

DayTripper



DayTripper from HCC Medical Insurance Services (HCCMIS[®]) is with you almost anywhere on the planet you may travel for mission trips.

Why Choose DayTripper?



Beijing, China



Rio de Janeiro, Brazil



Barcelona, Spain

Whatever the reason, traveling internationally should be a pleasant experience. Emergencies and complications such as natural disasters, injury, or illness are a fact of life, and can be even tougher to manage if it is for a large group of people. While we hope none of these happen, we're here to help if they do. For your peace of mind, coverage for medical expenses in case of hospitalization, while in an intensive care unit, outpatient treatment, emergency medical evacuation, and loss of checked baggage, DayTripper has benefits you can count on.

My family has medical insurance in our home country; do we need group travel medical insurance?

Many times the primary medical insurance in your home country will not cover you and your family while traveling abroad. DayTripper includes essentials such as translation assistance while being treated, doctor and hospital referrals, and assistance replacing lost prescriptions.

Additionally, medical costs can be very expensive while abroad. Past clients have encountered over \$68,000 in medical expenses from an emergency medical evacuation alone. With DayTripper plans starting at less than \$1 a day (per person), can you afford not to have coverage?

After purchasing coverage, how can I trust the company to be there if I need them?

HCC Medical Insurance Services LLC (HCCMIS), headquartered in the United States in Indianapolis, Indiana, is a full-service company offering international medical insurance and short-term medical insurance products designed to meet needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (NYSE: HCC), a leading Specialty Insurance group. HCC holds a financial strength rating of AA (Very Strong) by Standard & Poor's and Fitch Ratings and A+ (Superior) by A.M. Best Company.

Did You Consider This?

Snake Bite

They are not cute or cuddly. Treatment: **\$25,730***

DayTripper available for \$0.77 per day**

* This amount is an example of an actual claim handled by HCCMIS. Coverage for similar claims is not to be inferred as all claims are unique.

** This example is for applicants ages 18-29 with a \$250 deductible and \$50,000 maximum limit.

Schedule of Benefits

| BENEFIT | LIMIT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deductibles | \$0, \$100, \$250, \$500, \$1,000 or \$2,500 per certificate period. |
| Coinsurance - Claims incurred in U.S. or Canada | For the certificate period, underwriters will pay 80% of the next \$5,000 of eligible expenses after the deductible, then 100% to the overall maximum limit. Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to underwriters for review and payment directly to the provider. |
| Coinsurance - Claims incurred outside U.S. or Canada | For the certificate period, Underwriters will pay 100% of eligible expenses after the deductible up to the overall maximum limit. |
| Hospital Room and Board | Average semi-private room rate, including nursing services. |
| Local Ambulance | Usual, reasonable and customary charges, when covered illness or injury results in hospitalization as Inpatient. |
| Intensive Care Unit | Usual, reasonable and customary charges. |
| Emergency Room Co-payment | For each visit, the member shall be responsible for a \$200 copayment for use of emergency room except for emergency treatment of Injury after which coinsurance will apply. |
| Urgent Care Center | For each visit, the member shall be responsible for a \$50 copayment, after which coinsurance will apply. Not subject to deductible. |
| Hospital Indemnity (in addition to medical expenses) | \$100 per day of inpatient hospitalization for member's use to offset miscellaneous expenses (not subject to deductible or coinsurance). |
| Physical Therapy | \$50 maximum per day. |
| All Other Eligible Medical Expenses | Usual, reasonable and customary charges. |
| Acute Onset of Pre-existing Condition (only available to members younger than 70) | Limited benefit up to the medical coverage maximum (excludes chronic and congenital conditions). \$25,000 lifetime maximum for emergency medical evacuation. |
| Emergency Dental (acute onset of pain) | \$250 limit per certificate period (not subject to deductible or coinsurance). |
| Emergency Medical Evacuation | \$1,000,000 lifetime maximum, except as provided under acute onset of pre-existing condition (not subject to deductible or coinsurance). |
| Return of Minor Children | \$50,000 per certificate period (not subject to deductible or coinsurance). |
| Pet Return | Up to \$1,000 to return a traveling pet home if member is hospitalized. |
| Local Burial or Cremation | \$5,000 lifetime maximum. |
| Repatriation of Remains | Overall maximum limit (not subject to deductible or coinsurance). |
| Emergency Reunion | \$50,000 limit per certificate period, subject to a maximum of 15 days (not subject to deductible or coinsurance). |
| Natural Disaster | Maximum \$100 a day for 5 days (not subject to deductible or coinsurance). |
| Trip Interruption | \$5,000 limit per certificate period (not subject to deductible or coinsurance). |
| Trip Delay | \$100 for 12-hour delay requiring unplanned overnight stay (2 days maximum). |
| Lost Checked Luggage | \$500 limit per certificate period (not subject to deductible or coinsurance). |
| Political Evacuation | \$10,000 lifetime maximum (not subject to deductible or coinsurance). |
| Terrorism | \$50,000 maximum lifetime limit, eligible medical expenses only. |
| Accidental Death and Dismemberment (excludes loss due to common carrier accident; \$250,000 maximum benefit per any one family or group) | Not subject to deductible or coinsurance. |
| Members up to age 18 | Lifetime max. - \$5,000; Death - \$5,000; Loss of 2 limbs - \$5,000; Loss of 1 limb - \$2,500. |
| Members age 18 through 69 | Lifetime max. - \$50,000; Death - \$50,000; Loss of 2 limbs - \$50,000 Loss of 1 limb - \$25,000. |
| Members age 70 through 74 | Lifetime max. - \$12,500; Death - \$12,500; Loss of 2 limbs - \$12,500; Loss of 1 limb - \$6,250. |
| Members age 75 and older | Lifetime max. - \$6,250; Death - \$6,250; Loss of 2 limbs - \$6,250; Loss of 1 limb - \$3,125. |
| Common Carrier Accidental Death (\$250,000 maximum benefit per any one family or group) | Not subject to deductible or coinsurance. Up to age 18 - \$25,000 per member; Age 18 through 69 - \$50,000 per member; Age 70 to 74 - \$12,500 per member; Age 75 and older - \$6,250. |
| Hospital Pre-certification Penalty | 50% of eligible medical expenses |
| Maximum per Injury / Illness | Age 80 or older: \$10,000. Age 70 to 79: \$50,000 or \$100,000. All others: \$50,000, \$100,000, \$200,000, \$500,000 or \$1,000,000. |
| Overall Maximum Limit per Certificate Period (includes all benefits except accidental death and dismemberment, emergency medical evacuation and common carrier accidental death) | Age 80 or older: \$10,000. Age 70 to 79: \$50,000 or \$100,000. All others: \$50,000, \$100,000, \$200,000, \$500,000 or \$1,000,000. |
| Crisis Response | \$10,000 per certificate period; Includes access to Unity Crisis Group services |
| Personal Liability | \$10,000 lifetime maximum. |
| Bedside Visit | \$1,500 (economy ticket for family member to visit if member admitted to ICU). |

What's Covered by DayTripper?

International Coverage

Emergency Medical Evacuation and Emergency Reunion

Would you know what to do if you found yourself in a life-threatening situation far from home? HCCMIS is experienced in arranging emergency medical evacuations. DayTripper will cover the necessary expenses to transport you to the nearest medical facility qualified to treat your life-threatening condition. We also understand the importance of family support in these difficult situations. DayTripper will also cover the transportation, lodging, and meal costs for a relative to join you after an emergency medical evacuation.

Repatriation of Remains

What would your family do if disaster strikes while you are away from home? The death of a loved one is never easy, no matter the circumstances. In the unfortunate event of your death while traveling abroad, DayTripper will arrange for and cover the costs associated with the repatriation of your remains.

Return of Minor Children

If you are expected to be hospitalized for more than 36 hours due to a covered injury or illness and covered children under 18 years of age will be left unattended as a result, DayTripper will cover the transportation cost for the children to return home.

Terrorism

In these turbulent times, the risk of a terrorist attack is a reality. If you are in the wrong place at the wrong time, DayTripper offers coverage for medical expenses resulting from these acts.

Political Evacuation

If, during the coverage period and after your arrival, the United States government issues a travel warning for your destination country, DayTripper will coordinate your alternate departure arrangements from that country and cover the associated costs.

Natural Disaster Benefit

Natural disasters can happen anywhere and at anytime. If a natural disaster occurs while on your trip, causing you to become displaced from your accommodations, DayTripper will provide relief of a maximum of \$100 a day for 5 days to help cover the costs of alternative accommodations.

Hospital Indemnity

If you are hospitalized, the world around you does not stop. What's more, in some places hospitals do not provide their patients basic necessities like meals, toothpaste or soap. If you are hospitalized as an inpatient for treatment of a covered illness or injury, Atlas Group will provide \$100 for each night you spend in the hospital.

Other quality benefits offered by DayTripper*

Acute Onset of Pre-Existing Conditions

If you are younger than 70, you may be covered for an acute onset of a pre-existing condition. Provides a limited benefit up to the medical coverage maximum for eligible medical expenses. This also includes a \$25,000 lifetime maximum for emergency medical evacuation. An acute onset of a pre-existing condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence. Chronic and congenital conditions are excluded from coverage.

Hospitalization and Outpatient Treatment

If a covered illness or injury requires hospitalization, the plan provides coverage for costs associated with hospitalization care, including intensive care, and outpatient treatment.

Sports Coverage

DayTripper includes coverage for eligible injuries and illnesses that could occur while participating in many popular vacation sports - skiing, snowboarding, snorkeling, water skiing, and others - at no additional cost. Certain extreme sports are excluded from coverage.

Complications of Pregnancy

DayTripper offers coverage for complications of pregnancy during the first 26 weeks of gestation.

* The description of coverage in these pages is for informational purposes only. Actual coverage will vary based on the terms and conditions of the policy issued. The information described herein does not amend or otherwise affect the terms and conditions of any insurance policy issued by HCCMIS or its affiliates. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence.

HCC Medical Insurance Services, LLC (HCCMIS) is a service company that is a subsidiary of HCC Insurance Holdings Inc. HCCMIS is regulated by the State of Indiana in our capacity as Third Party Administrator. HCCMIS has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd.

Enrollment and Filing a Claim

Crisis Response

DayTripper offers up to \$10,000 to offset costs associated with kidnapping such as ransom, crisis response expenses, and loss of personal belongings. This benefit includes access to the services of Unity Crisis Group for advice, coordination with law enforcement, and negotiations during a kidnapping.

Personal Liability

DayTripper offers up to \$10,000 to offset the following types of court-entered eligible judgments or approved settlements incurred by the member:

- Third-party injury;
- Damage/loss of a third party's personal property;
- Damage/loss of a related third party's personal property.

Home Country Coverage

Incidental Home Country Coverage

For U.S. citizens, for every three-month period during which the member is covered hereunder, medical expenses incurred in the U.S. are covered up to a maximum of 15 days for any three-month period. For non-U.S. citizens, for every three-month period during which the member is covered hereunder, medical expenses incurred in the member's home country are covered up to a maximum of 30 days for any three-month period. Any benefit accrued under a single three-month period does not accumulate to another period. Failure of the member to continue his or her international trip or the members return to their home country for the sole purpose of obtaining treatment for an illness or injury that began while traveling shall void any home country coverage provided under the terms of this agreement.

Benefit Period Medical Coverage

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, underwriters will pay eligible medical expenses, as defined herein, for up to 90 days beginning on the first day of diagnosis or treatment of a covered injury or illness while the member is outside his or her home country and while the certificate was in effect. The benefit period applies only to eligible medical expenses related to the injury or illness that began while the certificate was in effect.

Enrollment

You may access the online quoting and purchasing system or you may complete an application and mail or fax along with your payment to your agent or to HCCMIS.

Pre-certification

To receive full benefits, pre-certification is required for hospitalization, surgery, emergency medical and political evacuations, emergency reunions, trip interruptions, repatriation of remains, CAT scans, and MRIs. Pre-certification may be done by contacting HCCMIS by phone, e-mail, live chat or through Client Zone. Please see the certificate for more details.

Claim Filing

You may file a claim by submitting a claimant's statement and authorization form. This form may be found online, or you may contact HCCMIS for a copy. Complete the form, attach all itemized invoices and payment receipts, and send them to the address shown on the claimant's statement.

Patient Protection and Affordable Care Act ("PPACA"): This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States PPACA. In no event will Underwriters provide benefits in excess of those specified in the policy documents, and this insurance is not subject to guaranteed issuance or renewal. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney or tax professional to determine if PPACA's requirements are applicable to you. The policy contains the plan benefits, including a lifetime maximum that you have selected. Please review your choices to ensure that you have sufficient coverage to meet your medical needs.

HCC Medical Insurance Services

Outstanding Customer Service



HCCMIS Client Zone and World Service Center

HCCMIS Client Zone is an online account management and resource tool available to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing and downloading forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO network
- Study destination, weather and travel security information using HCCMIS Travel Board

You can access Client Zone by logging in at:

<https://zone.hccmis.com/clientzone>

If you prefer to speak to a professional service representative, contact the HCCMIS World Service Center by calling toll-free from various countries or by calling collect. The World Service Center can provide service in many different languages.

24 / 7 Worldwide Travel and Medical Assistance

DayTripper includes valuable travel and medical assistance services, which are available 24 hours a day, 7 days a week. Contact HCCMIS to access any of these services.

Pre-Trip Destination Information

Up-to-date information regarding required vaccinations, health risks, travel restrictions, and weather conditions specific to the destination country.

Medical Monitoring

Consultations with attending medical professionals during hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding medical status.

Provider Referrals

Contact information for Western-style medical facilities, medical and dental practices, and pharmacies in the destination country.

Travel Document Replacement

Assistance with obtaining replacement passports, birth certificates, visas, airline tickets, and other travel-related documents.

Lost Luggage Assistance

Tracking service to assist in locating luggage or other items lost in transit.

Other Travel Assistance Services*

- Prescription drug replacement
- Emergency travel arrangements
- Dispatch of physician
- Translation assistance
- Credit card / traveler's check replacement

*For a complete list of available assistance services or for more information, please contact HCCMIS. Travel and Medical Assistance Services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit.

1003-DT-332-8971-1



Day Tripper International - For travel outside of the U.S.

(1-24 Persons Traveling in Group)

\$0 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.89 | 1.17 | 1.34 | 1.39 | 1.42 |
| 30-39 | 1.06 | 1.43 | 1.56 | 1.61 | 1.67 |
| 40-49 | 1.79 | 2.16 | 2.31 | 2.34 | 2.40 |
| 50-59 | 3.06 | 3.45 | 3.64 | 3.67 | 3.74 |
| 60-64 | 3.76 | 4.12 | 4.38 | 4.44 | 4.50 |
| 65-69 | 4.46 | 5.42 | 5.78 | 5.95 | 6.00 |
| 70-79 | 6.55 | 7.96 | N/A | N/A | N/A |
| 80+* | 11.73 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.89 | 1.17 | 1.34 | 1.39 | 1.42 |

\$500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.64 | 0.85 | 0.95 | 1.01 | 1.02 |
| 30-39 | 0.77 | 1.04 | 1.11 | 1.17 | 1.20 |
| 40-49 | 1.28 | 1.55 | 1.67 | 1.69 | 1.73 |
| 50-59 | 2.20 | 2.49 | 2.63 | 2.63 | 2.69 |
| 60-64 | 2.71 | 2.97 | 3.15 | 3.20 | 3.24 |
| 65-69 | 3.21 | 3.90 | 4.17 | 4.29 | 4.33 |
| 70-79 | 4.72 | 5.72 | N/A | N/A | N/A |
| 80+* | 8.45 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.64 | 0.85 | 0.95 | 1.01 | 1.02 |

\$100 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.79 | 1.04 | 1.18 | 1.23 | 1.25 |
| 30-39 | 0.93 | 1.26 | 1.38 | 1.42 | 1.46 |
| 40-49 | 1.56 | 1.90 | 2.04 | 2.07 | 2.11 |
| 50-59 | 2.69 | 3.04 | 3.20 | 3.22 | 3.30 |
| 60-64 | 3.30 | 3.63 | 3.86 | 3.91 | 3.97 |
| 65-69 | 3.93 | 4.76 | 5.10 | 5.23 | 5.28 |
| 70-79 | 5.76 | 6.99 | N/A | N/A | N/A |
| 80+* | 10.33 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.79 | 1.04 | 1.18 | 1.23 | 1.25 |

\$1000 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.57 | 0.75 | 0.85 | 0.90 | 0.91 |
| 30-39 | 0.67 | 0.92 | 1.00 | 1.03 | 1.07 |
| 40-49 | 1.14 | 1.38 | 1.49 | 1.51 | 1.54 |
| 50-59 | 1.96 | 2.20 | 2.33 | 2.34 | 2.40 |
| 60-64 | 2.41 | 2.63 | 2.81 | 2.84 | 2.89 |
| 65-69 | 2.86 | 3.46 | 3.70 | 3.81 | 3.84 |
| 70-79 | 4.18 | 5.06 | N/A | N/A | N/A |
| 80+* | 7.51 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.57 | 0.75 | 0.85 | 0.90 | 0.91 |

\$250 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.70 | 0.95 | 1.07 | 1.11 | 1.14 |
| 30-39 | 0.85 | 1.15 | 1.25 | 1.29 | 1.34 |
| 40-49 | 1.43 | 1.72 | 1.86 | 1.88 | 1.92 |
| 50-59 | 2.44 | 2.76 | 2.92 | 2.93 | 2.99 |
| 60-64 | 3.01 | 3.29 | 3.50 | 3.56 | 3.60 |
| 65-69 | 3.57 | 4.34 | 4.64 | 4.76 | 4.81 |
| 70-79 | 5.24 | 6.36 | N/A | N/A | N/A |
| 80+* | 9.38 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.70 | 0.95 | 1.07 | 1.11 | 1.14 |

\$2500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.50 | 0.66 | 0.74 | 0.78 | 0.80 |
| 30-39 | 0.59 | 0.81 | 0.87 | 0.91 | 0.93 |
| 40-49 | 0.99 | 1.21 | 1.29 | 1.32 | 1.34 |
| 50-59 | 1.70 | 1.93 | 2.05 | 2.06 | 2.09 |
| 60-64 | 2.10 | 2.31 | 2.45 | 2.49 | 2.52 |
| 65-69 | 2.50 | 3.03 | 3.25 | 3.33 | 3.36 |
| 70-79 | 3.66 | 4.44 | N/A | N/A | N/A |
| 80+* | 6.57 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.50 | 0.66 | 0.74 | 0.78 | 0.80 |

Rates are shown in US dollars and are effective 09/01/17. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.
*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to Tokio Marine HCC Medical Insurance Services Group in order to receive a refund or premium. Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



Day Tripper America - For Non-US Citizens traveling to the U.S.

(1-24 Persons Traveling in Group)

\$0 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.52 | 1.96 | 2.14 | 2.57 | 2.83 |
| 30-39 | 2.07 | 2.89 | 3.32 | 3.37 | 3.63 |
| 40-49 | 3.08 | 3.85 | 4.29 | 4.83 | 5.39 |
| 50-59 | 3.94 | 4.96 | 6.09 | 6.55 | 7.02 |
| 60-64 | 4.81 | 6.32 | 8.30 | 8.60 | 9.17 |
| 65-69 | 5.69 | 7.29 | 9.68 | 9.99 | 10.64 |
| 70-79 | 7.76 | 9.95 | N/A | N/A | N/A |
| 80+* | 13.89 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.52 | 1.96 | 2.14 | 2.57 | 2.83 |

\$500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.10 | 1.41 | 1.54 | 1.86 | 2.05 |
| 30-39 | 1.49 | 2.07 | 2.39 | 2.43 | 2.62 |
| 40-49 | 2.21 | 2.76 | 3.09 | 3.48 | 3.87 |
| 50-59 | 2.83 | 3.58 | 4.39 | 4.71 | 5.06 |
| 60-64 | 3.47 | 4.55 | 5.98 | 6.18 | 6.61 |
| 65-69 | 4.11 | 5.25 | 6.97 | 7.19 | 7.67 |
| 70-79 | 5.59 | 7.15 | N/A | N/A | N/A |
| 80+* | 10.00 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.10 | 1.41 | 1.54 | 1.86 | 2.05 |

\$100 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.34 | 1.71 | 1.88 | 2.26 | 2.49 |
| 30-39 | 1.83 | 2.53 | 2.92 | 2.97 | 3.19 |
| 40-49 | 2.71 | 3.38 | 3.78 | 4.25 | 4.73 |
| 50-59 | 3.47 | 4.37 | 5.36 | 5.76 | 6.17 |
| 60-64 | 4.23 | 5.55 | 7.31 | 7.56 | 8.06 |
| 65-69 | 5.00 | 6.41 | 8.52 | 8.79 | 9.37 |
| 70-79 | 6.83 | 8.75 | N/A | N/A | N/A |
| 80+* | 12.22 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.34 | 1.71 | 1.88 | 2.26 | 2.49 |

\$1000 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.97 | 1.24 | 1.37 | 1.64 | 1.81 |
| 30-39 | 1.33 | 1.85 | 2.12 | 2.15 | 2.32 |
| 40-49 | 1.97 | 2.46 | 2.74 | 3.09 | 3.45 |
| 50-59 | 2.52 | 3.17 | 3.90 | 4.19 | 4.48 |
| 60-64 | 3.08 | 4.04 | 5.31 | 5.50 | 5.87 |
| 65-69 | 3.65 | 4.66 | 6.19 | 6.39 | 6.82 |
| 70-79 | 4.97 | 6.35 | N/A | N/A | N/A |
| 80+* | 8.88 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.97 | 1.24 | 1.37 | 1.64 | 1.81 |

\$250 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.22 | 1.56 | 1.71 | 2.06 | 2.27 |
| 30-39 | 1.66 | 2.31 | 2.65 | 2.71 | 2.91 |
| 40-49 | 2.46 | 3.08 | 3.43 | 3.86 | 4.31 |
| 50-59 | 3.15 | 3.97 | 4.87 | 5.24 | 5.61 |
| 60-64 | 3.84 | 5.05 | 6.64 | 6.88 | 7.34 |
| 65-69 | 4.54 | 5.83 | 7.75 | 7.99 | 8.52 |
| 70-79 | 6.21 | 7.97 | N/A | N/A | N/A |
| 80+* | 11.11 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.22 | 1.56 | 1.71 | 2.06 | 2.27 |

\$2500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.86 | 1.09 | 1.20 | 1.44 | 1.58 |
| 30-39 | 1.15 | 1.61 | 1.87 | 1.89 | 2.04 |
| 40-49 | 1.72 | 2.15 | 2.40 | 2.71 | 3.01 |
| 50-59 | 2.20 | 2.78 | 3.41 | 3.66 | 3.92 |
| 60-64 | 2.69 | 3.54 | 4.65 | 4.82 | 5.14 |
| 65-69 | 3.19 | 4.09 | 5.42 | 5.59 | 5.96 |
| 70-79 | 4.35 | 5.58 | N/A | N/A | N/A |
| 80+* | 7.77 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.86 | 1.09 | 1.20 | 1.44 | 1.58 |

Rates are shown in US dollars and are effective 09/01/17. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.
*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to Tokio Marine HCC Medical Insurance Services Group in order to receive a refund or premium. Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



Day Tripper International - For travel outside of the U.S.

(Groups of 25+ People)

\$0 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.84 | 1.11 | 1.27 | 1.32 | 1.34 |
| 30-39 | 0.99 | 1.35 | 1.47 | 1.52 | 1.57 |
| 40-49 | 1.68 | 2.04 | 2.18 | 2.22 | 2.26 |
| 50-59 | 2.89 | 3.26 | 3.43 | 3.46 | 3.54 |
| 60-64 | 3.55 | 3.89 | 4.14 | 4.20 | 4.25 |
| 65-69 | 4.22 | 5.12 | 5.47 | 5.62 | 5.67 |
| 70-79 | 6.18 | 7.51 | N/A | N/A | N/A |
| 80+* | 11.08 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.84 | 1.11 | 1.27 | 1.32 | 1.34 |

\$500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.60 | 0.80 | 0.90 | 0.94 | 0.97 |
| 30-39 | 0.72 | 0.98 | 1.05 | 1.10 | 1.14 |
| 40-49 | 1.21 | 1.46 | 1.57 | 1.60 | 1.63 |
| 50-59 | 2.08 | 2.35 | 2.48 | 2.49 | 2.54 |
| 60-64 | 2.56 | 2.80 | 2.98 | 3.02 | 3.06 |
| 65-69 | 3.03 | 3.67 | 3.94 | 4.05 | 4.09 |
| 70-79 | 4.45 | 5.39 | N/A | N/A | N/A |
| 80+* | 7.97 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.60 | 0.80 | 0.90 | 0.94 | 0.97 |

\$100 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.74 | 0.98 | 1.11 | 1.16 | 1.18 |
| 30-39 | 0.88 | 1.20 | 1.30 | 1.34 | 1.38 |
| 40-49 | 1.47 | 1.79 | 1.92 | 1.96 | 1.99 |
| 50-59 | 2.54 | 2.87 | 3.03 | 3.05 | 3.11 |
| 60-64 | 3.12 | 3.43 | 3.65 | 3.70 | 3.74 |
| 65-69 | 3.71 | 4.50 | 4.81 | 4.94 | 4.99 |
| 70-79 | 5.45 | 6.60 | N/A | N/A | N/A |
| 80+* | 9.76 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.74 | 0.98 | 1.11 | 1.16 | 1.18 |

\$1000 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.54 | 0.71 | 0.80 | 0.85 | 0.86 |
| 30-39 | 0.63 | 0.87 | 0.94 | 0.98 | 1.01 |
| 40-49 | 1.07 | 1.30 | 1.39 | 1.43 | 1.45 |
| 50-59 | 1.84 | 2.08 | 2.20 | 2.22 | 2.26 |
| 60-64 | 2.27 | 2.49 | 2.65 | 2.69 | 2.72 |
| 65-69 | 2.69 | 3.27 | 3.50 | 3.60 | 3.62 |
| 70-79 | 3.95 | 4.79 | N/A | N/A | N/A |
| 80+* | 7.09 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.54 | 0.71 | 0.80 | 0.85 | 0.86 |

\$250 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.67 | 0.89 | 1.01 | 1.05 | 1.07 |
| 30-39 | 0.80 | 1.09 | 1.18 | 1.22 | 1.27 |
| 40-49 | 1.34 | 1.63 | 1.75 | 1.78 | 1.81 |
| 50-59 | 2.30 | 2.61 | 2.75 | 2.77 | 2.82 |
| 60-64 | 2.85 | 3.11 | 3.31 | 3.37 | 3.40 |
| 65-69 | 3.37 | 4.09 | 4.37 | 4.50 | 4.54 |
| 70-79 | 4.95 | 6.01 | N/A | N/A | N/A |
| 80+* | 8.86 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.67 | 0.89 | 1.01 | 1.05 | 1.07 |

\$2500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.47 | 0.62 | 0.71 | 0.74 | 0.75 |
| 30-39 | 0.55 | 0.77 | 0.82 | 0.86 | 0.88 |
| 40-49 | 0.94 | 1.15 | 1.22 | 1.24 | 1.27 |
| 50-59 | 1.62 | 1.82 | 1.93 | 1.94 | 1.97 |
| 60-64 | 1.99 | 2.18 | 2.32 | 2.35 | 2.38 |
| 65-69 | 2.35 | 2.86 | 3.07 | 3.15 | 3.17 |
| 70-79 | 3.46 | 4.20 | N/A | N/A | N/A |
| 80+* | 6.21 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.47 | 0.62 | 0.71 | 0.74 | 0.75 |

Rates are shown in US dollars and are effective 09/01/2017. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.
*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to Tokio Marine HCC Medical Insurance Services Group in order to receive a refund or premium. Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.

Day Tripper America - For Non-US Citizens traveling to the U.S.

(Groups of 25+ People)

\$0 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.44 | 1.84 | 2.02 | 2.42 | 2.68 |
| 30-39 | 1.96 | 2.72 | 3.14 | 3.18 | 3.43 |
| 40-49 | 2.91 | 3.63 | 4.05 | 4.56 | 5.08 |
| 50-59 | 3.72 | 4.70 | 5.74 | 6.19 | 6.62 |
| 60-64 | 4.55 | 5.96 | 7.84 | 8.12 | 8.67 |
| 65-69 | 5.37 | 6.88 | 9.15 | 9.44 | 10.05 |
| 70-79 | 7.33 | 9.39 | N/A | N/A | N/A |
| 80+* | 13.12 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.44 | 1.84 | 2.02 | 2.42 | 2.68 |

\$100 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.27 | 1.62 | 1.78 | 2.13 | 2.35 |
| 30-39 | 1.73 | 2.40 | 2.76 | 2.81 | 3.01 |
| 40-49 | 2.56 | 3.19 | 3.56 | 4.01 | 4.47 |
| 50-59 | 3.28 | 4.12 | 5.06 | 5.44 | 5.82 |
| 60-64 | 4.00 | 5.24 | 6.90 | 7.15 | 7.62 |
| 65-69 | 4.73 | 6.05 | 8.05 | 8.30 | 8.85 |
| 70-79 | 6.45 | 8.26 | N/A | N/A | N/A |
| 80+* | 11.54 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.27 | 1.62 | 1.78 | 2.13 | 2.35 |

\$250 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.16 | 1.47 | 1.62 | 1.94 | 2.14 |
| 30-39 | 1.57 | 2.18 | 2.51 | 2.55 | 2.74 |
| 40-49 | 2.32 | 2.91 | 3.24 | 3.65 | 4.06 |
| 50-59 | 2.98 | 3.75 | 4.60 | 4.95 | 5.30 |
| 60-64 | 3.64 | 4.77 | 6.27 | 6.50 | 6.93 |
| 65-69 | 4.30 | 5.51 | 7.31 | 7.54 | 8.05 |
| 70-79 | 5.87 | 7.50 | N/A | N/A | N/A |
| 80+* | 10.49 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.16 | 1.47 | 1.62 | 1.94 | 2.14 |

\$500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 1.04 | 1.33 | 1.45 | 1.75 | 1.93 |
| 30-39 | 1.40 | 1.96 | 2.25 | 2.29 | 2.47 |
| 40-49 | 2.09 | 2.61 | 2.92 | 3.28 | 3.66 |
| 50-59 | 2.67 | 3.38 | 4.14 | 4.45 | 4.76 |
| 60-64 | 3.27 | 4.29 | 5.64 | 5.84 | 6.25 |
| 65-69 | 3.87 | 4.95 | 6.58 | 6.80 | 7.24 |
| 70-79 | 5.28 | 6.76 | N/A | N/A | N/A |
| 80+* | 9.44 | N/A | N/A | N/A | N/A |
| 14d-17y | 1.04 | 1.33 | 1.45 | 1.75 | 1.93 |

\$1000 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.92 | 1.18 | 1.29 | 1.55 | 1.72 |
| 30-39 | 1.25 | 1.74 | 2.00 | 2.04 | 2.19 |
| 40-49 | 1.85 | 2.32 | 2.58 | 2.92 | 3.26 |
| 50-59 | 2.37 | 3.00 | 3.68 | 3.96 | 4.23 |
| 60-64 | 2.90 | 3.82 | 5.02 | 5.19 | 5.54 |
| 65-69 | 3.44 | 4.40 | 5.85 | 6.03 | 6.43 |
| 70-79 | 4.69 | 6.01 | N/A | N/A | N/A |
| 80+* | 8.39 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.92 | 1.18 | 1.29 | 1.55 | 1.72 |

\$2500 Deductible

| Maximum Limit | \$50,000 | \$100,000 | \$200,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| 18-29 | 0.81 | 1.03 | 1.13 | 1.36 | 1.50 |
| 30-39 | 1.10 | 1.53 | 1.76 | 1.79 | 1.92 |
| 40-49 | 1.63 | 2.03 | 2.26 | 2.55 | 2.85 |
| 50-59 | 2.08 | 2.62 | 3.22 | 3.47 | 3.71 |
| 60-64 | 2.55 | 3.34 | 4.39 | 4.55 | 4.85 |
| 65-69 | 3.01 | 3.85 | 5.12 | 5.28 | 5.62 |
| 70-79 | 4.11 | 5.27 | N/A | N/A | N/A |
| 80+* | 7.34 | N/A | N/A | N/A | N/A |
| 14d-17y | 0.81 | 1.03 | 1.13 | 1.36 | 1.50 |

Rates are shown in US dollars and are effective 09/01/2017. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.
*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to Tokio Marine HCC Medical Insurance Services Group in order to receive a refund or premium. Cancellation requests received after the policy effective date will be subject to the following conditions:

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- 3) only members who have no claims are eligible for premium refund.

DAYTRIPPER TRAVEL APPLICATION
Tokio Marine HCC - Medical Insurance Services Group
Lloyd's Coverholder

Print all Names as you would like them to appear on your Identification Cards. Please **print** clearly and provide complete information.

| | | |
|--------------------------------------------------|-----------------|---------------------|
| Name of Sponsoring Organization: | | Contact Name: |
| COMPLETE Mailing Address for all correspondence: | | |
| Telephone #: | E-mail Address: | |
| Destination: | Deductible: \$ | Maximum Benefit: \$ |

List **all** individuals to be covered. In lieu of table below, all applicant information required may also be submitted by attaching a spreadsheet.

| Name (Last, First) | Birth Date (mm/dd/yy) | Gender | Citizenship | Departure Date (mm/dd/yy) | Return Date (mm/dd/yy) | # of Days | Daily Rate | Individual Subtotal* |
|--------------------|-----------------------|--------|-------------|---------------------------|------------------------|-----------|------------|----------------------|
| 1. | / / | | | / / | / / | | | |
| 2. | / / | | | / / | / / | | | |
| 3. | / / | | | / / | / / | | | |
| 4. | / / | | | / / | / / | | | |
| 5. | / / | | | / / | / / | | | |

***Florida Surplus Lines (Tax):** Is group traveling to Florida to work? If yes, multiply "individual" rates for all purchases/Buy-Ups** by 1.051 x # days
Subtotal (A): _____

****Purchase Buy-Ups?** Accidental Death & Dismemberment Crisis Response Personal Liability **Subtotal = (B):** _____

TOTAL AMOUNT DUE – Total from above Lines A and B and from additional census (if any): _____

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/Money Order | | Name as it appears on card: |
| Credit Card #: | Expiration Date (mm/yy): | Complete Billing Address (include daytime phone #): |
| Signature: | | |
| Payment by Credit Card: By signing above, the cardholder authorizes Tokio Marine HCC - Medical Insurance Services Group to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to Tokio Marine HCC - MIS Group. Tokio Marine HCC - Medical Insurance Services Group 251 North Illinois Street, Suite 600 Indianapolis, IN 46204 | | Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please send your Check or Money Order along with this Application via mail or courier to: HCC Medical Insurance Services 15748 Collection Center Dr. Chicago, IL 60693-0157 |

Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of application or prior to the Effective Date of Coverage. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

The Sponsoring Organization (Sponsor), on behalf of and as authorized agent and proxy for each of the group participants listed on the Application, hereby applies for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. The Sponsor and all group participants understand that the insurance applied for is not a general health insurance policy, but is intended for use by members in the event of a sudden and unexpected event while traveling outside their Home Country(ies). The Sponsor and all group participants understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. The Sponsor and all group participants understand that coverage under this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible, Coinsurance, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Application. The Sponsor and all group participants understand that the information contained herein is a summary of the Master Policy and that they may obtain a complete copy of the Master Policy upon request to Tokio Marine HCC - Medical Insurance Services Group. The Sponsor and all group participants understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. The Sponsor and all group participants understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. The Sponsor and all group participants understand and agree that the insurance agent/broker, if any, assisting with this Application is their representative. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through Tokio Marine HCC - Medical Insurance Services Group. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Sponsor, the undersigned warrants his/her capacity to so act. If signed as Sponsor, the undersigned warrants his/her authority to so act. By acceptance of coverage and/or submission of any claim for benefits, the each group participant ratifies the authority of the signer to so act and bind the group participant.

| | |
|-----------------------|--------------------|
| Signature of Sponsor: | Date of Signature: |
|-----------------------|--------------------|

For more information or for assistance completing this application, please contact: Producer Number: 23600
HCC Medical Insurance Services
800-605-2282, orders@hccmis.com