

**MEDEX Plus
DESCRIPTION OF COVERAGE
FOR WASHINGTON RESIDENTS**

Lincoln Financial Group



MEDEX PLUS

Please keep this document with you while you travel.

A comprehensive program providing you with 24/7 emergency medical, security, and travel assistance - including emergency medical evacuation and repatriation - when you are 100 or more miles away from your permanent residence in your home country.

This Insurance is underwritten by: Arch Insurance Company, with its principal place of business in New York, NY.

Schedule of Benefits	Maximum Benefits Per Person
Emergency Evacuation and Repatriation of Remains	Unlimited
Worldwide Emergency Assistance	

Emergency Evacuation: The Company will pay, subject to the limitations set out herein, for covered Emergency Evacuation expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is on a Trip. Benefits payable are subject

to the maximum amount per Insured shown on the Schedule of Benefits for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier. Covered Emergency Evacuation expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured.

Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Insured. and (c) reviewed and pre-approved by the Assistance Company; The Company will also pay reasonable and customary charges, up to the maximum escort limit shown on the policy, for escort expenses required by the Insured, if the Insured is disabled during a Trip and an escort is recommended in writing, by the Company's attending Physician and must be pre-approved by the Assistance Company.

Additional Benefits:

The Company will pay for expenses incurred to return to where they reside, with an attendant if necessary, any of the Insured's Dependent Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket

less the value of applied credit from any unused return travel tickets per person.

If the Insured is hospitalized for more than up to 7 days following a covered Emergency Evacuation expense, the Company will pay subject to the limitations set out herein, for expenses to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is alone; but not to exceed the cost of one round-trip economy airfare ticket. In addition to the above covered expenses, if the Company has previously evacuated an Insured to a medical facility, the Company will pay his/her airfare costs from that facility to the Insured's primary residence, within one year from the Insured's original Scheduled Return Date, less refunds from the Insured's unused transportation tickets.

All transportation must be authorized and arranged by the Assistance Company. To access emergency assistance, call the Assistance Company's operation center at: 800-527-0218 or call collect 410-453-6330.

Repatriation of Remains:

The Company will pay the reasonable covered expenses incurred to return Your body to Your primary place of residence if You die during the Trip. This will not exceed the maximum shown on the Schedule of Benefits. Covered expenses include, but are not limited to, expenses for embalming, cremation, casket for transport, and transportation.

WORLDWIDE EMERGENCY ASSISTANCE SERVICES

MEDICAL ASSISTANCE SERVICES

Worldwide Medical and Dental Referrals:

MEDEX will provide referrals to help You locate appropriate treatment or care.

Monitoring of Treatment: MEDEX assistance coordinators will continually monitor Your case. In addition, MEDEX

regional medical advisors provide consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

Facilitation of Hospital Payment: Upon securing payment or a guarantee to reimburse, MEDEX will either wire funds or guarantee required emergency Hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including hospital expenses.

Transfer of Insurance Information to Medical Providers: MEDEX will assist You with Hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. MEDEX will also assist with discharge planning.

Medication, Vaccine and Blood Transfers: In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, MEDEX will coordinate their transfer to You upon the prescribing Physician's authorization, if it is legally permissible.

Replacement of Corrective Lenses and Medical Devices: MEDEX will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

Dispatch of Doctors/Specialists: In an emergency where You cannot adequately be assessed by telephone for possible evacuation, or You cannot be moved and local treatment is unavailable, MEDEX will send an appropriate medical practitioner to you.

Medical Records Transfer: Upon Your consent, MEDEX will assist with the transfer of medical information and records to You or the treating physician.

Continuous Updates to Family, Employer, and Physician: With your approval, MEDEX will provide case updates to appropriate individuals You designate in order to keep them informed.

Hotel Arrangements for Convalescence: MEDEX will assist You with the arrangement

of hotel stays and room requirements before or after hospitalization.

TRAVEL ASSISTANCE SERVICES

Pre-Travel Information: Upon your request, MEDEX can provide continuously updated destination intelligence for more than 180 countries covering ten subject areas: security, health, transportation, entry/exit, finance, culture, language, communication, legal, and weather/environment.

Emergency Travel Arrangements: MEDEX will make new reservations for airlines, hotels, and other travel services in the event of an Emergency Sickness or Injury.

Transfer of Funds: MEDEX will provide You with an emergency cash advance subject to us first securing funds from You or Your family.

Replacement of Lost or Stolen Travel

Documents: MEDEX will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

Legal Referrals: Should You require legal assistance, MEDEX will direct You to an attorney and assist You in securing a bail bond.

Translation Services: MEDEX's multilingual assistance coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise MEDEX will provide You with referrals to local interpreter services.

Message Transmittals: You may send and receive emergency messages toll-free, 24-hours a day, through the MEDEX assistance center.

Emergency Pet Housing and/or Pet

Return: MEDEX will coordinate arrangements for temporary boarding or the return of a pet left unattended as a result of Your Injury or Illness.

PERSONAL SECURITY SERVICES

Real-time Security Intelligence: In the event You feel threatened by political unrest, social instability, weather conditions, or health or environmental hazards, We will provide you with the latest authoritative information and guidance for over 180 countries and select

cities. Our global intelligence database is continuously updated and includes destination intelligence from over 5,000 worldwide sources.

Security Evacuation Services: In the event of a threatening situation, MEDEX will assist you in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, MEDEX will assist You in making arrangements with providers of specialized security services.

EXCLUSIONS

The following exclusions apply:

- 1) while participating in maneuvers or training exercises of an armed service;
- 2) commission or the attempt to commit a criminal act
- 3) due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
- 4) received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician.

DEFINITIONS

"Accident" - means a sudden, unexpected, or unintended event that occurs while this Policy is in force and causes Injury.

"Assistance Company" means the service provider with which the Company has contracted to coordinate and deliver emergency travel assistance, medical evacuation, and repatriation.

"Common Carrier" - means any public land, air, or water conveyance operating under a valid license providing for the transportation of passengers for hire.

"Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

"Emergency Evacuation" means the Insured's medical condition warrants immediate transportation from the place

where the Insured is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; "Emergency Sickness" means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while coverage is in force as to the Insured suffering the symptom and during the Insured's Trip.

"Family Member" means the Insured's or Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew,

"Hospital" means (a) a place which is licensed or recognized as a general Hospital by the proper authority of the state in which it is located: (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility: (c) a place recognized as a general Hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a Hospital or institution licensed or Used principally: (1) for the treatment or care of drug addicts or alcoholics: or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injury" or "Injuries"- means accidental bodily Injuries (a) received after the Effective Date and prior to the Insured's scheduled return date; and (b) resulting in loss independently of sickness and all other causes and certified by a Legally Qualified Physician.

"Individual Coverage Term" means the period of time beginning when the Insured

has been enrolled for coverage under the Policy and for whom the required premium has been paid.

"Insured," "You" or "Your" means the Principal Insured and his or her Family Members, Business Partner, or Traveling Companion who are covered under the Principal Insured's policy.

"The Insurer" or "The Company" - means Arch Insurance Company.

"Intoxicated" mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where an Insured is located at the time of an incident.

"Legally Qualified Physician" means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion or a Family Member.

"Maximum Benefit Amount" means the maximum amount payable for each coverage described herein and as shown in the Schedule of Benefits.

"Medical Treatment" means treatment advice or consultation by a Legally Qualified Physician.

"Medically Necessary" means a service or supply which: (a) is recommended by the attending Legally Qualified Physician: (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice: (c) could not have been omitted without adversely affecting an Insured's condition or quality of medical care: (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience: and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

"Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Trip.

"Scheduled Return Date" means the date on which You are originally scheduled to return to the point of origin or the original final destination.

“Schedule of Benefits” means the coverage confirmation provided to You following Your enrollment and payment of the applicable premium.

“Sickness” means an illness or disease that is first manifested, diagnosed, or treated by a Legally Qualified Physician after the effective date of insurance and while the Insured is covered under this Policy.

“Transportation” means any land, sea or air conveyance required to transport the Insured during an Emergency Evacuation.

Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles

“Traveling Companion” means a person or persons with whom a covered person has coordinated travel arrangements and intends to travel with during the Trip.

“Trip” means any Trip taken during the Individual Coverage Term. Travel must be more than 100 miles from the Insured’s primary residence

INSURING PROVISIONS

This is a legal contract between Arch Insurance Company and You. Arch Insurance Company, herein called the Company, will pay You benefits described in this policy, subject to all policy limitations, and exclusions, when You sustain a loss specified under a provision of the policy under which You are covered, as shown in this description of coverage.

The entire contract is made up of the policy and any attachments. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in the policy or its attachments.

PERIOD OF COVERAGE: The “effective date” of Your travel protection policy begins at 12:01 a.m. following the date You enroll. All benefits begin on 12:01 a.m. on the later of Your Scheduled Departure Date or the effective date of Your Travel Protection policy, as described above. Benefits end for

all Insureds when You cancel Your Trip, when You return home, or when You complete the term of Your Trip.

GENERAL PROVISIONS

CLERICAL ERROR. Clerical error on the Company’s part or that of a Travel Supplier in keeping records or furnishing information will not void an Insured’s coverage if it otherwise validly in force; nor will it continue an Insured’s coverage if it is otherwise validly terminated under the terms of this policy.

LEGAL ACTIONS. No legal action for a claim can be brought against us until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against us more than three (3) years after the time required for giving proof of loss. This three (3) year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

CONCEALMENT AND MISREPRESENTATION. The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been intentionally concealed or misrepresented.

SUBROGATION. If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. An Insured shall help the Company exercise the Company’s rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company’s rights: and in the event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company’s previous payment for the loss. You are entitled to complete reimbursement for loss covered under this policy before the

Company is entitled to subrogation proceeds.

NOTICE OF CLAIM. Notice of claim must be reported within twenty (20) days after a loss occurs or as soon as reasonably possible. The notice should be given to the Company or designed representative and should include sufficient information to identify the Insured.

CLAIM FORMS. When notice of claim is received by the Company or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

PROOF OF LOSS. Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits for loss of life are payable to You, if living. Otherwise, benefits for loss of life are paid to the beneficiary, if named, or to Your estate. All or a portion of all other benefits provided by this policy may, at the option if the Company, be paid directly to the provider of the services(s). All benefits not paid to the provider will be paid to You. Other than for loss of life, if any benefit is payable to either another Insured or Your beneficiary who is a minor or otherwise not able to give a valid release or Your estate, the Company may pay Your beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company from obligations under this policy to the extent of such payment.

PAYMENT OF CLAIMS. All benefits are

payable to You, if alive. Otherwise benefits are payable to Your estate.

PHYSICAL EXAMINATION AND AUTOPSY. The Company, at the expense of the Company, may have an Insured examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

OTHER INSURANCE WITH THE COMPANY: An Insured may be covered under only one travel policy with the Company for each Trip. If an Insured is covered under more than one such policy, he or she may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

CONFORMITY WITH STATE STATUTES: The provisions of this policy must conform with the laws of the state in which the policy is issued. If any do not, they are hereby amended to conform.