

Assistance and contact information:

In case you need to use your medical travel and accident insurance, you should contact the US office of the Company within 48 hours at: +1 305 698 7757. If you fail to do so, you will not be reimbursed for the medical costs.

CORIS USA, Inc, 11900 Biscayne Blvd # 510, Miami, Fl 33181

Assistance Center

Tel: 1 305 698 7757

Fax: 1 305 698 0176

Toll free (USA): 1-800-358-9105

assistance@corisamerica.com

Management, Administration and Claims

Tel: 1 305 357 2100

Fax: 1 305-891-7840

claims@corisamerica.com

Insurance Coverage and Limit of Responsibility

Policy №523003

№	Insurance Coverage	Limits of Responsibility
1	Medical expenses per accident or illness	100% (up to 50 000 USD)
	Hospitalization in case of acute disease or accident	
	Out-patient treatment by a doctor/specialist	
2	Repatriation of mortal remains	up to 7 500 USD
3	Bedside visitation for one family member in case of critical illness or accidents	up to 1 500 USD
4	Medical evacuation	up to 10 000 USD
5	World-wide assistance service	included
6	The deductible of an insured person per visit is 100 USD (not to exceed 500 USD per illness or accident) and 250 USD per emergency room (waived if admitted).	

Important Information about your Insurance!!

- This is not a comprehensive, long term insurance program, but a travel health insurance intended to cover sudden illnesses, injuries and accidents.
- Please call **1-800-358-9105** to schedule a doctor's appointment through Coris International. The agency will schedule the doctor's appointment with an approved provider. **Doctor's appointments must be scheduled through this number and through the insurance agency!** If you schedule a doctor's appointment independently, you may not be reimbursed.
- **In case of emergency, Coris International must be notified within 48 hours of your emergency room or urgent care facility visit. After 48 hours, they will not be able to assist you with reimbursement!**
- The policy is not intended to cover chronic illnesses, long term problems or specialists. If you become seriously ill and do not improve after visiting the doctor, you will need to return home.
- Coris International does not cover pre-existing conditions that the participant had before entering the program. It will also not cover routine exams/check-ups or routine dental treatments.
- **There is a \$100 deductible to be paid by the participant for each doctor's visit, not to exceed \$500 per illness/event.**
- Participants are responsible for 25 percent of the cost of prescribed medicines and medical tests including lab tests, Xrays and MRIs.
- Be aware if you participate in high intensity recreational activities such as, hang-gliding, motor-sporting underwater sports, bungee jumping or skiing, you do so at your own risk. The insurance policy does not cover any medical expense resulting in injury from any high-risk recreational sports.

24 Medical Assistance Help Line:

1-800-358-9105

1. Risks Covered:

1.1. The risks covered with this insurance are:

1. Occurrence of unexpected and urgent medically necessary medical expenses (including 100% of covered expenses for In-hospital Medical Services, 100% of covered expense for In-hospital Surgical Services and 100% for Out of Hospital Medical Services) which are direct consequence of an accident of an Insured which are not an Exclusion from the Insurance Coverage, and are within the limits of insurance responsibility which have occurred during the term of the individual insurance coverage;
2. Occurrence of unexpected and urgent medically necessary medical expenses (including 100% of covered expenses for In-hospital Medical Services, 100% of covered expenses for In-hospital Surgical Services and 100% for Out of Hospital Medical Services) which are direct consequence of illness of the Insured which are not an Exclusion from the Insurance Coverage, and are within the limits of insurance responsibility which have occurred during the term of the individual insurance coverage;
3. Purchase of prescribed medicines, charges for LAB's, MRI's, CT Scans and X-Rays with the Co-Insurance clause stated in art.5;
4. In event of the death of an Insured, the repatriation of the Insured's mortal remains, including transportation of the body from the site of death to the sending funeral home to the airport, minimally necessary casket or air tray for transport, coordination of consular services, procuring death certificate and transport of the remains from the airport to the receiving funeral home;
5. Expenses associated with medical evacuation; and
6. Bedside visitation for one family member in case of critical illness or accidents.

2. Excluded Risks:

2.1. The Underwriter shall not cover death or medical expenses which are caused directly or indirectly by:

1. Willful attempt at self- injury; suicide or attempted suicide;
2. Criminal offense or attempted criminal offense by the Insured, death sentence execution, accident occurred while the Insured is arrested or imprisoned;
3. War or hostilities, rebellion, power usurpation, riot or other similar acts, terrorism or terrorist act, which include, but are not limited to the use of force or violence and/or the thereof, of any person or group/s/ of persons, whether acting alone or on behalf of or in connection with any organization/s/ or government/s/, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public fear;
4. Nuclear explosions, radioactive radiation, radioactive, chemical or biological contamination, natural catastrophes (which include, but not limited to storm, hurricanes, floods, lightings, earthquakes, tsunamis, etc.), acts of God and all other similar events with or without mass consequences;
5. AIDS, no matter how it is acquired or called, or HIV infection;
6. Self- treatment or disobedience of a doctor's advice;
7. Pregnancy (incl. tubal pregnancy), childbirth, abortion and any consequent complications or diseases;

8. Fight provoked by the insured;

9. Involvement in hazardous activities including motor sports, flying, hang-gliding, sailing and underwater sports and hobbies, jumps from height, climbing requiring special equipment and speleology (spelunking). Skiing is not covered except in cases when additional premium has been paid;

10. Consumption of alcohol, narcotics and other opiate or stimulative substances. In road accident with transportation vehicle, the stated by the law level of alcohol in the blood is taken into consideration, for the country where the accident has occurred; Injuries due to alcohol or drug consumption or accidents where the insured was operating a motor vehicle under the influence of drugs or alcohol;

11. Use of weapon;

12. Pre-existing disease or condition and complications thereof;

13. Other events due to perilous or willful acts or gross negligence by the Insured;

2.2. The following expenses are not included in the scope of medical expenses coverage:

1. Costs related to medical examination, treatment and surgical intervention which are not administered by a licensed physician or in a licensed healthcare institution;

2. Costs related to medical examination, where no illness has been diagnosed or accident has been ascertained;

3. Cost related to venereal diseases, treatment of sterility, change of sex or implantation, transplantation of organs and the complications thereof;

4. Costs of rehabilitation, physical therapy, kinesitherapy, all expenses for spas, hydrotherapeutic treatment or other such resorts and facilities;

5. Costs for medical help administered by homeopathic doctors or natural doctors;

6. Medical help administered by relatives or husband/ wife;

7. Costs for medical repatriation or repatriation of remains, when it was not performed by the Coris International, and costs incurred after repatriation;

8. All costs resulting from pre-existing diseases or conditions;

9. Dental treatment – fillings, devitalization, prosthetic treatment and all alike, except emergency anesthesia and medically dental surgery in case of accident;

10. Costs relative to treatment of the mental health and mental disorders of the insured;

11. Costs relative to cosmetic surgery for correction of the appearance;

12. All costs relative to experimental or research services;

13. All costs for medical examinations, or diagnostic examinations that are part of routine physical examination or health check, including vaccination, expenses for glasses, contact lenses, hearing-aids, prosthesis, artificial limbs, etc.;

14. Costs for personal comfort during treatment such as: TV, radio, hairdresser or barber's services;

15. Any part of the costs that exceeds the commonly necessary and inherent standard expenses that are covered in accordance with the conditions of the policy;

16. All costs, which are a direct consequence of sunburn or burn in solarium, except for sunstroke;

17. Costs for publication of certificates, and costs for translation of documents.

3. Insurance Coverage Limits:

3.1. The insurance limits per each risk covered are as follows:

1. Medical expenses per accident or illness-50,000 USD;
2. Repatriation of remains – 7,500 USD;
4. Bedside visitation – 1,500 USD;
5. Medical evacuation – 10,000 USD;
6. World-wide assistance service – included;

3.2. The limit of responsibility of the Underwriter shall cover only actual insured expenses, realized as a result of the occurrence of the risks covered under art. 3.

3.3. The deductible of an insured person per illness or event is 100 USD for each visit but will not exceed a total of 500 USD per each one illness or accident; and 250 USD per emergency room (waived if admitted).

3.4. Co-Insurance payment is required for some of the medical expenses stated into the art.3. The proportion of the Co-insurance share from the relevant expenses is 75% covered by the Insurer, and the remaining 25% of the payment should be covered by the policy holder.

4. Claims in Case of Insured Event. Obligations of the Insured to Inform the Assistance Company:

10.1. The Insured is obligated to inform the Assistance Company within 48 hours after the occurrence of the insurance event on the stated below telephones of the nearest office of the Assistance Company. The Insured has to submit to the Assistance Company/ Underwriter this insurance policy, documents proving the date of the insurance event and all other documents required by the Assistance Company/ Underwriter.

10.2. If the Insured did not inform the Assistance Company in the term stated in pr.1, they are obliged to inform the Underwriter within 7 days of the occurrence of the insurance event.

10.3. If the Insured does not fulfill the requirement of the above Paragraph, the Underwriter becomes free of any obligations whatsoever to pay the claim.