



2019 International Medical / Accident Insurance Program

Underwritten by: ACE American Insurance Company
Policy Number: GLM N04983348

Eligibility:

Covered Persons ("volunteers") of the Florida Annual Conference of the United Methodist Church for medical expenses due to treatment, services and supplies for accident injuries or sickness while participating in volunteer activities sponsored by the church, outside the United States of America. This policy is excess over any amounts payable by any other health care plan.

Volunteer Activities

The Covered Accident or Sickness must take place while:

- 1. Participating in activities sponsored and supervised by a Conference affiliated church/ministry as a volunteer, or
2. Traveling with a group in connection with such volunteer activities.

Benefits are Full Excess (If the injured has benefits under any other plan, this policy will be excess):

Table listing insurance benefits and amounts: Aggregate Limit - Benefit Maximum (\$2,500,000), Medical Expense Benefits (Maximum from all Accident or Sickness Expense Benefits \$50,000, Home Country Extension Benefit \$10,000, etc.), Emergency Medical Evacuation Benefit (Maximum 100% of Covered Expenses), Repatriation of Remains Benefit (Maximum 100% of Covered Expenses), Emergency Reunion Benefit (Maximum \$2,000), and Lost Baggage Benefit (Maximum per Trip \$250).

Note: This document is not an outline of coverage. It does not include all terms, coverages, exclusions, limitations or conditions of the actual contract language. The master policies held at the state office must be read for those details. The items described are subject to certain, conditions, and exclusions applicable to all areas of coverage. Rev. Date: 12/31/2018



Trip Interruption Benefit	
Maximum.....	\$5,000
Accidental Death & Dismemberment Benefits	
Volunteers – Principal Sum	\$50,000
Spouse of Volunteers – Principal Sum	\$50,000
Children of Volunteers – Principal Sum.....	\$10,000
Time Period for Loss	365 Days from Date of Covered Accident
Coma Benefit	
Initial Benefit	1% of Principal Sum up to 11 Months
Remaining Benefit	Lump Sum of 100% of Principal Sum
Home Country Extension Benefit	
Maximum.....	\$10,000
Maximum Benefit Period.....	30 Days

Covered Medical Expenses:

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests and Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor’s written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis

Covered Emergency Medical Evacuation Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person’s place of residence for Medically Necessary treatment.
2. Dispatch of a Doctor or Specialist
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 if
 - a) The Covered Person is age 18 or older; and
 - b) The Covered Person is the only person traveling with the minor Dependent child(ren); and
 - c) The Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person’s emergency medical evacuation to a different hospital, treatment facility, or the Covered Person’s place of residence.



Lost Baggage Benefit:

Reimbursement of the Covered Person's replacement costs of clothes and personal hygiene items, up to the Benefit Maximum, if the Covered Person's luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond their use.

Repatriation of Remains Benefit:

Payment for preparation and return of a Covered Person's body to their home if they die as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include:

1. Expenses for embalming or cremation;
2. The least costly coffin or receptacle adequate for transporting the remains;
3. Transporting the remains;
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

Trip Interruption Benefit:

Reimbursement for the cost of a one-way economy air and/or ground transportation ticket for a Covered Person's Trip, up to the Maximum Benefit, if the Trip is interrupted as the result of:

1. The death of a Family Member; or
2. The unforeseen Injury or Sickness of the Covered Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or
3. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to their Home Country for continued treatment, recuperation and recovery of an Injury or Sickness; or
4. Substantial destruction of the Covered Person's principal residence by fire or weather related activity.

Personal Property Benefit:

Reimbursement of the Covered Person's reasonable cost, up to the Benefit Maximum after satisfaction of the Deductible, for replacement of any personal property that is lost or totally destroyed while the Covered Person is on their Trip.

1. Payment of Accidental Medical Benefits is limited to Medically Necessary care and Usual and Customary Charges.
2. All coverages, exclusions, terms and conditions are governed by the above noted policy.

Emergency Contact While Outside of the US:

Worldaware (www.worldaware.com)

Phone: +1-312-470-3089 (Outside the U.S.) / 1-855-470-1688 (U.S. Toll-Free)

Response Operations Center E-Mail: roc@worldaware.com

Customer Service E-Mail: customerservice@worldaware.com

Identify your group as being a part of the Florida Annual Conference of the United Methodist Church

Claims Contact Upon Return to the United States:

Johns Eastern Company (Claims Administrator)

Phone: 1800-749-3044 x 1038