

## Plan Designed Exclusively For Volunteers of Samaritan's Purse

LifeStore Insurance is proud to introduce our new and enhanced International Travel Medical and Evacuation plan, designed exclusively for volunteers of Samaritan's Purse. This World Class Protection provides peace of mind and coverage for unexpected Accidents or Sicknesses, Emergency Medical Air Evacuation, and 24 Hour Assistance Services while you travel abroad. Please refer to the program summary for further details about coverage and benefit information.

Coverage is available if You are an active, full time Volunteer, Physician, Volunteer Nurse or other Volunteer Personnel of Samaritan's Purse including Spouse and/or Dependents of a covered Volunteer while traveling outside your Home Country and while on business of Samaritan's Purse.



### Base Rates

Class 1:	\$2.70 per person per day
Spouses:	\$2.40 per person per day
Dependent Children:	\$2 per person per day
War Risk:	\$5 per person/per day (must be added to base rate)

### Questions

Contact LifeStore Insurance.  
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Toll Free (800) 723-4718

Local (828) 264-8804

Fax (828) 262-0083

### How to Apply Online

1. Go to [www.samaritanspursetravelinsurance.com](http://www.samaritanspursetravelinsurance.com)
2. Click the link to Samaritan's Purse Travel Insurance Protection (link is on the right side of the page).
3. You can obtain immediate Travel Insurance quotes and purchase coverage online.
4. Once you have completed the automated application and your purchase is approved, you will immediately receive two emails; (1) Policy Certificate; (2) Information Card and Schedule of Insurance, containing emergency assistance numbers and claims information.
5. Questions about this program?  
Call (toll free) **800.948.7860** (local) **828.264.8804** or email [spglobal@golifestore.com](mailto:spglobal@golifestore.com)

### Plan Administrator

Global Underwriters Agency, Inc.  
3195 Linwood Road, Suite 201  
Cincinnati, OH 45208

Telephone (800) 423.8496

Fax (800) 942.7816

Plan Underwritten by: United States Fire Insurance Company  
Policy Number: US022524

# INTERNATIONAL MEDICAL INSURANCE

Exclusively for volunteers  
of Samaritan's Purse



LIFESTORE INSURANCE  
*Bringing you peace of mind.*



# Why You Need International Medical Insurance

One of the major problems with personal, corporate, or group sponsored international travel is that most group and individual health plans sold in the U.S. provide limited (if any) coverage while you travel abroad. If coverage is available, it's very likely to have certain restrictions that render the policy useless or nearly useless when you travel internationally.

International Medical & Evacuation insurance is an intelligent and inexpensive way to protect you and your family when travelling abroad.

## Plan Summary

### Period of Coverage

The minimum Period of Coverage under this plan is 1 day, the maximum is 12 months (including any personal deviation up to 30 days). Benefits can be purchased in a combination of months and or daily periods by paying the appropriate Plan Cost.

### Effective Date of Individual Coverage

Coverage under the Policy is effective on the later of the following:

1. The date Global Underwriters receives a completed application and the appropriate Plan Cost; or
2. The Effective Date requested on the application; or
3. The moment You depart from Your Home Country.

### Termination Date of Individual Coverage

Coverage under the Policy ends on the earliest of the following:

1. The moment You return to Your Home Country; or
2. The expiration of 12 months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued to You by Global Underwriters; or
4. The end or the period for which the Plan Cost has been paid; or
5. The date You are no longer considered an Eligible Person.

### Medical Expenses

We will pay up to \$100,000 for Reasonable and Customary charges for Covered Expenses which occurred during the Period of Coverage outside Your Home Country, excess of the chosen Deductible (\$100 Per Cause) and Coinsurance (80% to \$5000 then 100%) up to the selected Medical Maximum. The initial Treatment of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

## Schedule of Benefits

**Excess Benefit:** All coverage, except Accidental Death and Dismemberment, will be in excess of all other valid and collectable insurance indemnity and will apply only when such benefits are exhausted.

Accidental Death and Dismemberment	Volunteer: \$500,000 Spouse: \$250,000 Dependent: \$50,000
Maximum Benefit per Accident/Illness	\$100,000
Deductible per Accident/Illness	\$100
Room & Board Limit	Average Semi-private (UCR)
Coinsurance	80% of the first \$5,000 of covered expenses after satisfaction of the deductible; 100% thereafter
Occupational Accident/Illness	Covered
Emergency Dental Treatment	\$100 per tooth up to a Maximum of \$1,000
Emergency Medical Evacuation	\$1,000,000
Repatriation	\$1,000,000
Emergency Medical Reunion	\$10,000
24 Hour Worldwide Assistance Services	Provided by On Call International
Personal Deviation/Sojourn	Covered for up to 30 days while on a business trip
Sudden Recurrence of Pre-Existing Condition	\$2,500
War Risk Coverage	If purchased
Trip Cancellation	\$2,500

## What is Covered Under the Plan (Covered Expenses)

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physician's Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.

8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation will be by licensed ground ambulance only, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area will be considered a Covered Expense.
11. Emergency Dental Treatment. Benefits are paid for Reasonable and Customary expenses in excess of the chosen Deductible and Coinsurance of \$100 per tooth up to a maximum of \$1,000, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

### Emergency Medical Evacuation and Repatriation

Benefits are paid for Covered Expenses incurred up to \$1,000,000, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with Your local attending Physician.

### Return of Mortal Remains

Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to \$1,000,000, to return Your remains to Your Home Country, if You should die. Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

### Trip Cancellation

Trip Cancellation/ Interruption Per Insured Person Up to \$2,500 per Trip: Trip Cancellation Limit, for Loss(es) the Insured Person incurs for trips canceled up to the time and date of departure: Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation or interruption of the Insured Person's trip if caused by:

1. Death of a Family Member only;
2. An Injury or medical condition (whether or not death results) requiring the Insured Person, a Family Member, Traveling Companion or Traveling Companion's Family Member to receive treatment by a licensed Physician who advises cancellation or interruption of the trip. This licensed Physician may not be a member of the Insured Person's or Traveling Companion's Family Member, of the Insured Person, or a Family Member of the person whose condition caused the cancellation or interruption. An actual examination or visit must take place before the cancellation or interruption is made, and you must notify the appropriate travel supplier(s) of your cancellation or interruption within 72 hours of the visit, unless the condition prevents it, and then as soon as possible. Failure to do so may result in a claim payment which is less than the penalty imposed for cancellation;
3. Strike or Natural Disasters resulting in the complete cessation of services by an Airline.
4. The Insured Person or Traveling Companion being hijacked, quarantined, required to serve on a jury, served with a court order, or having his or her home made uninhabitable by fire or flood;
5. An Insured Person, Traveling Companion, Family Member is in the military and called to emergency duty for a national disaster other than war;



### **Emergency Medical Reunion**

When the Assistance Company and Your attending Physician determine that it is necessary and prudent for You to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of Your choice, from Your current Home Country, to be at Your side while You are hospitalized and then accompany You during Your return to Your current Home Country. Benefits will be paid up to \$10,000 for a round trip economy air fare ticket as well as for reasonable travel and accommodation expenses up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

### **Sudden Recurrence of a Pre-existing Condition**

Benefits will be paid, up to \$2,500, subject to the Deductible and co-insurance, for Covered Expenses resulting from a sudden and unforeseen recurrence of a Pre-existing Condition, as defined hereunder, while traveling outside the United States. Only such expenses which are incurred within 30 days from the date of recurrence of Illness, and which are not excluded will be considered Covered Expenses.

### **Accidental Death & Dismemberment**

Benefits will be paid to You if You sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident.

## **What is Not Covered Under the Plan (Exclusions and Limitations)**

### **A. No Benefit will be payable for Accident Medical, Sickness Medical, Return of Mortal Remains, Emergency Medical Reunion, as the result of:**

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation.
2. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:

- a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
- b. Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
- c. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable for except to the extent that You prove that such consequence happened independently of the existence of such abnormal conditions.

3. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the Treatment of drug addiction.
4. Any Mental and Nervous disorders or rest cures.
5. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
6. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to You.
7. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.
8. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage.

### **B. No Benefit will be payable for Accidental Death and Dismemberment as the result of:**

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane.
2. Disease of any kind; Bacterial infections except pyogenic infection which will occur through an accidental cut or wound.
3. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b. Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable except to the extent that the You can prove that such consequence happened independently of the existence of such abnormal conditions.

4. Sickness of any kind.
5. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon.
6. Pregnancy, childbirth, miscarriage or abortion.