



TCS-10735-04  
ALLIANCE ABROAD GROUP LP  
Work & Travel / Intern / Trainee / Teachers

<b>INSURER:</b>	Bulstrad Life – Vienna Insurance Group (A Rated)
<b>REINSURER</b>	GBG Insurance Limited
<b>NAME OF CLIENT:</b>	ALLIANCE ABROAD GROUP
<b>ADDRESS:</b>	1645 East 6 <sup>th</sup> Street, Suite 100 Austin, TX 78702
<b>PERIOD OF INSURANCE:</b>	01 December 2016 – 30 November 2017 – Continual renewal annual rated.
<b>SELECT AREA OF COVER:</b>	Worldwide; this policy will provide coverage outside the home country of origin for the insured person
<b>BENEFITS:</b>	As detailed in the Schedule of Benefits
<b>PREMIUM CURRENCY:</b>	United States Dollars; Benefits and Limits will be paid in the currency of purchase
<b>PREMIUM PAYMENT:</b>	Prior to start date of Insurance or per bordereaux and invoice.
<b>TYPE:</b>	Group Coverage on affinity basis to Alliance Abroad Group

**Please Read this important information as it relates to your coverage contained herein.**

**Where do I go for Medical Care?**

**Non-Emergency/Non-Urgent Care:** When you have a non-Emergency situation please contact a local doctor, walk-in clinic, or urgent care facility. GBG Assist can assist you in locating one of these facilities in your area. Utilizing hospital emergency room for NON-Emergency care will result in additional expenses and out of pocket cost as specified in your schedule of benefits: Examples of non-emergency: minor injuries and illnesses.

**Emergency Care:** Proceed to the nearest emergency room/urgent care facility. If you are not sure where to go you may contact GBG Assist and they may be able to direct you to the closest networked facility. Remember, it is your health so you must act prudently in an emergency and seek the care you need.

**Note: NON EMERGENCY USE OF A HOSPITAL EMERGENCY ROOM** for an illness or injury that DOES NOT result in admission.

**For Emergency Assistance contact GBG ASSIST**

**U.S./Canada toll-free: +1.866.914.5333**

**Worldwide collect: +1.905.669.4920**

Proper and timely notification of a claim will ensure that you receive the best possible service and will allow us to direct you to our Global Network of providers. Utilizing these providers may result in GBG providing payments directly to the provider as well as referrals to licensed medical providers you can trust. Within North America please use our Preferred Provider Directory at [www.gbg.com](http://www.gbg.com) or you may be subject to paying for services and filing a claim afterwards. For Immediate NON-LIFE THREATENING Situations please use the Directory for a provider near you or utilize an URGENT CARE FACILITY.

**REQUIRED NOTIFICATIONS**

**GBG Assist requires notification as soon as possible for all situations requiring emergency medical treatment in excess of USD \$1,500.**

**For services that may result in evacuation, repatriation or curtailment GBG Assist MUST be notified prior to the movement of the insured person.**

**Unless ordered during a lifesaving event  
Prior Approval is required for all  
CAT scan, MRI and Surgical procedures.**

**Failure to notify GBG Assist as outlined above MAY result in copayment penalty of 50% of the claim.**

The Policy is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. It does not cover care for wellness medical conditions, extended treatment or pre-existing conditions AND is not a replacement for longer term medical, preventative, or maintenance needs.  
For NON-EMERGENCY/Non-Urgent care we recommend the use of a local doctor or walk-in clinic.

***Please read your policy for an understanding of the Terms and Conditions.***

SCHEDULE OF BENEFITS		
Territory	Worldwide Coverage outside of Home country.	
Type	Work & Travel / Intern / Trainee / Teachers	
Benefit	Coverage	Limit
Maximum	Overall policy maximum - Cumulative of all benefits within the policy period.	\$250,000 per illness / injury
Deductibles	Urgent Care Facility / Walk-in Clinic/Office Visit – per Injury/Illness	\$125
	Emergency Room – Illness or Injury– Non Admitted	\$350
	Co-Pay – Claims will be paid after all deductibles have been met on an 80/20 basis for the first \$5,000	80% / 20%
1	Hospitalization	100%
2	Outpatient treatment by a doctor/specialist	100%
3	Ambulance transportation	100%
4	Prescriptions	100%
5	Repatriation of mortal remains	\$25,000
6	Medical Evacuation	\$50,000
7	Accidental death and dismemberment	\$5,000
8	Mental Health Coverage - Outpatient	\$50/visit \$250 maximum
9	Emergency Medical Treatment – Leisure Sports only; Usual, Reasonable and Customary charges for Injuries resulting from participation Leisure Sports Activities; Skiing on marked and groomed trails only. No snowboarding.	100% Leisure sports \$5,000 – Maximum for ski injuries.

## GENERAL TERMS OF COVER

*Please read carefully the full terms, conditions, exclusions and important features of the policy provided below.*

1. All claims must be submitted within 10 days from date of incident. Any submissions after 10 days will require an appeal process for filing.
2. All claims arising under this insurance shall be governed by the Laws of the Republic of Bulgaria, whose courts alone shall have jurisdiction in any dispute arising hereunder.
3. If the Insured Person or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this Insurance shall become void and all claims hereunder shall be forfeited without refund of premium.
4. The Insurer may at their own expense take proceedings in the name of the Insured Person to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts, recovered or secured shall belong to the Insurer.
5. The Insured Person must exercise reasonable care to prevent accident, injury, loss or damage and at all times act as if uninsured.
6. There will be no coverage for any accident/injury that occurs while the Insured member was breaking the jurisdictional law where the accident/injury took place, regardless if the member was considered at fault or not.
7. Unless specified this insurance does not cover anything caused directly or indirectly through bankruptcy/ liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.
8. Benefits and premiums in this policy may be denominated in US Dollars and benefits will be stated in the same currency in which the premium is paid.
9. Policy issued in any other language, the English version will prevail.

## POLICY TERMS & CONDITIONS

*Benefits are applicable when the Insured Person is outside his or her country of permanent residence; coverage also is in effect when traveling from and to their home country as part of an international trip.*

### **Emergency Assistance: GBG Assist - 24 hours a day, 7 days per week.**

For medical emergencies and assistance with your medical care, contact GBG Assist: Worldwide Collect: +1.905.669.4920; U.S. / Canada Toll-free: +1.866.914.5333. GBG Assist **MUST BE NOTIFIED** as soon as possible for all situations requiring emergency medical treatment in excess of \$1,500. Failure to do so may result in substantial co-payments and or denial of a claim.

Clients will have the full benefits of 24 hours/7 day assistance from GBG Assist.

These services include preauthorization and hospital admission.

### **The following services are included:**

- Emergency and Assistant Services
- Medical Case Management and Review
- Medical Evacuation Handling and Coordination
- Repatriation of Mortal Remains

**1. Emergency Medical Treatment** - 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 a direct consequence of an accident or an acute illness 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. Repatriation of mortal remains** - In the event of 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;

**3. Emergency Medical Evacuation** - Expenses associated with medical evacuation to a medical facility that can provide appropriate care in the event of serious injury or sickness that cannot be adequately dealt with at the location where the illness or accident took place;

**4. Bedside visitation for one family member in case of critical illness or accident** - The insurance allows for the travel and accommodation expenses of one person (i.e. a Parent, Guardian or Close Relative, who is a resident of Insured Person's home country), whom upon medical advice is advised to join, accompany, remain with or escort the Insured Person. Transportation costs will be by commercial carriers and in economy class only.

**5. Accidental Death and Dismemberment** - Dependent upon the amounts stated in the Schedule of Benefits. The policy will pay according to the following scale provided it is a result of the Insured Person sustaining bodily injury caused by accidental, external, violent and visible means which shall solely and independently of any other cause occur within 12 calendar months from the date of the accident.

LOSS DESCRIPTION	PERCENTAGE OF PRINCIPLE SUM
Loss of Life	100
Loss of Speech and Loss of Hearing	100
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100
Quadriplegia	100
Paraplegia	75
Hemiplegia	50
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each)	50
Uniplegia	25
Loss of Thumb and Index Finger of the same hand	25

*Specific Exclusions & Conditions: All exclusions contained within this policy apply and specifically the following:*

- Any act in which the insured person acted recklessly or with disregard of the law that contributed or has been found to contribute to the death or disablement of the insured.
- Conditions arising from motorcycling as either a driver or passenger shall not be payable hereunder.
- In the event of a claim a medical adviser or advisers appointed by the Insurer shall be allowed as often as the Insurer shall deem it necessary to examine the Insured Person.
- The insurer shall not be liable for any claim arising from medical or surgical treatment (unless rendered necessary by accidental bodily injury).
- Payment of permanent disability benefit shall be made only on certification by a medical board that the Insured Person is totally disabled from engaging in any gainful occupation for 12 months and at the end of that time is beyond the ability to make future improvement in order to return to work.

**6. Mental Health** - Outpatient \$50 per visit / \$250 maximum. Care for mental disorders or conditions requiring mental health treatment unless excluded as defined below.

**7. Casual/Leisure Sports** - The following is included in the coverage for non-school sponsored events: aerobics, baseball, basketball, calisthenics, cycling, dancing, diving above 25 meters / 80 feet, Frisbee, horseback riding (trail only - no jumping, competition or dressage), hiking/trekking below 3,500 meters / 11,500 feet, jogging/running, roller (in-line) skating, rollerblading, sailing, sea kayaking/canoeing, skiing (marked groomed trails only - no cover for injuries associated with jumps, stunts, aerials, half-pipes, moguls, racing or operating outside of any designated boundaries - see exclusions below), soccer, squash, surfing, tennis, swimming, volleyball, whitewater rafting up to and including Class 3 level. Any other sport not requiring a high degree of risk or training and will be evaluated at the insurer's discretion whose decisions are final.

*Exclusions: The following applies to all policy categories and are NOT COVERED unless specifically outlined via a policy rider.*

- Engaging in professional, intercollegiate or competitive sporting event, participation in semi or professional sports of any kind.
- Use of any type of firearms (any device that discharges a projectile of any type)
- Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying except while travelling as a passenger in a fully-licensed passenger

- carrying aircraft.
- Hazardous Sports: These sports are not included but are not limited to bungee jumping; base jumping; trekking above 3,500 meters / 11,500 feet; mountaineering or rock-climbing with the use of ropes, mountain biking, rappelling, scuba diving in excess of 25 Meters / 80 feet and flying within 24 hours of diving activity; or any sport that requires a higher degree of knowledge or training and has an increased risk of injury. Determination and coverage for a sport not listed in this category is at the Insurer's discretion and whose decisions are final.
  - Extreme Sports: These sports are not covered and are not limited to: Participation in any type of motorsport, motorsport race or motorsport contest, base jumping, paragliding, parachuting and mountaineering that requires specialized climbing equipment or to altitudes above 3,500 meters / 11,500 feet, snowboarding, diving to depths in excess of 25 meters / 80 feet, and flying within 24 hours of diving activity. Any sport(s) requiring an increased skill set and a higher level of training to safely participate in an activity that if not properly executed could result in substantial injury or death. Determination and assignment of sports into this category are evaluated at the insurer's discretion and whose decisions are final.
- The limit of responsibility of the Underwriters shall cover only actual incurred expenses, realized as a result of the occurrence of the risks covered under art. 5.
  - The deductible of an insured person per illness or event is 125 USD for each visit but will not exceed a total of 500 USD per each one illness or accident; 350 USD per emergency room (waived if admitted);
  - Co-Insurance payment is required. The proportion of the Co-insurance share from the relevant expenses is 80% covered by the Insurer, and the remaining 20% of the payment should be covered by the Insured person up to the first \$5,000.

## GENERAL EXCLUSIONS

*Unless specified in the Benefits Schedule, in any written endorsement, or agreed by Company in writing, no claim can be made for compensation or payment for damage or expenses caused by or as a result of the following:*

1. Pre-Existing Conditions. Medical Expenses for a Pre-existing, Chronic, or Recurrent Medical Conditions that were being treated immediately prior to or whose onset was diagnosed or predicted or could have been avoided prior to travel and any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded and inclusive of:
  - Any illness, resulting in hospitalization within the previous 2 years prior to the Insured Person beginning travel, or
  - Has been under a doctor's care for a condition that may result in deterioration of the Insured Person or a diagnosis being changed as a result of testing for a known situation, or
  - Any changes in prescription drugs, therapies or diet that are a result of a previously known condition that can effect unexpectedly degrade or alter the Insured Person, or
  - A person with a terminal condition who either with or without medical approval chooses to travel and becomes ill as a direct consequence of that illness or the onset of a complication due to that illness.
2. Any form of treatment or surgery which in the opinion of the doctor(s) in attendance and the Insurer can be delayed until the return of the Insured to his/her home country.
3. Treatment for an unknown medical condition that does not result in a diagnosis. A review of such claims will be at the discretion of the Insurer whose decisions are final.
4. Preventative treatments of any kind included but not limited to examinations, reviews, and consultancies.
5. Treatment for Ebola disease.
6. Treatment of acne/pimples unless it is related to an allergic reaction.



7. Treatment for sexually transmitted diseases including AIDS and HIV infections.
8. Treatment for sterility of any kind including initial diagnosis and fertility complications.
9. Treatment of infectious diseases.
10. Treatment for sterility of any kind including initial diagnosis and fertility complications.
11. All costs for medical examinations, or diagnostic examinations that are part of routine physical examination or health checks, including vaccination, expenses for glasses, contact lenses, hearing-aids, prosthesis, artificial limbs, etc.
12. In respect of accidental damage to natural teeth, no benefit is payable for injury caused by eating or drinking (even if it contains a foreign body), normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment of any kind or dental treatment performed in a hospital unless dental surgery is the only treatment available to alleviate pain.
13. Suicide or attempted suicide, intentional self-injury, the effect of intoxicating liquors or drugs;
14. Treatment as a result of sunburns or artificial tanning devices in which the Insured Person did not take prudent measures to protect the skin from damage.
15. Evacuation costs where the Insured Person is not being admitted to a hospital for treatment or where costs have not been approved by the Insurer prior to travel commencing.
16. Any costs arising after expiry of the current effective period of individual insurance coverage; unless the coverage has been renewed for a new period or the Insured Person was being treated during the period of the coverage as a result of an accident.
17. Any expenses incurred after returning to the home country.
18. Medical Expenses in excess of a limit stated in the Schedule of Benefits.
19. The amount of the individual insurance coverage excess, deductible or co-payment, as stated on the documents of the insurance.
20. Any cost resulting in an illness, Injury or death from the misuse of drugs or being under the influence or effect of alcohol (other than a legally prescribed medication by a licensed medical professional) regardless of blood and toxicity levels.
21. Needless self-exposure to peril except in an attempt to save human life.
22. Intentional or fraudulent acts on the Insured Person's part or their consequences.
23. Trips specifically made for the purpose of obtaining medical treatment.
24. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such treatment, whether or not for psychological purposes, unless required as a direct result of an accident which occurs during the Period of Insurance.
25. Treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any injury or illness arising from the Insured Person being under the influence of alcohol, drugs or any other intoxicating substance.
26. Dehydration illness associated with excessive alcohol consumption or any other intoxicating substance.
27. Pregnancy, childbirth whether normal or complicated, including the transfer of a pregnant woman to hospital to give routine childbirth or air travel when the Insured Person is more than 20 weeks pregnant and was not a result of an accident or onset of complications relating from an accident.
28. Use of any type of firearm(s) (Defined as any device that discharges a projectile of any type).
29. Any expenses relating to search and rescue operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea.
30. Charges or fees incurred for the completion and or translation of medical claim forms.
31. Expeditions, and mountaineering and or trekking above 3,500 meters / 11,500 feet is considered extreme sport and not covered, included and not limited to expeditions to Mt Everest, K2, Kilimanjaro, Antarctica, The Arctic, North Pole and Greenland.
32. Travel to Cuba, North Korea or any location that is known to be in armed military conflict.
33. Accidents and Injuries as a result of motorcycles, mopeds, scooters, ATV's any two or three wheeled motorized vehicle and or sport watercraft such as wave runners, jet skis or other powered devices whether the vehicle is in motion or not.
34. Any expenses including medical for accidents related to the use of a motor vehicle caused by the

insured person unless they are carrying a legally issued driver's license and insurance from the country in which they are a program participant.

35. War Insurrection and Terrorism - the Insurer shall not be liable for:

- Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
  - Notwithstanding any provision to the contrary within this insurance, or any endorsement thereto, it is agreed that this insurance excludes any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss or expense:
    - War, hostilities or warlike operations (whether war be declared or not);
    - Invasion, act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power, explosions of war weapons, utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined, murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person, terrorist activity.
36. Criminal offense or attempted criminal offense by the Insured, death sentence execution, an accident occurred while the Insured is arrested or imprisoned.
37. Self- treatment or disobedience of a doctor's advice.
38. Costs related to medical examination, treatment and surgical intervention which are not administered in a licensed healthcare institution.
39. Costs for rehabilitation, kinesiotherapy, all expenses for spas, hydrotherapeutic treatment or other such resorts and facilities.
40. Costs for medical help administered by homeopathic doctors or natural doctors; Medical help administered by relatives or husband/ wife.
41. Costs for medical repatriation or repatriation of remains, when it was not performed by the Insurer, and costs incurred after repatriation.
42. All costs relative to experimental or research services.
43. Costs for personal comfort during treatment such as: TV, radio, hairdresser or barber's services.
44. 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.
45. Any expenses related to snowboarding injuries.
46. Skiing for hire/compensation of any type including work study, student volunteer services.
47. Skiing performed by professional skiers.

## DEFINITIONS

*Please note certain words used in this document have specific meanings.*

1. **"Accident"** means a sudden, unexpected and unintended event where the Insured Person has sustained bodily injury caused by accidental, external, violent and visible means which shall solely and independently of any other cause.
2. **"Acute / Medical Conditions"** means a sudden and unexpected illness occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected and non-preexisting and stable for the last 12 months prior to departure and if left untreated could cause deterioration in an Insured Persons condition.
3. **"Covered Accident"** means an Accident that occurs while coverage is in force for a Insured Person and results in a loss or Injury covered by the Policy for which benefits are payable.

4. **“Covered Expenses”** means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.
5. **“Covered Loss” or “Covered Losses”** means an accidental death, dismemberment or other Injury covered under the Policy.
6. **“Covered Trip”** means a period of round-trip travel away from the Insured Person’s Home Country; the trip has defined departure and return dates specified when the Insured enrolls.
7. **“Deductible”** means the dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Insured Person on a per Policy Term basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.
8. **“Diagnosis”** – The result of examination or test by a medical doctor or licensed physician providing a specific international CPT or ICD9 code.
9. **“Doctor”** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Insured Person that is appropriate for the conditions and locality. It will not include an Insured Person or a member of the Insured Person’s Immediate Family or household.
10. **“Emergency Care”**: see Medical Emergency.
11. **“Event”**: Any one incident in which the Insured Person requires care for acute, sudden and unforeseen Medical and Accidental Emergencies and the direct consequence of the event. Maximum coverage is limited to amounts specified in the Schedule of Benefits. Multiple events independent of each other are covered to the event maximum with no limits on the number of events.
12. **“Home Country”** means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, his or her Home Country will be that country which the Insured Person has declared to Us in writing as his or her Home Country.
13. **“Hospital”** means an institution that: 1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2. provides 24-hour nursing service by Registered Nurses on duty or call; 3. has a staff of one or more licensed Doctors available at all times; 4. provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6. Is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.
14. **“Injury”** means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury/event.
15. **“Insurer”** means Bulstrad Life Vienna Insurance group and or its reinsurers and affiliates.
16. **“Insured Person”** means any Insured for whom the required premium is paid and a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.
17. **“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.
18. **“Medically Necessary”** means a treatment, service or supply that is: 1. required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2. performed in the least costly setting required by the Insured Person’s condition(usual, reasonable and customary); and 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.
19. **“Non-Emergency/Non-Emergent Care”** – A condition in which a prudent person recognizes that a change in their health has taken place via on-set of illness or accident but is not considered an Emergency Medical event but feels a medical intervention would be the proper course of action.

20. **“Insurance Period”/“Policy Period”** means the dates as shown on your certificate for which premium has been paid;
21. **“Pre-Existing Condition”** means Medical Expenses for a Pre-existing, Chronic, or Recurrent Medical Conditions that were being treated immediately prior to or whose onset was diagnosed or predicted or could have been avoided prior to travel and any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded. See exclusion 1 for details.
22. **“Sickness”** means an illness, disease or condition of the Insured Person that causes a loss for which an Insured Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.
23. **“Usual and Customary Charge”** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

## CLAIMS PROCEDURES

Bulstrad Life and GBG wish you the best of health and safety during your travels and want you to be secure in a medical situation while travelling abroad.

### **BULSTRAD Life Vienna Insurance Group**

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### **GBG Insurance Limited**

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