall receive benefits and the terms governing them, including the Application, Declarations of Insurance, Policy wording, schedules, Endorsements, Riders, and any attached documents issued by the Plan Administrator. The Policy specifies the extent to which Your beneficial interest in the Master Policy is granted, including the scope of coverage, effective and expiration dates, covered benefits, exclusions, and the rights and responsibilities of both the Company and the Insured Person. The Policy is the definitive source for determining what is and is not covered under the plan and is relied on for all claims and administrative decisions.

Pre-authorization: Pre-authorization means the process of obtaining prior approval from the Claims Administrator before receiving specific medical services, Treatments, or procedures while traveling outside Your Home Country. This requirement generally applies to significant or high-cost medical events, including planned Hospitalizations, surgeries, or advanced diagnostic tests such as MRI and CAT scans, necessitated by Unexpected Illness or Injury. The purpose of Pre-authorization is to verify that the proposed service is Medically Necessary, covered under the Policy Terms, and cost-effective, enabling the Claims Administrator to evaluate the Treatment plan, assist with care coordination, and negotiate rates with healthcare providers. Pre-authorization is not required for Emergency Hospitalizations; however, the insurance provider must be notified within a reasonable timeframe following such events. Failure to obtain Pre-authorization for services requiring it may result in financial penalties or denial of claims. Pre-authorization does not guarantee payment or claim reimbursement, as claims remain subject to review based on Policy Terms and Medical Necessity.



Pre-existing Condition: An Illness, Injury, Mental Health Disorder, or other condition of the Insured Person that, with reasonable medical certainty, existed at or before the Effective Date of the Policy. If You have exhibited symptoms that would have caused a prudent person to seek diagnosis, care, Treatment, advice, or Treatment; or 2) required taking prescribed drugs or medicines, it will also be considered a Pre-existing Condition, even if the condition is stable and controlled by medication.

Pregnancy; Pregnant: The process of growth and development within a woman's reproductive organs of a new individual from the time of conception through the stages during which the embryo grows and the fetus develops until birth.

Premium: The payments required to effectuate and maintain the Insured Person's insurance coverage and benefits under this Policy, in the amounts and at the times ("Due Dates") established by the Company in its sole discretion from time to time.

Professional Athletics: A sport activity, including practice, preparation, and actual sporting events, for any individual or organised team that is a member of a recognised professional sports organisation, is directly supported or sponsored by a professional team or professional sports organisation, is a member of a playing league directly supported or sponsored by a professional team or professional sports organisation; or has any athlete receiving any kind of payment or compensation, directly or indirectly, for participation from a professional team or professional sports organisation.

Registered Nurse: A professional nurse (R.N.) who is duly licensed and registered to practice nursing by the appropriate governmental authority in the jurisdiction where the services are provided. The Registered Nurse must not be an Insured Person's Immediate Family Member.

Relative: A parent, legal guardian, Spouse, son, daughter, or Immediate Family Member of the Insured Person.

Rider: Any exhibit, schedule, attachment, amendment, Endorsement, or other document attached to, issued in connection with, or otherwise expressly made a part of or applicable to, the Master Policy, this Declaration of Insurance, or the Application, as applicable.

Routine Physical Exam: Examination of the physical body by a Doctor for preventative or informative purposes only, and not for Treatment of any previously manifested, symptomatic, diagnosed, or known Illness or Injury.

Self-inflicted: Action or inaction by the Insured Person that the Insured Person consciously understands will or may cause or contribute, directly or indirectly, to his or her personal Injury or Illness. Self-inflicted specifically includes failure of an Insured Person to follow his or her Doctor's orders, complete prescriptions as directed, or follow any health care protocol or procedures designed to restore or maintain health.

Serious Illness: A medical condition or disease of such severity that it significantly impairs the Insured Person's health, daily functioning, or life expectancy, and typically requires urgent medical intervention. A Serious Illness generally includes, but is not limited to, conditions such as cancer, heart attack, stroke, major organ failure, or other life-threatening diseases as specified in the Policy. Diagnosis and eligibility for benefits must be confirmed by a Doctor or Specialist.

Specialist: Means a registered Doctor or medical practitioner skilled in a generally accepted medical or surgical specialty or subspecialty, who currently holds a substantive consultant appointment in that specialty, recognised as such by the statutory bodies of the relevant country.

Spouse: An Insured Person's legal Spouse or domestic partner. Such relationship must have met all requirements of a valid marriage contract, domestic partnership, or civil union in the state where the parties' ceremony was performed.

Substance Abuse: Alcohol, drug, or chemical abuse, misuse, illegal use, overuse, or dependency.

Surgery or Surgical Procedure: An invasive diagnostic or Surgical Procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Terms: Terms, provisions, conditions, definitions, Deductibles, limits, sub-limits, limitations, wordings, restrictions, requirements, qualifications, and/or exclusions.



Terrorism: Criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose of creating a state of terror in the general public or in a group of persons or particular persons, intimidating a population, or compelling a government or international organisation to do or abstain from doing an act.

Travel Warning: Published statement or website document issued by the United States Department of State, Bureau of Consular Affairs, Centers for Disease Control and Prevention, United Nations, World Health Organization, or similar government or non-governmental agency of the Insured Person's Home Country warning that travel to identified countries, regions, or locations is hazardous and not advised.

Treated; Treatment: Any and all undertakings, services, and/or procedures rendered or employed with respect to the management and/or care of an Insured Person for the purpose of identifying, testing for, analysing, diagnosing, treating, curing, resolving, preventing, monitoring, attending to, caring for, controlling, and/or combating any illness or injury or the symptoms or manifestations thereof, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic or laboratory testing or evaluation of any kind, pharmacotherapy or other medication, and/or surgery.

Trip: Travel by air, land, or sea from the Insured Person's Home Country. It includes the period from the start of the Trip until its end, provided the Insured Person is covered under the Policy.

Unbundled Services: Means services and procedures separated for billing purposes that ordinarily would not be billed separately when performed by the same provider on the same patient on the same day.

Unexpected: Sudden, unintentional, and unforeseen.

Usual, Reasonable, and Customary Charges: A typical and reasonable amount of reimbursement for similar services, medicines, or supplies within the area in which the charge is incurred. In determining the typical and reasonable amount of reimbursement, the Company may, in its reasonable discretion, consider one or more of the following factors, without limitation: the amount charged by the provider; the amount charged by similar providers or providers in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines, or supplies in the same or similar locality; whether the services or supplies were unbundled or should have been included in the allowance of another service; the amount reimbursed by other payors 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; the level of skill, extent of training, and experience required to perform the procedure or service; the time required to perform the procedure or service as compared to the time required to perform other similar services; the time required to perform the procedure or service as compared to national standards and/or benchmarks; the severity or nature of the illness or injury being treated; and such other factors as the Company, in the reasonable exercise of its discretion, determines are appropriate.

We, Our, Us: means the insurance Company underwriting this insurance or its authorized agent.

You, Your, Yours: means the Insured Person.



SCHEDULE OF BENEFITS

In accordance with the Terms of this Policy outlined in the Declaration of Insurance, the following Policy options are available to the Insured Person while outside their Home Country. These options provide benefits and coverage for Injury or Illness incurred in the Host Country. All benefits under this Policy require Pre-authorization from the Claims Administrator

MEDICAL EXPENSE BENEFITS		
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Total Annual Maximum for all Accident or Illness Expense Benefits	Options: \$100,000, \$250,000, \$500,000, or \$1,000,000 per Insured Person, per Period of Coverage	
Deductible per Injury / Illness	Options: \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000	
Co-pay Rate	Insurance pays 100% after Deductible Insured Person pays 0%	Insurance pays 50% after Deductible Insured Person pays 50%
Acute Episode of a Pre-existing Condition	Up to Maximum Benefit	
Urgent Care Visit	\$25 Co-pay per visit	
Incurral Period	30 days after the date of Injury/Illness	
Area of Coverage	Outside Home Country; Not Eligible for US Citizens	

The following benefits are subject to the Deductible described above and are limited to the Maximum Limit. Once the criteria for eligible medical expenses are satisfied, the Policy benefits outlined in the Declaration of Insurance will apply as follows:

Maximum Limits per Period of Coverage		
Medical Benefit Sub-limits per Person, per Period of Coverage after UHC Repricing Benefit between 20-90%		
BENEFIT	ACUTE ON-SET	
Hospital Room & Board	\$20,000	
Hospital Ancillary Services	\$20,000	
Intensive Care Unit	N/A	
Doctor Surgical Expenses	Up to Maximum Benefit	\$15,000
Assistant Surgeon Expenses	Up to Maximum Benefit	\$5,000
Out-Patient Diagnostics	\$2,000 per Policy period	
Hospital Emergency Room Emergency treatment resulting in admission of less than 24 hours, up to \$4,000 for Pre-existing Conditions	Up to Maximum Benefit	\$4,000
Prescription Drug Expenses	\$500	
Diagnostic and treatment of urinary tract infection, including but not limited to pyelonephritis, urethritis, and cystitis	\$2,000 per Policy period	



The following benefits do not have a Deductible but are capped at the Maximum Limit. The benefits provided under the Policy, as detailed in the Declaration of Insurance, are as follows:

ADDITIONAL BENEFITS SCHEDULE

Maximum Limits per Period of Coverage per Insured Person	
Benefits	Limits
Trip Interruption	Economy Ticket up to \$2,500 Due to death/ Illness of Immediate Family or disaster at home.
Border Protection	Up to \$500 per terms and conditions
Emergency Medical Evacuation	Up to \$25,000 Must be approved in advance and coordinated by the Claims Administrator.
Repatriation of Mortal Remains	\$15,000 Maximum Limit for return of the Insured Person's Mortal Remains or ashes to Country of Residence or \$2,000 Maximum Limit per Insured Person for preparation, local burial or cremation of the Insured Person's Mortal Remains at the place of death. Must be approved in advance and coordinated by the Claims
Accidental Death Principal Sum	\$25,000 per Insured
Doctor Please 24/7 Telemedicine	\$0 Copay Registration Provided in Fulfillment



YOUR BENEFITS

A. MEDICAL

Coverage under the Medical Benefits section becomes effective on the date specified in the Declaration of Insurance.

We will reimburse Eligible Charges for Medically Necessary, Non-Elective Treatment related to the medical expenses listed below, provided these expenses arise from a covered condition experienced by the Insured Person during the Period of Coverage.

1. Hospital Room and Board

What is covered:

Reimbursement for Hospital accommodation, meals, and nursing care.

What is not covered:

Charges for personal items or Unbundled Services, including but not limited to telephone calls, newspapers, or guest meals.

2. Medical Expenses

What is covered:

a. Charges for Treatment, services, medical supplies, and Usual, Reasonable, and Customary fees billed by Doctors, Specialists, Consultants, Surgeons, Anesthetists, or Nurses.

- if an Injury or Illness requires multiple Surgical Procedures through a single incision, only the procedure with the highest eligible cost will be reimbursed.
- If multiple Surgical Procedures are performed during the same session via separate incisions, reimbursement will cover the full Eligible Charges for the most expensive procedure and 50% of the Eligible Charges for each additional procedure, as detailed in the Schedule of Benefits.

b. Charges for:

- Ambulance services to or from a Hospital;
- Outpatient diagnostic X-rays, laboratory tests, and procedures;
- Laboratory testing;
- Radiological procedures;
- Anesthetics and their administration;
- Blood, blood products, artificial blood substitutes, and transfusions;
- Rental of mechanical equipment for treatment of respiratory paralysis;
- Pre-admission testing;
- Outpatient injections administered in a Doctor's office;
- Consultation visits.

c. Expenses for Treatment and office visits prescribed or performed by a Doctor, including:

- Medicines or drugs administered by a Doctor or available only via a Doctor's prescription;
- Dental treatment for Injury to natural, sound teeth.

B. ADDITIONAL BENEFITS

1. Trip Interruption

Benefits are payable, up to the limit shown in the Schedule of Benefits, for expenses related to return travel to Your Home Country, which must be arranged through the Claims Administrator. Coverage applies only if the Trip Interruption is caused by:

- An Accident or Illness affecting You; or
- The death of an Immediate Family Member during Your Trip.



2. Border Entry Denial Coverage

If You are refused entry at a United States port of entry for reasons beyond Your control, this Policy will reimburse:

- Up to \$500 for prepaid, non-refundable travel expenses;
- Up to \$500 for return transportation to the country of origin.

Exclusions:

- No benefits will be paid if denial of entry results from visa or immigration issues, criminal records, misrepresentation, or failure to provide required documents.

3. Emergency Medical Evacuation

We will cover Emergency Medical Evacuation expenses up to the Maximum Limit in the Benefits Schedule if:

- You experience a Medical Emergency during Your Trip;
- Emergency Medical Evacuation is required; and
- You are traveling on a covered Trip.

Covered Evacuation Expenses include:

- **iMedical Transport:** Transportation under medical supervision to the nearest Hospital or Treatment facility for Medically Necessary Treatment, as determined by the Doctor designated by the Claims Administrator in consultation with the local attending Doctor.
- **Dispatch of a Doctor or Specialist:** Travel and on-site medical services if Your condition cannot be fully assessed locally and a Doctor is sent by the Claims Administrator to evaluate the need for evacuation.
- **Return of Dependent Child(ren):** Transportation for Dependent Children under 18 to their principal residence if (a) You are 18 or older, (b) You are the only adult accompanying them, and (c) You require Hospital confinement due to a Medical Emergency.
- **Escort Services:** Travel expenses for an Immediate Family Member or companion to accompany You during an Emergency Medical Evacuation to another Hospital or Treatment facility.

Conditions for Payment:

- Evacuation must be certified as necessary by the Doctor ordering it;
- All arrangements must use the most direct and cost-effective route;
- Charges must be Medically Necessary and reflect typical local costs;
- Expenses that would not have been incurred without insurance are not covered.

Authorization Requirements:

- Pre-authorization from the Claims Administrator is required before benefits are payable;
- If You refuse a recommended Medical Evacuation, We will not cover any subsequent medical expenses.

4. Repatriation of Mortal Remains

In the event of the Insured Person's death while traveling, the Claims Administrator will arrange and pay, up to the plan limit, for repatriation of remains to the country of origin. This includes providing a provisional casket for international transport and handling required documentation.

- Costs for domestic transportation, funeral home services, or alternative caskets are excluded.
- If cremation is chosen instead of repatriation, Usual, Reasonable, and Customary Charges for local cremation, including required paperwork, will be covered up to the Maximum Limit.
- Cremation replaces repatriation benefits; no additional payment is made for transporting ashes unless explicitly stated.
- No coverage is provided if death is due to suicide, alcohol, or drug use, and expenses for accompanying family members or memorial services are excluded.



5. Accidental Death and Dismemberment Benefits

This benefit applies to Insured Persons up to age 69 whose death results from a sudden, Unexpected, and unintended bodily Injury.

- The death must be directly caused by an Accident, not a Pre-Existing Condition;
- The insured sum will be paid to the legal heirs upon submission of the necessary legal documentation from the Insured Person's country of origin



EXCLUSIONS

These are the Exclusions that apply to coverage under this Policy. The following exclusions apply to the entire Policy:

1. We will not pay any claim that would expose Us to sanctions, prohibitions, or restrictions under United Nations resolutions or under the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom, or United States of America.
2. We will not provide coverage for any loss, Injury, or claim resulting from:

a. Self-inflicted harm:

- Intentionally self-inflicted Injury, suicide, or attempted suicide.

b. War and extreme acts of violence:

- i. War, whether declared or undeclared, invasion, foreign enemy hostilities, or warlike operations, including civil war;
- ii. Mutiny, riot, strike, uprising, insurrection, rebellion, revolution, martial law, or usurped power;
- iii. Attempts to overthrow any government, acts aimed at overthrowing a government, or influencing a government by force;
- iv. Use of, or exposure to, radiological, chemical, nuclear, or biological weapons or events;
- v. Confiscation, nationalization, requisition, destruction, or damage to property by government or local authority;
- vi. Violation of any law;
- vii. Terrorism, defined as any act of force or violence, or threat thereof, by any person or group, acting alone or with organizations or governments, for political, religious, ideological, or similar purposes, including influencing a government or instilling fear in the public;
- viii. Active participation in riots or civil commotions that escalate to uprisings or insurrections.

c. Military service:

- Accidents or illnesses occurring while on active duty with any military, naval, or air force of any country or international organization. Premiums paid for this period will be refunded upon proof of service.

d. Aviation and watercraft:

- Piloting or serving as a crew member on any aircraft or watercraft;
- Riding in any aircraft or water craft except as a fare-paying passenger on a scheduled or chartered service.

e. Illegal acts:

- Commission of, or attempt to commit, a felony.

f. Health conditions:

- Sickness, disease, mental health disorders, bacterial or viral infections, or related medical treatment, except for accidental external bacterial infections (applicable to accident benefits only);
- Injury while legally intoxicated, as determined by local law.

g. Medical services not covered:

- Routine physical exams or preventive care;
- Routine dental care;
- Cosmetic surgery, except reconstructive surgery required due to an Accident;
- Eye exams or refractions for corrective lenses; eyeglasses, contact lenses, or hearing aids;
- Services or treatment not certified as Medically Necessary by a Doctor;
- Treatment by a private duty nurse;
- Treatment by Immediate Family members or household members;



- Expenses incurred while traveling to seek medical care;
- Services provided by government hospitals or agencies for which You are eligible for reimbursement;
- Treatment under mandatory government programs provided free of charge;
- Custodial care;
- Calculus of gallbladder and nephroscopy;
- Services incurred in Your Home Country;
- Elective treatments, exams, surgery, or elective termination of pregnancy;
- Experimental procedures or treatments not recognized as standard medical practice in the US or Host Country;
- Expenses covered by automobile insurance, regardless of fault;
- Organ or tissue transplants and related services;
- Expenses covered by any other group insurance plan;
- Benefits payable under Workers' Compensation or occupational disease laws.

h. Activities with high risk:

- Injury or Illness from dangerous occupations;
- Sports or recreational activities, including amateur or professional athletics, collegiate-sanctioned events, or the Olympics;

i. Adventure sports:

- Abseiling, BMX, Bobsledding, Bungee jumping, Canyoning, Caving, Hot air ballooning, Jungle zip lining, Parachuting, Paragliding, Parascending, Rappelling, Skydiving.

j. Extreme sports:

- Piloting aircraft, BASE jumping, big game hunting, Hang gliding, Heli-skiing, Luge, Motocross, Mountaineering above 4,500 meters or without proper equipment, racing of any type, rodeo, ski jumping, snow skiing/snowboarding/snowmobiling in violation of rules, off-piste or back country skiing, Sub aqua diving below 50 meters, trekking above 4,500 meters.

k. Pregnancy and childbirth:

- Pregnancy, childbirth, miscarriage, abortion, or related complications, unless specifically covered elsewhere in the Policy.

l. Fertility and related treatments:

- Services for infertility, including fertility testing or in-vitro fertilization;
- Orthopedic shoes or devices for weak, flat, or strained feet, corns, calluses, or toenails;
- Birth control procedures or devices;
- Rental or purchase of durable medical equipment;
- Birth defects, congenital anomalies, or complications from these conditions;
- Sexually transmitted diseases, HIV, AIDS, or related illnesses.



m. Mental and chronic health conditions:

- Mental Health Disorders;
- Cancer-related or dialysis-related care;
- Alcohol or substance abuse;
- Cataract treatment or eye-related conditions;
- Pre-existing Conditions, except for Acute Onset coverage where provided;
- Illnesses requiring urgent care within 5 days of the Policy Effective Date;
- Exercise programs, scheduled appointments, or treatments not Medically Necessary;
- Costs exceeding Usual, Reasonable, and Customary charges;
- Epidemics, pandemics, or disease outbreaks with Alert Level 3 or higher issued before the Effective Date;
- Medical complications from treatments or conditions not covered under this Policy.

If benefits paid under this Policy are also payable under any other plan, We may recover amounts from that plan to the extent You are eligible for reimbursement.



GENERAL CONDITIONS

These are the obligations You must fulfill under this Policy. Failure to meet these conditions may result in the Policy being voided, canceled, limited in coverage, or claims being denied or partially paid.

Please read the General Conditions carefully.

1. Acceptance

We may refuse any Application from individuals who do not meet the eligibility criteria outlined in the Master Policy.

2. Assignment, Changes, and Waivers

This Policy cannot be assigned to another person, nor can any Terms be modified or waived, without Our prior written approval.

3. Our Right to Cancel

- We may cancel coverage for all Insured Persons by providing at least thirty (30) days' written notice to the last known address of the Insured Person.
- Cancellation will take effect at 12:01 AM EST on the date specified in the notice or as otherwise determined under Policy provisions, including misrepresentation, fraudulent claims, or failure to meet eligibility requirements.
- After cancellation, neither the Company nor the Insured Person will have obligations or rights under the Policy for the cancelled coverage period, except for benefits accrued before the termination date.

4. Eligibility for Insurance

a. Residency

- Cover is available only to non-US citizens whose Home Country is outside Syria, Iran, Russia, North Korea, Cuba, the USA, the United Kingdom, Gibraltar, and the European Union.
- If eligibility requirements are no longer met, coverage under this Policy will terminate automatically.

b. Age

- You, Your Spouse, and Your Dependent Child must be at least 15 days old and under 69 years old at the Effective Date.
- Eligibility will be verified, and if We determine it was not met, no insurance will be provided and only a pro-rata refund from the date of ineligibility to the end of the Policy period will be issued.

5. Entire Agreement

- This Policy, together with the Application, Schedule of Benefits, Policy wording, Declaration of Insurance, and any Endorsements, constitutes the complete agreement between You and Us.

6. Fraud

- If a claim is fraudulent:
 - a. We are not liable to pay;
 - b. We may recover any amounts already paid;
 - c. We may cancel this Policy from the time of the fraudulent act with written notice.

7. Changes in Law or Taxation

We may modify the Policy Terms or Premium if changes occur in law, regulations, taxes, or government levies.



8. Misrepresentation and Non-Disclosure

- a. You must provide complete and accurate information to Us.
- b. If false or misleading information is provided deliberately or recklessly, the Policy will be treated as if it never existed.
- c. If misinformation is provided carelessly, We may:
 - i. Treat the Policy as if it never existed;
 - ii. Amend the Terms of the Policy retroactively;
 - iii. Reduce claim payments;
 - iv. Cancel the Policy under Our cancellation rights.

9. Premium Payment

- You must pay the Premium before the Effective Date. Coverage will not be in force until payment is received.

10. Reasonable Care and Precautions

- You must take reasonable steps to prevent Injury or Illness and to minimize potential claims.

11. Pre-Authorization

- The Claims Administrator determines Medical Necessity based on information provided by You, Your Doctors, or representatives. Pre-authorization does not guarantee payment or coverage.

12. Policy Extensions

- a. Extensions are allowed under these terms:
 - i. Total coverage period may not exceed 364 days;
 - ii. Extensions are subject to eligibility verification;
 - iii. We may refuse extensions for lawful reasons;
 - iv. Extensions require written confirmation and payment of Premium before the extension date;
 - v. On the Extension Date, Maximum Limits and Deductible reset;
 - vi. Each extension constitutes a new insurance contract.
- b. Once 364 days have elapsed, no further extensions are allowed, and a new Policy for the same coverage cannot be issued.
- c. Coverage cannot be extended after the Period of Coverage has ended. A new Application must be submitted for consideration.

13. Notice of Amendment

- We may make changes, additions, or deletions to the Policy or Endorsements during the Period of Coverage.
- You will receive at least 30 days' notice of any changes, including details of amendments, Effective Date, and Your right to cancel.
- If You do not cancel within the notice period, changes take effect as specified.

14. Third Party Rights

- The Contracts (Rights of Third Parties) Act 1999, or its amendments, does not apply. Only You and Us may enforce the Policy Terms.

15. Waiver

- Any waiver of a Policy Term does not prevent Us from enforcing it in other situations.

16. Policy Structure

- By purchasing this Policy, You acquire a beneficial interest in the Master Policy.
- This Policy provides coverage through a beneficial interest in the Master Policy; it is not an insurance contract itself and may not offer the same legal remedies.
- For details on Your beneficial interest, contact the Plan Administrator.



CLAIMS CONDITIONS

The Claim Administrator is responsible for arranging appointments for You with appropriate providers. If the Claims Administrator cannot secure an appointment with a suitable provider, You have the right to select and visit a provider of Your choice.

These are the Claims Conditions of this Policy that You must fulfill as part of Your contract. Failure to meet these conditions may result in the Policy being voided, canceled, limited in coverage, or Your claim being rejected or only partially paid.

You must notify Us of a claim within 30 days of an Accident or loss. If notice cannot be provided within that time frame, it must be given as soon as reasonably possible. The notice should include Your identification and Policy Number.

1. Medical Evaluation

We may request additional tests or an independent medical evaluation if We reasonably believe that the claimed medical condition may relate directly or indirectly to an Exclusion.

2. Medical Management Services

Pre-authorization

Please read this section carefully before obtaining any Treatment, service, or supply.

a. For many benefits under this Policy, You must notify the Claims Administrator and obtain Pre-authorization before receiving Treatment or being admitted to Hospital.

- Pre-authorization must be obtained before any of the following Treatment, service, or supply:

1. For all cover under the Medical Benefits section:

- a. Inpatient or Outpatient Hospital admission;
- b. Any Hospital treatment, services, or medical supplies;
- c. Surgery in Hospital or a surgical centre;
- d. Urgent Care, Doctor Visit, or consultation;
- e. Outpatient MRI and CAT scans, echocardiogram (ECG), endoscopy, gastroscopy, colonoscopy, and cystoscopy.

2. For cover under the International Emergency Care and Assistance section:

- a. Emergency Medical Evacuation;
- b. Transportation of Mortal Remains, preparation, local burial, or cremation;
- c. Any other covered medical services.

b. The Claim Administrator's decision on Pre-authorization is based on the completeness and accuracy of the information provided by You or on Your behalf.

c. The Claim Administrator may change or revoke a prior Pre-authorization decision if new information arises.

d. Notice for Pre-authorization may be given by You, the Hospital, Your Doctor, or a Relative.

e. In case of an Emergency Hospital admission, Pre-authorization must be obtained within 48 hours or as soon as reasonably possible.

f. If Pre-authorization is not obtained, or You fail to comply, We may deny coverage or reduce the claim payment, subject to Policy Terms.

g. Where Pre-authorization is required, You must follow this procedure:



1. Contact the Claims Administrator:

Claimsorted

 **Email:** osk@claimsorted.com  **Tel No:** +1 646 535 4908

- h. Contact the Claims Administrator at least 7 days before admission or treatment.
- i. For Emergency admission, Pre-authorization must be obtained within 48 hours after admission or as soon as reasonably possible.
- j. Comply with the Claims Administrator's instructions and submit any requested documentation.
- k. Inform all Doctors, Specialists, Hospitals, and providers that this Policy requires Pre-authorization and request their cooperation.
- l. Pre-authorization will be confirmed in writing. Verbal confirmation is considered valid when written confirmation is not possible. Contact the Claims Administrator if in doubt.

3. Concurrent / Continuing Review

- a. While You are an Inpatient, the Claims Administrator may conduct ongoing reviews to ensure Treatment is necessary and to maintain quality care.
- b. Initial Hospital admission approval will cover a limited number of days based on the eligible condition.
- c. Additional inpatient days require review and approval from the Claims Administrator.

4. Medical Case Management

- a. The Claims Administrator may provide recommendations for Treatment, services, or supplies related to an eligible medical condition.
- b. Recommendations are based on collaboration with You, Your Relatives, Doctors, or other providers to ensure continuity of care.
- c. You are not required to follow these recommendations.
- d. If You do not follow recommendations, We are not liable for consequences except for payment of Eligible Charges under Policy Terms.
- e. We may, at Our discretion, pay for Treatment or services not covered by the Policy if deemed beneficial.

5. Notice of Claims

- a. Claims notice should be sent to:
Claimsorted
Email: osk@claimsorted.com
- b. Claim forms may be obtained at oskplans.com/claims or **Email:** support@oskplans.com or
Tel No: **650-466-0155**
- c. The Claims Administrator may provide a claim form upon receiving notice.
- d. Eligibility for benefits and coverage will be determined after submission and review of the completed claim form.

6. Assistance and Co-operation

- a. You must provide reasonable assistance and cooperate fully in managing claims. Non-cooperation may result in suspension or denial of claims.
- b. You must provide, at Your expense, all documents, reports, and materials reasonably requested.
- c. Pre-authorization may be required for certain medical services. Failure to obtain it may result in financial penalties or claim denial. Pre-authorization does not guarantee payment.



7. Settlement of Claims

- a. Claims settlement is in accordance with Policy Terms, including Deductible.
- b. You may request reimbursement in any currency (excluding cryptocurrency).
- c. Payments will be converted to the Policy currency using the Bank of England exchange rate:
 - i. For claims covering Eligible Charges: on the date of payment or processing;
 - ii. For Accidental Death Principal Sum: on the date of death.
- d. We are not responsible for currency fluctuations or bank fees.
- e. For insured under 18, payments will be made to the parent or guardian who signed the Application.

8. Payment of Claims

- a. We may pay Eligible Charges directly to:
 - i. Treatment, service, or supply provider; or
 - ii. You via cheque, electronic transfer, direct deposit, or mailed cheque.
- b. Where direct payment is made to providers, You are responsible for Deductible and non-Eligible Charges.
- c. If We do not pay providers directly, You must pay and seek reimbursement.

9. Right of Recovery

- a. If an overpayment occurs, We may recover the amount from You or the third party.
- b. If repayment is not made promptly:
 - i. We may deduct from future claims;
 - ii. We may cancel the Policy with 30 days' notice.

10. Subrogation

- a. Notify Us promptly of any third-party claims related to Your Policy claim.
- b. You must pursue third-party claims and update Us on developments.
- c. We may pursue recovery on Your behalf and control settlement.
- d. You must provide all reasonable assistance and documentation.

11. Explanation or Verification of Benefits

- a. We and the Claims Administrator will assist in understanding benefits and coverage.
- b. You may request written interpretation from the Plan Administrator.
- c. No statement by Us or the Claims Administrator modifies Policy Terms unless confirmed in writing.

12. Incurral Period

- a. Eligible Charges must be incurred within 30 days of the initial occurrence of Illness or Injury. Charges outside this period are not eligible, even if the condition began during the Policy period.



CLAIMS PROCEDURES




1. General

- a. All claims must be submitted to the Claims Administrator with a fully completed claim form, original invoices, receipts, and any other supporting documents within 30 days of Your Treatment, or as soon as reasonably possible.
- b. Claims submitted after this period may be denied.
- c. You must comply with all Pre-authorization procedures. Failure to do so may result in partial or full denial of Your claim.
- d. We will provide You with a personalized membership card containing essential contact information and addresses. You should keep this card with You at all times.

Regardless of location, Insured Persons should contact the Claims Administrator via:

 **Email:** osk@claimsorted.com

 **US Phone:** +1 646 535 4908

f. It is the responsibility of the Insured Person to report Emergencies. If the Insured Person cannot report personally, a companion, friend, or Relative may do so. Failure to comply may result in loss of rights to claim. If the Insured Person is unable to communicate with the Claims Administrator, medical facts must be reported as soon as practicable.

Failure to comply may result in loss of rights to claim. If the Insured Person is unable to communicate with the Claims Administrator, medical facts must be reported as soon as practicable.



2. Emergency Admissions

- a. In the event of an Emergency Hospital admission, You must contact the Claims Administrator as soon as possible after being admitted.
- b. Provide full details of Your medical condition and Treatment, including dates, procedures (if known), and the name of the attending Doctor.
- c. Where Pre-authorization is required, You must obtain approval from the Claims Administrator before undergoing Treatment or being admitted.
- d. If Pre-authorization cannot be obtained before an Emergency admission, You must inform the Claims Administrator and obtain Pre-authorization within 48 hours or as soon as reasonably possible after the admission.
- e. Failure to obtain required Pre-authorization may result in denial of all coverage for the claim or partial payment.

3. Emergency Doctor Visits (Outpatient Only)

- a. If You pay for any Outpatient Treatment, service, or supply, You must submit all charges and a claim form to the Claims Administrator in accordance with Policy Terms.
- b. Complete Your section of the claim form, including date and signature.
- c. Attach all original supporting documentation, invoices, and receipts to the claim form and submit to the Claims Administrator

4. Claim Criteria

- a. Claims may only be made for:
 - b. Treatment, service, or supply actually received during a Period of Coverage; and
 - c. Eligible Charges incurred before the Policy Expiry Date or Cancellation Date, whichever is earlier.

You may claim benefits from the start of the Treatment, service, or supply until it is medically confirmed that it is no longer necessary, or until the Policy ends, whichever comes first.

If You later claim for a new course of Treatment, service, or supply unrelated to an earlier claim, it will be treated as a new claim under this Policy.



DATA PROTECTION

1. Protecting Your Data

Protecting Your privacy is very important to Us.

2. Personal Data You Provide to Us

If You provide personal data about other people to be insured under this Policy, such as Family members or friends, You agree to obtain their consent and inform them of Our use of their personal data.

3. How We Use Your Personal Data

We will use Your personal data to arrange and manage Your insurance contract with Us, including administering this Policy, handling claims, and managing extensions. We may also use Your data for statistical analysis, modelling, and underwriting decisions, which may involve automated processing.

4. Special Categories of Personal Data

Certain personal data, such as information about health, is classified as sensitive under current Data Protection legislation. We may collect such data from You for insurance purposes where permitted by law. This data will only be used for the specific purposes for which it was provided and to deliver the services described in this Policy.

5. Who We Share Your Information With

We may share Your personal data with other participants in the insurance market, even if You have not had direct contact with them. This includes insurers, intermediaries, reinsurers, Claims Administrators, loss adjusters, and solicitors.

We may also share Your data with service providers, contractors, agents, and group Companies performing activities on Our behalf. All such transfers are conducted in compliance with relevant Data Protection legislation.

We do not share Your data with any other parties except:

- a. Where We have Your consent;
- b. Where required or permitted by law;
- c. With credit reference agencies;
- d. With other Companies providing services to You or Us.

We may transfer Your data to insurance market participants located outside Your Home Country, ensuring all transfers comply with applicable Data Protection legislation.

6. Data Retention and Erasure

We will not retain Your data for longer than necessary for the purposes for which it is processed or to comply with legal and regulatory obligations.

7. Your Rights

If You have questions about Our use of Your personal data, You should contact Our Data Protection Officer. In certain circumstances, You have the right to request that We:

- a. Provide more information on how We use Your personal data;
- b. Give You a copy of the personal data You provided to Us;
- c. Correct any inaccurate information We hold about You;
- d. Delete Your personal data;
- e. Provide an electronic copy of Your personal data to another data

For more information on how We process Your personal data, please refer to:

www.dashmga.com/privacy-Policy



MAKING A COMPLAINT

Complaints Procedure

1. Our Commitment: We strive to provide You with a high standard of service. If You are not satisfied with any aspect of the service received, please contact Us. When doing so, provide Your name, contact telephone number, Policy and/or claim number, and the type of Policy You hold.

2. Making Your Complaint: If Your complaint concerns the sale or administration of this Policy, please

**Skybridge Risk Holdings, LLC Legal Department
230 Sunrise Ave Ste. B-247 Palm Beach, FL 33480**

3. Complaints About Claims: If Your complaint relates to a claim under this Policy, please contact Us directly. We aim to resolve most complaints quickly and satisfactorily at this stage. If You remain dissatisfied with Our final response, You may have the right to escalate Your complaint to the Cayman Islands Monetary Authority (CIMA), which can be reached via:

www.cima.ky/complaints.

4. Our Promise to You

We will:

- a. Acknowledge all complaints promptly;
- b. Investigate complaints thoroughly and efficiently;
- c. Keep You informed about the progress of Your complaint;
- d. Take all reasonable steps to resolve Your complaint; and
- e. Use feedback from complaints to continuously improve Our service.

Notice:

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). This coverage is not a general health insurance product but is intended for use in the event of a sudden and Unexpected event while traveling outside Your Home Country. PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult Your attorney or tax professional to determine whether the Policy meets any obligations You may have under PPACA.

