

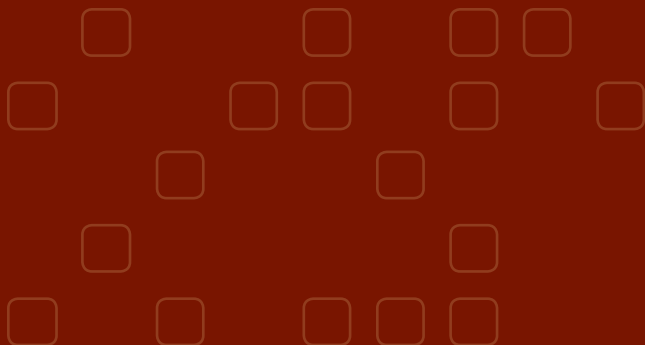


Gateway *Premier*

Opening the way to international insurance solutions



**Accident and medical insurance
for extended stays abroad and
international work assignments**







Designed Expressly for Extended International Stays and Work Assignments

A growing number of people are often away from home for an extended period of time due to business, education, or cultural exchange. An essential element of a successful experience abroad is international insurance coverage. While insurance may be in place at home, it's possible that this same coverage is not available or limited beyond the Home Country.

As a solution, Gateway Premier offers insurance and services to persons who are overseas for an extended period of time.

Gateway Premier offers insurance for accident and medical expenses, medical evacuation and repatriation, and accidental death and dismemberment. The Plan also features important medical and travel assistance services.

The Plans

Plan 1 – for destinations worldwide

Plan 2 – for destinations worldwide except the United States

Plan 3 – for international work assignment destinations worldwide except the United States

This brochure describes the eligibility requirements, plan provisions including limitations and exclusions, and assistance services available.



Plan Eligibility Requirements

To be eligible for any Gateway Premier plan, travel must be to a destination(s) outside the Home Country/Country of Residence for 6 or more consecutive months. Other eligibility requirements for specific plans apply.

For Plan 1

- does not hold U.S. visa type B2 (Visitor for Pleasure)
- U.S. citizens are not eligible

For Plan 3

- limited to international work assignments outside the United States

Spouse and/or unmarried dependent children, under the age of 18, or up to age 23 if a full time student, are also eligible if they meet the requirements outlined above.

A child age 18 and older who is not enrolled as a full time student is not considered a dependent child for this insurance plan.

Children over the age of 18 can apply under separate Application and must meet the eligibility requirements shown above.

If the Home Country is different from the Country of Residence, there is no coverage in either location except as provided by this Plan (see Description of Coverage section).

For the purposes of this Plan, the United States means the 48 contiguous states, plus Alaska, Hawaii, and the District of Columbia.

Home Country and Country of Residence Defined

Home Country is the country from which the Insured Person holds a passport.

Country of Residence is the country where the Insured Person maintains a primary permanent residence.



Plan Overview

	1 Worldwide Including U.S.	2 Worldwide Excluding U.S.	3 Employment Assignments Worldwide Excluding U.S.
Medical Insurance			
Medical Expense Maximum Per Injury or Illness		\$500,000	
Age 65 and over limited to		\$100,000	
Return Home Visits limited to		\$50,000	
Deductible Options		\$100, \$500, \$1,000	
		Applied per person, once every 12 months from the Effective Date of insurance	
Maternity Coverage		Applicable to Plan 3 only.	
Well Child Care Coverage		See Description of Coverage section for details.	
Mental and Nervous Care			
Other Insurance			
Emergency Medical Evacuation		\$100,000	
Return of Minor Children		\$5,000	
Repatriation of Remains		\$20,000	
Accidental Death & Dismemberment (AD&D)		\$25,000 Principal Sum	
Optional AD&D		\$100,000 Additional Principal Sum \$250,000 Additional Principal Sum	
Services			
Worldwide Medical and Travel Assistance		Included	



How the Medical Insurance Works

For **Covered Medical Expenses** during a **Term of Insurance**, the Gateway Premier plan works like this:

- Each Insured Person must meet the Deductible once every 12 months from the Effective Date of insurance.
- After the Deductible, the Plan pays 80% of the reasonable and customary charges for Covered Medical Expenses up to \$5,000. Thereafter, the Plan pays 100% of the reasonable and customary charges for remaining Covered Medical Expenses up to the **Medical Expense Maximum** or the **Maximum Coverage Period**, whichever occurs first.
- Each Insured Person is responsible for 20% of the first \$5,000 of Covered Medical Expenses once every 12 months from the Effective Date of insurance.
- The Medical Expense Maximum is applied to Covered Medical Expenses for each separate, distinct, and unrelated condition.
- The Maximum Coverage Period is the length of time in which Covered Medical Expenses are considered eligible .

The **Description of Coverage** section provides details about Covered Medical Expenses, Exclusions, and Limitations.

Effective Date and Expiration Date of Insurance

The **Effective Date** of insurance is the latest of these dates:

- departure from the Home Country/Country of Residence
- receipt of Application and premium
- date requested on the Application form

The **Expiration Date** of insurance is the earlier of these dates:

- return to the Home Country/Country of Residence for other than a temporary return visit
- the date shown on the insurance documents mailed upon issuance



Term of Insurance

A **Term of Insurance** starts on the **Effective Date** of insurance and ends on the **Expiration Date** of insurance.

- Minimum term is 6 months
- Maximum initial or renewal term is 12 months, up to a total of 60 consecutive months

Enrollment

- **INITIAL** Application – request insurance for 6 months or more (up to an initial maximum term of 12 consecutive months). A renewal notice is automatically sent to the mailing address on file 45 days prior to the Expiration Date.
- **RENEWAL** – Term of Insurance can be renewed for up to 12 months at a time to the maximum total of 60 consecutive months as long as eligibility requirements continue to be met. Administrator must receive the Renewal Form with premium payment on or before the Expiration Date of insurance. Minimum renewal term is 3 months (or less if final renewal). Upon renewal, Expiration Date of insurance is adjusted according to the number of months requested on renewal.
- Dependent children can be **ADDED** during the Term of Insurance. Contact the Administrator for requirements and further instructions.





Description of Coverage

Medical Expenses

If an injury or illness occurs during the **Term of Insurance**, only those expenses specifically described below, and which are incurred within the **Maximum Coverage Period** of the Plan and which are not excluded (see Exclusions section) are considered **Covered Medical Expenses**. Initial treatment of an injury must occur within 60 days of the accident. For Plans 1 and 2, the Maximum Coverage Period per injury or illness is 52 weeks from the date of such injury or onset of such illness. For Plan 3, the Maximum Coverage Period is continuous during expatriate assignment, otherwise ends 30 days from Expiration Date of this insurance.

1. Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation, or intensive care when medically necessary;
2. Charges made for diagnosis, treatment and surgery by a physician;
3. Charges made for the cost and administration of anesthetics;
4. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions and medical treatment;
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon;
7. Return Visit Coverage: Expenses described in 1-6 above resulting from onset of injury or illness during a visit in the Home Country/Country of Residence is afforded for a maximum total of 60 accumulated days per each 12 month Term of Insurance (or pro-rata thereof) subject to the following terms and conditions: a) Insured Person has been outside their Home Country/Country of Residence for a minimum of 3 consecutive months from Effective Date of insurance; b) visit is immediately followed by return to international location; c) medical maximum is limited to \$50,000; d) coverage must be activated through written notification to the Administrator.
8. After 12 months of continuous coverage, the Insured Person will be covered for expenses related to Pregnancy, including: Pre and Post-natal care, Normal delivery or C-section, associated newborn nursery hospital charges, complications of pregnancy and miscarriage. The following maximums apply: \$5,000 for normal delivery for each pregnancy; and a maximum of \$7,500 for C-section delivery for each pregnancy. (This coverage applies to Plan 3 only.)
9. Well Child Care is provided by the Plan for covered eligible dependents until age 6. Coverage is provided for: a) six well child visits from age one week to age 12 months; b) three well child visits from age one year to age



2; and c) one well child visit per year from age 2 to age 6. Only services of family practitioners, pediatricians, and internal medicine specialists are covered. (This coverage applies to Plan 3 only.)

10. After 12 months of continuous coverage, this Plan will pay the reasonable and customary charge for treatment of a mental or nervous disorder on an in-patient/out-patient basis from a hospital, an approved or licensed community mental health center or clinic, or a licensed psychiatrist or consulting psychologist, subject to a maximum benefit of \$10,000 for Inpatient care or \$1,000 for Outpatient care. (This coverage applies to Plan 3 only.)

The charges listed above shall in no event include any amount of such charges which are in excess of reasonable and customary charges.

Exclusions

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's **Effective Date** of insurance;
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with a) declared or undeclared war or any act thereof; b) injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or other similar group; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; or e) commission of a felony;
4. Expenses for a) pregnancy, childbirth or miscarriage, except as provided for in Plan 3; b) routine physicals; c) cosmetic or plastic surgery, except as the result of an accident; d) elective surgery; e) any mental and nervous disorders or rest cures, except as provided for in Plan 3; f) dental care, except as the result of injury to natural teeth caused by accident; g) eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) alcoholism or drug addiction or use of any drug or narcotic agent; or i) treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
6. Loss or expense caused by, contributed to, or resulting from any loss that occurs while traveling or enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a physician.



Emergency Medical Evacuation Expenses

If injury or illness commencing during the **Term of Insurance** warrants immediate transportation to the nearest medical facility where appropriate medical treatment can be obtained, or if after being treated at a local hospital the condition warrants transportation to the Home Country/Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered up to a maximum of \$100,000. An emergency evacuation must be recommended by a legally licensed attending physician who certifies that the severity of injury or illness necessitates such emergency evacuation and must be agreed upon by you or your representative. **In the event this coverage is needed, arrangements are made by the Assistance Services provider.**

If an Insured Person is hospitalized for more than 7 days following a covered emergency evacuation and is receiving care outside the Home Country/Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from his/her bedside, if the Insured Person is not accompanied by immediate family. **These transportation arrangements must be authorized in advance, and made by the Assistance Services provider.**

Return of Minor Child(ren)

If an adult insured is traveling alone with a Minor Child(ren) up to the age of 18 and is hospitalized because of a covered illness or injury and the minor children are left unattended, the Plan will arrange and pay for one-way economy fares (less the value of applied credit from any unused travel tickets per person) to their Home Country/Country of Residence, not to exceed the maximum of \$5,000. These arrangements will be made at no cost to you. If an attendant/escort is necessary to ensure the safety and welfare of Minor Child(ren), the Plan will arrange and pay for these services. **All arrangements must be made by the Assistance Services provider.**

Repatriation of Remains Expenses

If injury or illness commencing during the **Term of Insurance** results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country/Country of Residence are covered up to a maximum of \$20,000.

In the event this coverage is needed, arrangements are made by the Assistance Services provider.

Exclusions

For Emergency Medical Evacuation and Repatriation, this insurance does not cover:

Expenses incurred as a result of or in connection with a) declared or undeclared war or any act thereof; b) injury sustained while participating in professional sports; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) commission of a felony; e) professional racing, participation in contests of speed, or piloting an aircraft; f) pregnancy, except complications of pregnancy; g) alcoholism or drug addiction.



Accidental Death & Dismemberment (AD&D)

\$25,000 Principal SumIncluded
\$100,000 Additional Principal SumOption 1
\$250,000 Additional Principal SumOption 2

Gateway Premier includes \$25,000 AD&D Principal Sum for each Insured Person and Insured Spouse, with partial coverage for each Insured Eligible Child (see the Table of Losses below).

If you wish to purchase either Optional Additional Principal Sum, it must be purchased for each adult (Insured Person and Insured Spouse) listed on the Application, and additional premium must be paid at time of Application. This option is not available for Insured Persons under the age of 18. Purchase of this optional coverage does not affect the AD&D coverage amount for Insured Child(ren).

If an injury occurs during your **Term of Insurance** and results in one of the following losses within 365 days after an accident, the Plan will pay for loss as follows:

Table of Losses	Insured or Spouse	Each Child
Loss of life	Principal Sum	\$5,000
Loss of two members	Principal Sum	\$5,000
Loss of one member	50% of Principal Sum	\$2,500

“Member” means hand, foot or eye. “Loss” means with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire and irrecoverable loss of sight. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident.

Exclusions

For Accidental Death & Dismemberment, this insurance does not cover losses resulting from:

1. a) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; b) war or any act of war, declared or undeclared, or service in the military, naval or air service of any country; or c) piloting or acting as a crew member or riding in any aircraft except as a fare-paying passenger on a scheduled airline;
2. a) illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than one occurring from an accidental cut or wound; or b) hernia.

Assistance Services

Assistance services are provided by AIGAssist (AIG International Services).

Eligibility for any of the assistance services outlined below is effective once insured. Services can be accessed 24 hours a day, 7 days a week.

- **Pre-Departure Assistance** — advice on required and recommended immunizations; passport and visa information; health information and precautions for medically remote or underserved areas; information for handicapped or disabled travelers; help in arranging special medical services needed while traveling.



- **Travel Medical Emergency Services** — help in obtaining local medical care, in arranging special medical services when traveling; medical case monitoring; arranging communication between patient, family, physicians, employer, consulate; health information and precautions for medically remote or underserved areas; guarantee payment for medical care using traveler's financial resources.
- **Medical Evacuation** — coordinate and arrange for medical transportation if traveler becomes injured or seriously ill and needs to be evacuated to an appropriate medical treatment facility.
- **Repatriation** — coordinate the return of remains to the Home Country/ Country of Residence if death occurs while traveling.
- **Legal Assistance** — worldwide, 24-hour contact for legal emergencies; legal referral to help you locate a consular official or attorney.
- **Travel Assistance** — worldwide, 24-hour telephone contact for advice on handling losses and delays; help with lost passports, tickets and documents; advice on filing insurance claims; arranging shipments of forgotten, lost or stolen items.

Refund of Premium

Full refund of premium is made if written request is received prior to the **Effective Date** of insurance. After the Effective Date, premium for the first 6 months of coverage is considered fully earned and non-refundable. If you are issued a **Term of Insurance** for 7 or more consecutive months, and return to your Home Country/Country of Residence earlier than expected, unused premium for remaining whole months, exclusive of the first 6 months, is refunded. Remaining whole months are calculated from the date written notice is received up to the Expiration Date of the Term of Insurance in effect.

The Gateway Plans are underwritten by the Insurance Company of the State of Pennsylvania, a Pennsylvania insurance company, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429. The Insurance Company of the State of Pennsylvania is a member of the American International Group of Companies (AIG).





Gateway Plan Administrator

1255 23rd Street, N.W.

Suite 300

Washington, DC 20037

800-282-4495 U.S. and Canada

or 202-367-5097

Fax 202-367-5076

gateway@marshpm.com

Visit us on the Web at www.gatewayplans.com

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