

**Your Guide to Benefit describes the benefit in effect as of 6/1/15. Benefit information in this guide replaces any prior benefit information you may have received.**

**Please read and retain for your records. Your eligibility is determined by your financial institution.**

## YOUR GUIDE TO CARD BENEFIT

# Visa Card Emergency Medical/Dental Benefit

**For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-434-1280, or call collect outside the U.S. at 804-673-6499.**

**For questions about your account, balance, or rewards points please call the customer service number on your Visa card statement.**

### Benefit Information

#### What is this benefit?

Emergency Medical/Dental provides reimbursement for Emergency Treatment if you become sick or accidentally injured while traveling on a Trip purchased entirely with your eligible Visa card.

You will be eligible to receive up to a maximum of two thousand five hundred dollars (\$2,500.00) [subject to a fifty-dollar (\$50.00) deductible] for medical expenses not paid or payable by your medical insurance or other reimbursement if:

- a) The expenses are a result of Emergency Treatment for sickness or accidental injury occurring during your Trip and;
- b) The Trip was paid for entirely with your eligible Visa card and;
- c) The Trip takes place via a common carrier and lasts between five (5) consecutive days and sixty (60) consecutive days of travel to a destination over one hundred (100) miles\* from your Residence

**Please Note:** This benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement.

#### Who is eligible for this benefit?

You and your Immediate Family Members are eligible if you are a valid cardholder of an eligible Visa card issued in the United States and you purchase the entire Trip using your eligible Visa card.

#### What expenses are covered?

Your covered medical expenses are necessary services and supplies that are recommended by your attending physician and take place during the course of your Trip. They include:

- The services of a legally qualified physician, surgeon, graduate nurse, dentist, or osteopath
- Charges for hospital confinement and use of operating rooms
- Charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests
- Ambulance services
- Drugs, medicines, and therapeutic services and supplies

Benefits will not be paid in excess of the Reasonable and Customary Charges. ("Reasonable and Customary Charges" mean charges commonly used by providers of medical care in the locality in which care is furnished.)

### **What if I need to recuperate in a hotel after my hospital stay?**

If you are hospitalized as a result of a covered accident or sickness during your Trip and your attending physician determines that you should recover in a hotel immediately after your release from the hospital and before returning home, you may be eligible for an additional benefit of seventy-five dollars (\$75.00) per day for up to a maximum of five (5) days towards the cost of a hotel room.

### **What is not covered?**

These benefits do not cover any expense resulting from the following:

- Travel for the purpose of obtaining medical treatment
- Non-emergency services, supplies, or charges
- Services, supplies, or charges made by your Immediate Family Member
- Care not prescribed by or performed by or upon the direction of a physician or dentist
- Care not medically necessary as determined by the Benefit Administrator
- Care rendered by a provider other than a hospital, physician, or dentist
- Care that is experimental/investigative in nature
- Care for any illness or bodily injury that occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any legislation of any governmental unit. This applies whether or not you claim the benefits or compensation and whether or not you recover losses from a third party.
- Payments to the extent benefits are provided by any governmental agency or unit (except Medicare)
- Care for any illness or injury suffered due to:
  - Self-inflicted harm
  - Attempted suicide
  - Mental health issues
  - Alcoholism or substance abuse
  - War, military duty, civil disorder
  - Air travel except as a passenger on a licensed aircraft operated by an airline or air charter company
  - Routine physical examinations
  - Hearing aids, eyeglasses or contact lenses
  - Routine dental care, including dentures and false teeth
  - Hernia, unless it results from a covered accident
  - Elective abortion
  - Participation in a felonious act or attempt thereof
  - Skydiving, scuba, skin, or deep sea diving, hang gliding, parachuting, rock climbing, and contests of speed
- Care received for which you would have no legal obligation to pay in the absence of this or any similar benefit
- Care received in Afghanistan, Burma, El Salvador, Iran, Iraq, Kampuchea, Laos, Lebanon, Nicaragua, North Korea, Yemen, Vietnam, and any other countries which may be determined by the U.S. Government from time to time to be unsafe for travel

## **Definitions**

**Emergency Treatment** means the services or supplies provided by a dentist, hospital, physician or other provider which are medically necessary to treat any injury, sickness or other covered condition where the onset is sudden and unexpected, considered life-threatening, and if left untreated, could deteriorate resulting in serious and irreparable harm.

**Immediate Family Member** means your spouse or legally dependent children under age eighteen (18) [twenty-five (25) if enrolled as a full-time student at an accredited institution].

**Residence** means your home address as listed in your card issuer's file or reflected as the address on your billing statement. The home address from the card issuer's records will take precedence over billing statement address in determining the eligibility for benefit.

**Trip** means arrangements for travel that are made by a licensed commercial travel establishment consisting of travel agencies and/or common carrier organizations, for which the expense has been charged to your eligible Visa card, and which is not less than five (5) consecutive days but does not exceed sixty (60) consecutive days in duration.

## Filing an Emergency Medical/Dental Claim

### What should I do if I get sick or injured on a Trip?

Call the Benefit Administrator immediately at **1-800-434-1280**, or call collect outside the U.S. at **804-673-6499**. You must notify the Benefit Administrator **within ninety (90) days** of the date of occurrence. The representative will answer any questions you may have and send you a special claim form.

### How do I file a claim?

Complete the claim form you receive from your call to the Benefit Administrator. Mail the following items within one hundred and eighty (180) days from the date of occurrence to:

Card Benefit Services  
P.O. Box 72034  
Richmond, VA 23255

- The completed, signed claim form
- A copy of your receipt, showing that you purchased a round-trip ticket for your Trip via a common carrier, with your eligible Visa card
- A statement from your insurance carrier (and/or your employer, or employer's insurance carrier) or any reimbursement showing any amounts they may have paid toward the claim cost. Or, if you have no other applicable insurance or reimbursement, please provide a notarized statement to that effect.
- A copy of any other valid and collectible insurance or reimbursement available to you
- Receipts for the eligible medical/dental expenses
- Any other documents deemed necessary by the Benefit Administrator to substantiate your claim

### Transference of Claims

After the Benefit Administrator has paid your claim under this benefit, all your rights and remedies against any party in respect of claim will be transferred to the Benefit Administrator to the extent of the payment made to you. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

\* Under New York laws, when a cardholder's mailing address is in the State of New York, the requirement that you must be one hundred (100) or more miles from your Residence does not apply.

## ADDITIONAL PROVISIONS FOR EMERGENCY MEDICAL/DENTAL BENEFIT

You must use due diligence and do all things reasonable to avoid or diminish any injury or illness for which coverage is provided under this benefit. This provision will not be unreasonably applied to avoid claims. If you make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and your benefits may be canceled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.

No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. After the expiration of two (2) years from the time written Proof of Loss was to be provided, no action shall be brought to recover on this benefit. Further, no legal action may be brought against the Provider unless all the terms of this Guide to Benefit have been complied with fully.



This benefit is provided to eligible Visa cardholders at no additional cost. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages. The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefit, and if they do, they will notify you at least thirty (30) days in advance. This information is a description of the benefit provided to you as a Visa cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this benefit and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

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