TOKIO MARINE HCC

INSURANCE SERVICES OF AMERICA

National Marketing Office

Insurance Services of America
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Gilbert, AZ 85233
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www.MissionaryHealth.net
www.ISAbrokers.com

DayTripper®

DayTripper from Tokio Marine HCC – MIS Group, a member of Tokio Marine HCC, is with you and your group almost anywhere you may travel in the world. DayTripper coverage is designed for mission trips, and other overseas excursions for large organizations.

Why Choose DayTripper®?

Whatever the reason, traveling internationally with a large group 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 for a large group of people. While we hope none of these incidents happen... we're here to help if they do. Coverage for eligible medical expenses in case of hospitalization – including a stay in an intensive care unit or outpatient treatment– emergency medical evacuation, and loss of checked baggage are just some of the benefits provided by DayTripper.

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

Often, the primary medical insurance in your home country will not cover you and your family while traveling abroad. Medical expenses can be very costly 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?

Additionally, DayTripper includes essentials such as translation assistance while being treated, doctor and hospital referrals, and assistance replacing lost prescriptions.

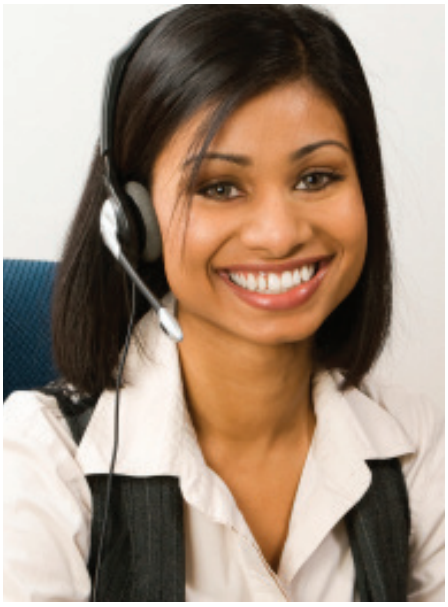
After purchasing coverage, how can I trust the company to be there if I need them?

Tokio Marine HCC – MIS Group, headquartered in the United States in Indianapolis, Indiana, is a full-service company offering interna¬tional travel medical insurance products designed to meet needs of consumers worldwide.

We are part of Tokio Marine HCC, a leading specialty insurance group conducting business in approximately 180 countries and underwriting more than 100 classes of specialty insurance. Headquartered in Houston, Texas, the company is made up of highly entrepreneurial teams equipped to underwrite special situations and deliver effective solutions. Our prod-ucts and capabilities set the standard for the industry, as many of our nearly 2,500 employees are industry-leading experts. Tokio Marine HCC is part of Tokio Marine, a premier global company with a market cap of approximately $30 billion. *Tokio Marine HCC holds a financial strength rating of AA- for Standard & Poor's and Fitch Ratings and A++ (Superior) by A.M. Best Company.

*At the time of printing. For more information on these ratings, please visit: www.standardandpoors.com, www.ambest.com, and www.fitchratings.com.

For more information about DayTripper, please visit hccmis.com.



Schedule of Benefits

PLAN DETAILS	
Deductibles	$0, $100, $250, $500, $1,000, $2,500, or $5,000 per certificate period.
Overall Maximum Limit	Age 80 or older- $10,000; Age 70 to 79- $50,000, $100,000, or $250,000; All others- $50,000, $100,000, $250,000, $500,000, $1,000,000, or $2,000,000.
Coinsurance	We will pay 100% of eligible expenses after the deductible up to the overall maximum limit.

Eligible expenses are subject to deductible, overall maximum limit, and are per certificate period unless specifically indicated otherwise.

BENEFIT	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	Up to the overall maximum limit.
Emergency Room Co-payment	Claims incurred in the U.S. You shall be responsible for a $200 co-payment for each use of emergency room for an illness unless you are admitted to the hospital. There will be no copayment for emergency room treatment of an injury. Claims incurred outside the U.S. No co-payment
Urgent Care Center Co-payment	Claims incurred in the U.S. For each visit, you shall be responsible for a $15 co-payment. – co-payment is waived for members with a $0 deductible – not subject to deductible Claims incurred outside the U.S. No co-payment
Outpatient Physical Therapy and Chiropractic Care	Up to $50 maximum per day. Must be ordered in advance by a physician.
All Other Eligible Medical Expenses	Up to the overall maximum limit.
Acute Onset of Pre-existing Condition (excludes chronic and congenital conditions) (only available to members under age 80)	Age 70 to 79: Up to the overall maximum limit or $100,000, whichever is lower Under age 70: Up to the overall maximum limit Up to $25,000 lifetime maximum for Emergency Medical Evacuation
Terrorism	Up to $50,000 lifetime maximum, eligible medical expenses only
Emergency Dental (Acute Onset of Pain)	Up to $300 – not subject to deductible
Emergency Eye Exam for a Covered Loss	Up to $150. $50 deductible per occurrence (plan deductible is waived).

EMERGENCY TRAVEL BENEFITS	LIMIT
Emergency Medical Evacuation	Up to $1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition.– not subject to deductible, or overall maximum limit
Return of Minor Children	Up to $50,000 – not subject to deductible
Pet Return	Up to $1,000 – not subject to deductible
Repatriation of Remains	Up to the overall maximum limit – not subject to deductible
Emergency Reunion	Up to $100,000, subject to a maximum of 15 days – not subject to deductible
Natural Disaster – Replacement Accommodations	Up to $250 a day for 5 days – not subject to deductible
Trip Interruption	Up to $10,000 – not subject to deductible
Travel Delay	Up to $100 a day after a 12-hour delay period requiring an unplanned overnight stay. Subject to a maximum of 2 days.– not subject to deductible
Lost Checked Luggage	Up to $1000 – not subject to deductible
Lost or Stolen Passport/Travel Visa	Up to $100 - not subject to deductible
Political Evacuation	Up to $100,000 lifetime maximum – not subject to deductible

Accidental Death & Dismemberment (excludes loss due to common carrier accident)

$250,000 maximum benefit any one family or group. – not subject to deductible, or overall maximum limit	**Ages 18 through 69** Lifetime Maximum- $25,000 Death- $25,000 Loss of 2 Limbs- $25,000 Loss of 1 Limb- $12,500 **Under age 18** Lifetime Maximum- $5,000 Death- $5,000 Loss of 2 Limbs- $5,000 Loss of 1 Limb- $2,500	**Ages 70 through 74** Lifetime Maximum- $12,500 Death- $12,500 Loss of 2 Limbs- $12,500 Loss of 1 Limb- $6,250 **Ages 75 and older** Lifetime Maximum- $6,250 Death- $6,250 Loss of 2 Limbs- $6,250 Loss of 1 Limb- $3,125
Optional Accidental Death & Dismemberment Rider (only available to members age 18 through age 69)	Lifetime Maximum- $25,000 Death- $25,000 Loss of 2 Limbs- $25,000 Loss of 1 Limb- $12,500 - not subject to deductible or overall maximum limit	

Common Carrier Accidental Death	
Ages 18 through 69 Under age 18 Ages 70 through 74 Ages 75 and older	$50,000 $10,000 $25,000 $12,500 Subject to a maximum of $250,000 any one family or group. - not subject to deductible, or overall maximum limit
Crisis Response- Ransom, Personal Belongings, and Crisis Response Fees and Expenses	Up to $10,000 – not subject to deductible, or overall maximum limit Optional Crisis Response buy-up with Natural Disaster Evacuation Coverage. $90,000 per certificate period, with $10,000 maximum for Natural Disaster Evacuation.
Hospital Indemnity	$100 per day of inpatient hospitalization – not subject to deductible
Personal Liability	Up to: $25,000 lifetime maximum $25,000 third person injury $25,000 third person property $2,500 related third person property – not subject to deductible, or overall maximum limit
Optional Personal Liability Rider	Up to $75,000 lifetime maximum - not subject to deductible or overall maximum limit
Bedside Visit	Up to $1,500 – not subject to deductible
Border Entry Protection	Up to $500 if traveling on a valid B-2 visa and denied entrance at the U.S. border – not subject to deductible

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? Tokio Marine HCC- MIS Group is experienced in arranging emergency medical evacuations. DayTripper will cover the eligible expenses necessary to transport you from an initial treating facility to the nearest medical facility qualified to treat your life-threat¬ening 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 a covered emergency medical evacuation, up to the lifetime limit.

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 eligible 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 unat¬tended as a result, DayTripper will cover the eligible 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, and the country or region you're visiting is NOT under a level 3 or level 4 travel advisory, DayTripper offers coverage for eligible medical expenses resulting from those acts. Coverage excludes countries or regions for which the U.S. Department of State has issued a level 3 ("reconsider travel") or level 4 ("do not travel") advisory in the 6 months prior to your arrival date.

Political Evacuation

If, during the coverage period and after your arrival, the U.S. Department of State issues a level 3 or level 4 travel advisory for your destination country, DayTripper will coordinate your alternate departure arrangements from that country and cover eligible associated costs.

Natural Disaster – Replacement Accommodations

Natural disasters can happen anywhere and at any time. If a natural disaster occurs while on your trip, causing you to become displaced from your planned and paid accommodations, DayTripper will provide relief of a maxi-mum of $250 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, DayTripper will provide $100 for each night you spend in the hospital.

Other Quality Benefits Offered by DayTripper*

Acute Onset of Pre-Existing Conditions

DayTripper provides a limited benefit up to the medical coverage life¬time maximum for eligible medical expenses. If you are younger than 80, you may be covered for an acute onset of a **pre-existing condition. This also includes up to a $25,000 lifetime maximum for emergency medical evac-uation.

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 & Outpatient Treatment

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

Sports Coverage

DayTripper includes coverage for eligible injuries and illnesses that could occur while participating in many popular vacation sports- skiing and, snowboarding (recreational downhill and/or cross country), snorkeling, water skiing, and others

- at no additional cost. Certain extreme sports are excluded from coverage.

Complications of Pregnancy

DayTripper offers coverage for compli¬-cations of pregnancy during the first 26 weeks of gestation.

Crisis Response

DayTripper offers up to $10,000 (or up to $100,000 if additional coverage is selected) 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 $25,000 (or up to $100,000 if additional coverage is selected) 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.

Enrollment and Filing a Claim

Home Country Coverage

Incidental Home Country Coverage

For U.S. home country individuals, 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. home country individuals, 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 accu¬mulate to another period. Failure of the member to continue his or her international trip or the member returning 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, underwrit¬ers will pay eligible medical expenses, as defined herein, for up to 90 days. This period begins on the first day of diagnosis or treatment of a covered injury or illness incurred while the member was 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 Tokio Marine HCC- MIS Group.

Claim Filing

You may file a claim by submitting a Claimant's Statement and Authorization form. This form may be found online, in ClientZone, or you may contact Tokio Marine HCC- MIS Group 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 and Authorizations form.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

DayTripper is underwritten by Lloyd's. Tokio Marine HCC – Medical Insurance Services Group (MIS Group) is a service company and a member of the Tokio Marine HCC group of companies. Tokio Marine HCC - MIS Group 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.

*The description of coverage in these pages is for informational purposes only. Actual coverage will vary based 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 Tokio Marine HCC-MIS Group or its affiliates. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence.

**A pre-existing condition is any condition:

- for which medical advice, diagnosis, care, or treatment was recommended or received within 2 years prior to your effective date of coverage
- which would cause a reasonably prudent person to seek medical advice, diagnosis, care, or treatment within 2 years prior to your effective date of coverage
- that existed (with reasonable medical certainty) with 2 years prior to your effective date of coverage, whether or not it was known to you

TOKIO MARINE HCC

Outstanding Customer Service

Client Zone and World Service Center

Tokio Marine HCC - MIS Group Client Zone is an online account management and resource tool available to:

- Extend coverage and reprint ID cards
- Obtain details about claim filing and downloading forms
- Locate providers within the PPO Network

Log In to Client Zone at:

https://zone.hccmis.com/clientzone

If you prefer to speak to a professional service representative, contact the Tokio Marine HCC - MIS Group 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.

Worldwide Travel and Medical Assistance

Atlas DayTripper® includes valuable travel and medical assistance services, which are available in multiple languages 365 days a year. Contact Tokio Marine HCC - MIS Group to access any of these services.

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 Tokio Marine HCC- MIS Group. Travel and Medical Assistance Services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit.

Contact Us

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A member of the Tokio Marine HCC group of companies

Mind over risk

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TOKIO MARINE HCC

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Atlas Group America® - For Non-US Citizens traveling to the U.S.

(Groups of M-24 People)

$0 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.54	1.97	2.23	2.94	3.34	3.41
30-39	2.08	2.87	3.42	3.83	4.23	4.31
40-49	2.99	3.72	4.28	5.31	6.08	6.21
50-59	4.44	5.60	7.07	8.39	9.22	9.40
60-64	5.55	7.29	9.88	11.28	12.38	12.62
65-69	6.29	8.06	11.04	12.56	13.74	14.01
70-79	9.43	12.07	13.79	N/A	N/A	N/A
80+*	14.86	N/A	N/A	N/A	N/A	N/A

$1000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.92	1.18	1.33	1.76	2.00	2.04
30-39	1.24	1.73	2.03	2.30	2.54	2.58
40-49	1.77	2.22	2.56	3.17	3.64	3.71
50-59	2.65	3.34	4.22	5.00	5.50	5.61
60-64	3.31	4.36	5.90	6.74	7.40	7.53
65-69	3.75	4.81	6.59	7.50	8.21	8.37
70-79	5.63	7.21	8.34	N/A	N/A	N/A
80+*	8.87	N/A	N/A	N/A	N/A	N/A

$100 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.36	1.74	1.96	2.60	2.93	3.00
30-39	1.83	2.54	3.02	3.38	3.73	3.80
40-49	2.63	3.28	3.76	4.68	5.36	5.45
50-59	3.91	4.91	6.22	7.38	8.11	8.26
60-64	4.88	6.41	8.70	9.94	10.88	11.10
65-69	5.54	7.09	9.71	11.04	12.10	12.34
70-79	8.30	10.62	12.14	N/A	N/A	N/A
80+*	13.07	N/A	N/A	N/A	N/A	N/A

$2500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.86	1.10	1.25	1.66	1.86	1.91
30-39	1.16	1.63	1.93	2.15	2.38	2.42
40-49	1.67	2.09	2.39	2.97	3.41	3.48
50-59	2.48	3.13	3.95	4.70	5.16	5.26
60-64	3.11	4.10	5.54	6.32	6.93	7.07
65-69	3.52	4.52	6.18	7.03	7.70	7.85
70-79	5.28	6.77	7.96	N/A	N/A	N/A
80+*	8.32	N/A	N/A	N/A	N/A	N/A

$250 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.18	1.50	1.70	2.24	2.56	2.60
30-39	1.58	2.20	2.61	2.93	3.22	3.29
40-49	2.27	2.84	3.26	4.04	4.64	4.73
50-59	3.38	4.27	5.38	6.39	7.03	7.16
60-64	4.24	5.55	7.53	8.60	9.42	9.61
65-69	4.80	6.14	8.41	9.56	10.48	10.67
70-79	7.18	9.18	10.52	N/A	N/A	N/A
80+*	11.31	N/A	N/A	N/A	N/A	N/A

$5000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.69	0.90	1.05	1.40	1.59	1.63
30-39	0.92	1.33	1.62	1.83	2.03	2.06
40-49	1.33	1.72	2.02	2.53	2.91	2.97
50-59	1.97	2.57	3.33	3.99	4.40	4.49
60-64	2.48	3.38	4.67	5.37	5.90	6.03
65-69	2.80	3.73	5.21	5.97	6.56	6.70
70-79	4.21	5.58	6.71	N/A	N/A	N/A
80+*	6.62	N/A	N/A	N/A	N/A	N/A

$500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.04	1.32	1.49	1.99	2.25	2.30
30-39	1.39	1.94	2.30	2.57	2.85	2.91
40-49	2.01	2.50	2.88	3.56	4.10	4.17
50-59	2.98	3.76	4.74	5.63	6.20	6.32
60-64	3.73	4.90	6.64	7.58	8.32	8.49
65-69	4.23	5.41	7.42	8.44	9.23	9.41
70-79	6.34	8.12	9.33	N/A	N/A	N/A
80+*	9.99	N/A	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 4/1/2019. 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.

Tokio Marine HCC Medical Insurance Services Group (MIS Group) is a member of the Tokio Marine HCC group of companies. Tokio Marine HCC – MIS Group 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.

TOKIO MARINE HCC

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Atlas Group International® - For travel outside of the U.S.

(Groups of M-24 People)

$0 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.85	1.07	1.31	1.34	1.53	1.67
30-39	1.07	1.39	1.62	1.66	1.92	2.10
40-49	1.78	2.06	2.37	2.38	2.70	2.96
50-59	3.06	3.29	3.67	3.70	4.21	4.62
60-64	3.76	3.92	4.47	4.49	5.07	5.54
65-69	4.28	4.94	5.67	5.77	6.48	7.11
70-79	6.53	7.54	8.97	N/A	N/A	N/A
80+*	12.20	N/A	N/A	N/A	N/A	N/A

$1000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.54	0.68	0.83	0.86	0.97	1.07
30-39	0.68	0.89	1.04	1.06	1.23	1.35
40-49	1.13	1.31	1.51	1.53	1.74	1.89
50-59	1.95	2.11	2.36	2.38	2.70	2.96
60-64	2.40	2.51	2.84	2.87	3.25	3.56
65-69	2.74	3.16	3.64	3.69	4.14	4.55
70-79	4.18	4.82	5.81	N/A	N/A	N/A
80+*	7.80	N/A	N/A	N/A	N/A	N/A

$100 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.75	0.95	1.13	1.19	1.34	1.47
30-39	0.95	1.23	1.44	1.47	1.67	1.84
40-49	1.57	1.81	2.08	2.10	2.38	2.60
50-59	2.69	2.90	3.24	3.27	3.71	4.06
60-64	3.30	3.45	3.94	3.95	4.46	4.88
65-69	3.78	4.35	5.00	5.07	5.71	6.25
70-79	5.76	6.63	7.89	N/A	N/A	N/A
80+*	10.75	N/A	N/A	N/A	N/A	N/A

$2500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.47	0.60	0.73	0.76	0.86	0.93
30-39	0.60	0.78	0.91	0.94	1.08	1.18
40-49	1.00	1.16	1.31	1.32	1.50	1.65
50-59	1.71	1.84	2.07	2.08	2.35	2.58
60-64	2.11	2.19	2.51	2.52	2.84	3.11
65-69	2.40	2.77	3.19	3.23	3.63	3.98
70-79	3.66	4.22	5.17	N/A	N/A	N/A
80+*	6.83	N/A	N/A	N/A	N/A	N/A

$250 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.68	0.86	1.04	1.08	1.22	1.34
30-39	0.86	1.12	1.31	1.32	1.54	1.68
40-49	1.42	1.65	1.88	1.90	2.16	2.37
50-59	2.44	2.63	2.95	2.97	3.37	3.69
60-64	3.02	3.13	3.57	3.60	4.05	4.44
65-69	3.43	3.95	4.54	4.62	5.19	5.68
70-79	5.24	6.04	7.21	N/A	N/A	N/A
80+*	9.75	N/A	N/A	N/A	N/A	N/A

$5000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.39	0.50	0.63	0.66	0.75	0.83
30-39	0.50	0.67	0.79	0.82	0.95	1.05
40-49	0.81	0.98	1.13	1.14	1.32	1.48
50-59	1.40	1.56	1.77	1.79	2.06	2.30
60-64	1.72	1.86	2.16	2.17	2.49	2.78
65-69	1.96	2.35	2.76	2.78	3.19	3.56
70-79	2.99	3.58	4.48	N/A	N/A	N/A
80+*	5.58	N/A	N/A	N/A	N/A	N/A

$500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.61	0.77	0.93	0.96	1.10	1.20
30-39	0.78	1.01	1.17	1.20	1.39	1.51
40-49	1.29	1.48	1.70	1.71	1.95	2.13
50-59	2.21	2.37	2.66	2.66	3.03	3.32
60-64	2.71	2.82	3.21	3.23	3.65	4.00
65-69	3.09	3.55	4.10	4.15	4.67	5.12
70-79	4.71	5.42	6.48	N/A	N/A	N/A
80+*	8.78	N/A	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 4/1/2019. 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
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TOKIO MARINE HCC

Medical Insurance Services Group
251 North Illinois Street, Suite 600, Indianapolis, IN, 46204 USA
Tel: 317-262-2132 Fax: 317-262-2140 Toll Free: 800-605-2282
orders@hccmis.com
hccmis.com

Atlas Group America® - For Non-US Citizens traveling to the U.S.

(Groups of 25+ People)

$0 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.45	1.86	2.11	2.78	3.15	3.22
30-39	1.96	2.71	3.23	3.61	4.00	4.07
40-49	2.82	3.51	4.04	5.02	5.75	5.87
50-59	4.19	5.29	6.67	7.92	8.70	8.87
60-64	5.24	6.89	9.33	10.65	11.69	11.92
65-69	5.94	7.61	10.43	11.86	12.98	13.23
70-79	8.91	11.40	13.02	N/A	N/A	N/A
80+*	14.03	N/A	N/A	N/A	N/A	N/A

$1000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.87	1.11	1.26	1.66	1.89	1.93
30-39	1.17	1.63	1.92	2.17	2.40	2.44
40-49	1.67	2.10	2.41	2.99	3.43	3.50
50-59	2.50	3.15	3.99	4.73	5.19	5.30
60-64	3.13	4.11	5.58	6.37	6.99	7.11
65-69	3.54	4.54	6.22	7.08	7.75	7.91
70-79	5.31	6.81	7.88	N/A	N/A	N/A
80+*	8.37	N/A	N/A	N/A	N/A	N/A

$100 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.28	1.64	1.85	2.46	2.77	2.83
30-39	1.73	2.40	2.85	3.19	3.52	3.59
40-49	2.48	3.09	3.55	4.42	5.06	5.15
50-59	3.69	4.64	5.87	6.97	7.66	7.80
60-64	4.61	6.05	8.22	9.38	10.28	10.48
65-69	5.23	6.70	9.17	10.43	11.42	11.65
70-79	7.84	10.03	11.47	N/A	N/A	N/A
80+*	12.34	N/A	N/A	N/A	N/A	N/A

$2500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.82	1.04	1.18	1.56	1.76	1.80
30-39	1.10	1.54	1.82	2.03	2.24	2.29
40-49	1.58	1.97	2.26	2.81	3.22	3.29
50-59	2.35	2.96	3.73	4.44	4.87	4.96
60-64	2.94	3.87	5.23	5.97	6.55	6.67
65-69	3.32	4.27	5.84	6.64	7.27	7.41
70-79	4.99	6.39	7.51	N/A	N/A	N/A
80+*	7.85	N/A	N/A	N/A	N/A	N/A

$250 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.11	1.42	1.61	2.12	2.41	2.46
30-39	1.50	2.07	2.47	2.76	3.04	3.11
40-49	2.14	2.69	3.08	3.82	4.38	4.46
50-59	3.20	4.03	5.08	6.04	6.64	6.77
60-64	4.00	5.24	7.11	8.12	8.90	9.08
65-69	4.53	5.80	7.94	9.03	9.89	10.08
70-79	6.78	8.67	9.94	N/A	N/A	N/A
80+*	10.68	N/A	N/A	N/A	N/A	N/A

$5000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.65	0.85	0.99	1.33	1.50	1.54
30-39	0.87	1.26	1.53	1.73	1.92	1.95
40-49	1.26	1.62	1.90	2.39	2.75	2.81
50-59	1.86	2.43	3.15	3.77	4.16	4.24
60-64	2.34	3.19	4.41	5.07	5.58	5.70
65-69	2.64	3.52	4.92	5.64	6.20	6.32
70-79	3.98	5.27	6.33	N/A	N/A	N/A
80+*	6.25	N/A	N/A	N/A	N/A	N/A

$500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.98	1.25	1.41	1.88	2.13	2.17
30-39	1.31	1.84	2.17	2.42	2.69	2.75
40-49	1.90	2.36	2.72	3.37	3.87	3.94
50-59	2.81	3.55	4.48	5.31	5.86	5.97
60-64	3.52	4.62	6.27	7.16	7.85	8.02
65-69	4.00	5.11	7.00	7.97	8.72	8.89
70-79	5.98	7.67	8.81	N/A	N/A	N/A
80+*	9.44	N/A	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 4/1/2019. 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
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TOKIO MARINE HCC

Medical Insurance Services Group
251 North Illinois Street, Suite 600, Indianapolis, IN, 46204 USA
Tel: 317-262-2132 Fax: 317-262-2140 Toll Free: 800-605-2282
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hccmis.com

Atlas Group International® - For travel outside of the U.S.

(Groups of 25+ People)

$0 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.80	1.01	1.23	1.27	1.45	1.57
30-39	1.01	1.31	1.53	1.56	1.81	1.98
40-49	1.68	1.95	2.24	2.24	2.55	2.80
50-59	2.89	3.10	3.47	3.49	3.98	4.36
60-64	3.55	3.70	4.22	4.24	4.79	5.24
65-69	4.05	4.67	5.36	5.45	6.12	6.72
70-79	6.16	7.12	8.47	N/A	N/A	N/A
80+*	11.52	N/A	N/A	N/A	N/A	N/A

$1000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.51	0.65	0.78	0.82	0.92	1.01
30-39	0.65	0.84	0.98	1.00	1.16	1.28
40-49	1.07	1.23	1.43	1.45	1.64	1.79
50-59	1.84	1.99	2.23	2.24	2.55	2.80
60-64	2.27	2.37	2.69	2.71	3.07	3.36
65-69	2.58	2.98	3.43	3.49	3.91	4.29
70-79	3.94	4.55	5.48	N/A	N/A	N/A
80+*	7.37	N/A	N/A	N/A	N/A	N/A

$100 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.71	0.89	1.07	1.12	1.27	1.39
30-39	0.90	1.16	1.36	1.39	1.58	1.73
40-49	1.48	1.71	1.96	1.98	2.24	2.46
50-59	2.54	2.74	3.06	3.09	3.50	3.83
60-64	3.12	3.26	3.72	3.73	4.21	4.61
65-69	3.57	4.11	4.72	4.79	5.39	5.90
70-79	5.44	6.26	7.45	N/A	N/A	N/A
80+*	10.15	N/A	N/A	N/A	N/A	N/A

$2500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.44	0.57	0.69	0.71	0.81	0.88
30-39	0.57	0.74	0.86	0.88	1.02	1.11
40-49	0.94	1.10	1.24	1.25	1.42	1.56
50-59	1.62	1.73	1.96	1.96	2.22	2.44
60-64	1.99	2.07	2.37	2.38	2.68	2.93
65-69	2.27	2.62	3.01	3.05	3.43	3.76
70-79	3.46	3.99	4.88	N/A	N/A	N/A
80+*	6.45	N/A	N/A	N/A	N/A	N/A

$250 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.65	0.81	0.99	1.02	1.15	1.27
30-39	0.82	1.05	1.23	1.25	1.45	1.59
40-49	1.34	1.56	1.78	1.79	2.04	2.24
50-59	2.30	2.48	2.79	2.81	3.18	3.49
60-64	2.85	2.96	3.37	3.40	3.83	4.19
65-69	3.24	3.73	4.28	4.36	4.90	5.36
70-79	4.95	5.70	6.81	N/A	N/A	N/A
80+*	9.21	N/A	N/A	N/A	N/A	N/A

$5000 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.37	0.48	0.60	0.62	0.71	0.78
30-39	0.47	0.63	0.75	0.77	0.89	0.99
40-49	0.77	0.93	1.07	1.08	1.25	1.39
50-59	1.32	1.47	1.67	1.69	1.95	2.18
60-64	1.62	1.76	2.04	2.05	2.35	2.63
65-69	1.85	2.22	2.61	2.63	3.01	3.36
70-79	2.82	3.38	4.23	N/A	N/A	N/A
80+*	5.27	N/A	N/A	N/A	N/A	N/A

$500 Deductible

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1 Million	$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.58	0.72	0.88	0.91	1.04	1.13
30-39	0.74	0.95	1.11	1.13	1.31	1.43
40-49	1.22	1.39	1.61	1.62	1.84	2.01
50-59	2.09	2.24	2.51	2.52	2.86	3.14
60-64	2.56	2.66	3.03	3.05	3.44	3.77
65-69	2.92	3.35	3.87	3.92	4.41	4.84
70-79	4.45	5.12	6.12	N/A	N/A	N/A
80+*	8.29	N/A	N/A	N/A	N/A	N/A

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ATLAS GROUP 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: $

Names of **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: ☐ Credit Card ☐ 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:** _____