



WellAway[®]
Keeping You Well, While You're Away.[®]



Updated Benefit Summary **Special Visa Program** **Standard Freedom (Non-ACA) Plans**

Safe Passage International, LLC



Welcome Letter

Dear G Visa and A Visa Holders:

Since we introduced the Standard Freedom Plan in 2016 as a replacement for the old Velis G5 MedPlan Insurance Program, there has been a major change in the **Affordable Care Act** ("ACA"). As of January 1, 2019, there is no longer an IRS penalty for failure to purchase an ACA compliant plan. Our **Special Visa Program** now has three non-ACA compliant **Standard Freedom Plans** offered by WellAway Limited which are available to holders of valid G or A Visas. These plans are a very affordable choice compared to the high cost of the ACA compliant plans.

The **Standard Freedom Plans** are limited benefit accident and sickness plans. Annual Limits, Deductibles, Co-insurance, and Out of Pocket Maximums vary depending on the Plan selected. All **Standard Freedom Plans** include inpatient care up to the maximum limit as well as Out-Patient services such as Primary Care and Specialist Visits, Emergency Room visits, Lab services, Diagnostic x-rays, and Prescription Drugs. All Plans include access to medical services through the **Aetna Open-Access worldwide provider network**.

All of our plans include these additional services through WellAway's **ConciergeCare**:

- Emergency Medical Evacuation
- Repatriation of Mortal Remains
- Multilingual Concierge Care 365/24/7
- Patient Concierge Services and Navigation to Doctors and Hospitals in the USA
- Online Claims Submission

The Schedule of Benefits for the Standard Freedom Plans is included below, including the insurance cost. To buy this insurance, please complete the Application Form and Bank Account Authorization Form and return it to us by email along with a copy of the USA Visa for the person to be insured. **Copies of all forms are found at www.spibrokers.com/Visa**. Coverage begins on the first of the month following the date you send us the Application. We will charge the bank account you give us on the Bank Account Authorization around the 4th of each month.

If you have any questions, please do not hesitate to contact us.

Sincerely,

The Staff at Safe Passage International, LLC

Standard Freedom Plans (Non-ACA) Schedule of Benefits

	Plan A*	Plan B	Plan C
Medical Treatment Maximum Benefit Limit	\$150,000 annual maximum amount	\$50,000 per condition up to the annual maximum amount of \$100,000	\$100,000 per condition up to the annual maximum amount of \$150,000
Deductible per person	\$500 per year In-Network \$1,500 per year Out-of-Network	\$50 per condition	\$100 per condition
Co-Insurance	70% In- Network 50% Out-of-Network	80% per condition In-Network 60% per condition Out-of-Network Co-insurance factor for treatment in the emergency room is 80% at any hospital	80% per condition In-Network 60% per condition Out-of-Network Co-insurance factor for treatment in the emergency room is 80% at any hospital
Annual Out-of-Pocket Maximum	USD \$6,000 In-Network \$12,000 Out-of-Network including non-covered expenses	USD \$10,050 per condition including non-covered expenses	USD \$10,100 per condition including non-covered expenses
In-Patient Care	70%	80%	80%

Emergency and Urgent Care			
Urgent Care (co-pay applies to the physician's charges only)	\$250 Co-pay	Deductible	Deductible
Emergency Room Waived if admitted to the hospital (Covers all services performed in an emergency room including the hospital facility, physician charges, and all ancillary services)	\$400 Co-pay	\$150 Co-pay	\$250 Co-pay

Standard Freedom Plans (Non-ACA) Schedule of Benefits

Outpatient Office Visits			
Primary Care visits to treat injury or illness (Co-pay applies to the physician's visit charge only)	\$50 Co-pay, No Co-insurance	Deductible	Deductible
Specialist Visits (Co-pay applies to the physician's visit charge only)	\$70 Co-pay, No Co-insurance	Deductible	Deductible
Outpatient Diagnostic Services			
Imaging (e.g. CT, CAT Scan, MRI, PET Scans and all related services)	\$300 Co-pay, No Co-insurance	Deductible	Deductible
Lab Services	Deductible	Deductible	Deductible
Out-patient Services (Covers the professional component of the office and Out-Patient charges)	\$250 Co-pay, No Co-insurance	Deductible	Deductible
X-Ray and Diagnostic Imaging	\$80 Co-pay, No Co-insurance	Deductible	Deductible
Preventive Services			
Preventive Care/ Screening and Immunization	not covered	not covered	not covered

Standard Freedom Plans (Non-ACA) Schedule of Benefits

Prescription Drugs			
Tier 1 Drugs not covered by this formulary may be obtained through your RexClub Card provided to you by WellAway Limited as part of your pharmacy program for additional discounts at the time of purchase.	\$30 Co-pay No Coinsurance (except Insulin 20%) No Coverage Out-of-Network	Deductible	Deductible
Non-Preferred Drugs / Tier 2	\$50 Co-pay No Coinsurance (except Insulin 20%) No Coverage Out-of-Network	Deductible	Deductible

Evacuation and Repatriation			
Repatriation	\$10,000	\$5,000	\$5,000
Evacuation	\$20,000	\$10,000	\$20,000
Accidental Death & Dismemberment	\$5,000	\$5,000	\$5,000

Age 65+			
Preventive Care/ Screening and Immunization	For members over the age of 64 years of age, benefits will be reduced by 50% and Co-pays will be adjusted accordingly.	For members over the age of 64 years of age, benefits will be reduced by 50% and Co-pays will be adjusted accordingly.	For members over the age of 64 years of age, benefits will be reduced by 50% and Co-pays will be adjusted accordingly.

* Co-Pays in Plan A apply only to In-Network treatment.

** The Co-insurance Factor for medical services for Plan A is 70%-30% In-Network and 50%-50% Out-of-Network. Co-insurance for Plans B and C is 80%-20% In-Network and 60%-40% for services received Out-of-Network. In the case of emergency care only for Plans B and C, the Co-insurance factor for treatment in the emergency room is 80%-20% at any hospital.



Standard Freedom Plan A (Non-ACA)

New York and New Jersey Monthly Cost*

Age Band	Monthly Cost*		
	Plan A	Plan B	Plan C
0 - 20	\$83	\$153	\$173
21 - 25	\$129	\$153	\$173
26 - 30	\$146	\$153	\$173
31 - 35	\$186	\$153	\$173
36 - 40	\$195	\$153	\$173
41 - 45	\$247	\$153	\$173
46 - 50	\$306	\$153	\$173
51 - 55	\$381	\$153	\$173
56 - 60	\$452	\$153	\$173
61 - 65	\$511	\$153	\$173
66 - 70	\$663	\$153	\$173
71 - 75	\$795	\$153	\$173
76 - 80	\$954	\$153	\$173

* Costs shown include a \$3 monthly processing fee.



Standard Freedom Plan A (Non-ACA)

Virginia, Maryland, Connecticut, Florida, and D.C. Monthly Cost*

Age Band	Monthly Cost*		
	Plan A	Plan B	Plan C
0 - 20	\$79	\$153	\$173
21 - 25	\$123	\$153	\$173
26 - 30	\$138	\$153	\$173
31 - 35	\$177	\$153	\$173
36 - 40	\$185	\$153	\$173
41 - 45	\$235	\$153	\$173
46 - 50	\$291	\$153	\$173
51 - 55	\$362	\$153	\$173
56 - 60	\$430	\$153	\$173
61 - 65	\$486	\$153	\$173
66 - 70	\$630	\$153	\$173
71 - 75	\$755	\$153	\$173
76 - 80	\$906	\$153	\$173

* Costs shown include a \$3 monthly processing fee.



Standard Freedom Plans B and C (Non-ACA) **All States, Monthly Cost***

Plan B: \$153 per person per month

Plan C: \$173 per person per month

* Costs shown include a \$3 monthly processing fee.

Standard Freedom Plans (Non-ACA)

Eligibility

Eligibility Requirements

- Policyholder must be between 18 and attained age of 70 at the time of application
- Be in good health and not confined to a hospital or nursing home, hospitalized or disabled on the effective date of coverage;
- Complete Application and premium must have been received by WellAway Limited;
- Eligible individual and their Eligible dependents. Eligible member means an individual in the USA remaining on a non-immigrant visa status who must be accompanied by their personal employees during their stay in the USA.
- Required to be temporarily located in the USA as a non-resident alien and hold a valid A or G Visa.
- Not have been granted permanent residency status in the USA.
- Coverage ends at age 80.

Insured Dependents

The Spouse and unmarried children under 19 years old of the A and G visa holders who are entitled to derivative status in the same classification as the principal alien, if they seek to accompany or follow to join the primary A or G Visa holder.

Effective Date of Insured Coverage

The Insured person's coverage under this policy begins at 12:01 a.m. Eastern Standard Time (EST) as stated in the Certificate of Coverage.

Effective Date of Enrollment for New Dependents

To enroll new Dependents after the effective date of the policy the insured person must submit an Application Form and may be subject to underwriting. Coverage will be effective from the date the Insurer accepts provided that premium payment has been received. The new enrollee will be subject to the waiting periods and all other terms and conditions of the Policy.

Standard Freedom Plans (Non-ACA)

Exclusions & Limitations

The Exclusions and limitations set forth in this section are in addition to any that are specified in the Payable Benefits and Medication Program sections of this Policy. In addition, we will not pay for any of the Services, Treatments, or Supplies described in this section, even when recommended or prescribed by a Physician, or in the event it is the only available Treatment for your condition. We will not cover the following:

1. Expenses for any complications directly caused by an Illness, Injury or Procedure for which we exclude or limit coverage.
2. Charges in excess of Usual, Reasonable and Customary Charges for any Covered Service or Procedure.
3. Claims and costs for medical Services or Procedures occurring before the Policy Effective Date, during a Waiting Period(s), or after the expiration date of the Policy.
4. Claims and costs for medical Services or Procedures with dates of service after the Policy termination date that are related to Accidents or Illnesses originating during the Policy Year, unless the Policy has been renewed. This includes any portion of a covered Prescription Medication to be used after the expiration of the current Policy Year.
5. Any Reconstructive Surgery (unless as a result of a Covered Injury).
6. Any Pre-Existing Condition, a condition related to a Pre-Existing Condition, or complications resulting from a Pre-Existing Condition, directly or indirectly, for which the Insured Person has received Treatment, had Symptoms of, manifestations, took medication or sought Advice for prior to the Policy Effective Date and/or any complications due to lack of Treatment of the Pre-Existing Condition. We reserve the right to Rescind, cancel or not renew this Policy due to any omission to declare a Pre-Existing Condition(s).
7. Charges for which we are unable to determine liability because the Insured Person failed, within ninety (90) days, or as soon as reasonably possible to: a) authorize us to receive all the medical records and information we request; or b) provide us with information we requested regarding the circumstances of the claim or Other Insurance Plan.
8. Amounts in excess of the Maximum Benefit for a specific benefit or the Annual Maximum Benefit Limit as specified in your Summary of Benefits.
9. Services or Procedures not specifically listed in this Policy as covered.
10. Any court ordered Treatment; unless such Treatment is prescribed by a Physician and specifically covered by this Policy.
11. Charges not submitted within 120 days from the date the Service was rendered, except in the event of legal incapacity.
12. Maternity care, Caesarean Section, and any Complications of Pregnancy arising directly or indirectly from Maternity Care or Caesarean Section; newborn infant care Services; and/or Hereditary, birth defects or Congenital Conditions in a newborn.
13. Pregnancies arising out of assisted conception, and any Complications of Pregnancy arising directly or indirectly from pregnancies due to assisted conception; newborn infant care Services; and/or any Hereditary, birth defects or Congenital Conditions in a newborn.
14. Any Treatment for congenital, Hereditary or birth abnormalities.

15. Pregnancy of a Dependent daughter.
16. Post-natal classes following birth to deal with the physical effects on the body of being pregnant and giving birth.
17. The cost or refund of Treatments directly relating to surrogacy, whether you are acting as a surrogate or are the intended parent.
18. Elective abortions and complications thereof, or any voluntary induced termination of pregnancy.
19. Any Procedure, Treatment or medication to prevent pregnancy or which is aimed at making a person unable to reproduce, including, but not limited to, vasectomies, sterilization, male and female birth control, and any expenses for male or female reversal of sterilization.
20. Any Services or Supplies that promote conception including, but not limited to, any fertility/infertility Services, tests, Treatments and/or Procedures of any kind, including, but not limited to, fertility/infertility drugs, including drugs to regulate the menstrual cycle/ovulation for family planning purposes, artificial inseminations, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other Procedures and Services related to fertility and infertility or any complications directly or indirectly related to this Exclusion.
21. Any Procedure, Treatment or medication for sexual dysfunction or inadequacies including, but not limited to, therapy, Supplies, counseling, Viagra or other sexual enhancement drugs and their respective generic equivalents.
22. Any and all sexually transmitted diseases, Treatments or complications directly or indirectly related to the same, including, but not limited to: bacterial vaginosis, chlamydia, gonorrhea, hepatitis, herpes (viral or genital), human papilloma virus, syphilis, trichomoniasis, or any Treatment of Chagas' disease.
23. Treatment(s) which is Incurred by an Insured Person(s) who is HIV Positive (i.e., infected with the Human Immunodeficiency Virus, the cause of acquired immunodeficiency syndrome) at the time of application for this Policy, whether or not the Insured Person(s) was a Symptomatic or Asymptomatic or had knowledge of his/her HIV status on the Policy Effective Date, or any associated diagnostic tests or charges for HIV infection, seropositivity to the AIDS virus, AIDS related Illness(es), ARC Syndrome, AIDS, and all diseases caused by and/or related to HIV or arising as complications from these conditions including, but not limited to the cost of testing for these conditions and/or charges for drug Treatment(s) or surgeries.
24. Any dental or orthodontic Treatment (except palliative care for the emergency alleviation of pain).
25. Dental cosmetic Procedures, including, but not limited to, veneer restorations, tooth whitening, dental implants, or cosmetic contouring.
26. Any Treatment in relation to gum or gum disease including, but not limited to, flap Surgery, pocket reduction Surgery, bone grafts, soft tissue grafts, guided tissue regeneration or bone Surgery, Treatment for gingivitis, periodontitis, or any other similar Treatment is specifically excluded.
27. Treatment for temporomandibular malocclusion joint disorders.
28. Routine eye examinations, Services and Supplies related to visual therapy, radial keratotomy and photo refractive keratectomy Procedures, Lasik, or eye Surgery to correct refractive error or deficiencies, including myopia or presbyopia, eyeglasses, contact lenses, sunglasses, and photorefractive keratectomy.
29. Routine hearing examinations or bone anchored hearing aids.
30. Routine foot care, podiatry or other foot Treatment not resulting from an Illness or Injury. Podiatric care including, but not limited to, removal of corns and calluses, hammer, claw and mallet toes, trimming of nails,

structural and functional Treatment of the feet, the Treatment of weak arches, weak, strained or flat feet, bunions or toenails, Symptomatic complaints of the feet, congenital foot disorders, shoe inserts of any kind or any preventive service or Supplies.

31. Any Treatment related to genetic medicine, genetic testing or screening and preventative prophylactic surgeries recommended by genetic testing, including, but not limited to, BRCA1, BRCA2, cystic fibrosis, or genetic counseling.
32. Growth hormones, any Treatment by a bone growth stimulator, bone growth stimulation or Treatment relating to growth hormone.
33. Psychiatric Treatment (except for expenses incurred while hospitalized on an inpatient basis (eligible expenses will be limited to a maximum of 30 days hospitalization, lifetime benefit)), Treatment for learning difficulties, hyperactivity, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, or any developmental and behavioral problems, any care for autistic disease of childhood, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation which extends beyond traditional medical management or for environmental or social change.
34. Services for, or in connection with marriage, family, child, career, social adjustment or behavioral, pastoral, bereavement or financial counseling.
35. Durable Medical Equipment.
36. Speech therapy.
37. Telephonic consultations, missed appointments, "after hours" expenses, or home visits.
38. Services, Supplies or Procedures, including drugs and/or Medical Emergency Services, that are provided by or payment is available from;
 - a) Workers' compensation law, occupational disease law or similar law concerning job related conditions of any country;
 - b) the Insured Person, a Family Member or any enterprise owned partially or completely by the aforementioned persons;
 - c) An Other Insurance Plan or governmental program; or
 - d) Under the direction of public authorities related to epidemics.
39. Elective and/or cosmetic Surgery, Procedures, Treatments, technologies, Drugs, devices, items and Supplies that are not Medically Necessary due to a covered Injury or Illness, and that may only be provided for the purpose of improving, altering, enhancing, or genetically manipulated the quality of an existing condition including, but not limited to, hair, skin, eyes, vision, teeth, hearing, physical size, aging, athletic or sexual capabilities or other mental or physical attributes not falling into these categories.
40. Cosmetic Treatment and medication, whether or not for psychological purposes, including, but not limited to, Treatment for Vitiligo; Treatment or Surgery for superficial varicose veins, spider veins, or non-keiloid scars; tattoo removal or other skin discolorations; Treatment for hair loss, male pattern baldness or age related thinning in women, including, but not limited to, hairplasty for male pattern alopecia or any alopecia, or hair transplants to correct permanent hair loss; the temporary removal of hair by laser, electrolysis, waxing or any other means; charges or Treatment for breast reduction or augmentation; Treatment of superficial, non-cystic or non-pustular acne or rosacea; Treatment or removal of benign skin lesions not demonstrating evidence of suspicious cellular activity, or recent changes in size, shape, and color; breast reductions regardless of a Physician's recommendation of Medical Necessity; redundant skin Surgery; or removal of skin tags.
41. Any medical complications arising directly or indirectly as a result of a non-authorized Elective or cosmetic

Service or Procedure.

42. Products classified as vitamins or minerals, nutritional or dietary consultations and supplements, including, but not limited to, special infant formula and cosmetic products, even if medically recommended, prescribed or acknowledged as having therapeutic effects. We do not recognize nutriment, tonics, mineral water, cosmetics, hygiene and body-care products and bath additives as Medically Necessary. As a result, we will not refund the costs of these items.
43. Over-the-counter drugs, Supplies or medical devices, which do not require a Physician prescription, even if recommended by a Physician, including, but not limited to, smoking cessation drugs, appetite suppressants, hair regenerative drugs or products, anti-photo aging drugs, cosmetic and beauty aids, acne and rosacea drugs, hormones, retin A, megavitamins, vitamins, sexual enhancement devices, supplements, or herbs.
44. Weight reduction and the cost of all Treatments, Supplies, Services or drugs for weight reduction or weight reduction programs, medical fast diets, weight loss programs and educational dietary counseling related to weight loss efforts or Surgical Procedures.
45. Services and associated expenses related to or associated with Treatment of morbid or non-morbid obesity, including, but not limited to, bariatric Surgery, gastric bypass combined with gastric band, biliopacreatic diversion without duodenal switch, fobi-pouch, gastric loop gastric bypass, intra gastric balloons, gastric stapling, jejunal ileal bypass, stomaphyx and any other Procedures or complications arising directly or indirectly from the same.
46. Any Treatment, Procedures or Services for insomnia, sleeping disorders, sleep studies and other Treatments relating to sleep apnea, jet lag, fatigue, or stress or any related conditions. In addition, we do not cover investigations into such conditions by the use of a continuous positive airway pressure machine or a bi-level positive airway pressure machine.
47. Services including, but not limited to the following types of Treatment: primal therapy; rolfing; psychodrama; bioenergetic therapy; carbon dioxide therapy; aroma therapy; bio-electromagnetic; magnetic therapy; massage therapy; vitamin therapy; naturopathic medicine; ayurvedic medicine; biofield therapies; energy medicines; color puncture; light therapy; hypnotherapy; massage therapy; reflexology; spiritual healing; Ti-chi; traditional oriental medicine; or chelation therapy.
48. Treatment for alcoholism, solvent abuse, drug abuse or addictive conditions of any kind, and Treatment of any Illness arising directly or indirectly from alcohol or drug abuse or addiction, narcotics or by the use of non-prescribed medications. This includes, but is not limited, to Treatment for any Injuries caused by, contributed to or resulting from the Insured Person's use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed by the Insured Person's Physician.
49. Illnesses and Accidents, as well as their consequences, with respect to any conditions as a result of self-inflicted Illnesses or Injuries, suicide or attempted suicide, while sane or insane, or Emergency air Services for the same which have been caused deliberately. We consider an Illness or Accident as being caused deliberately if the person concerned had at least some idea of the consequences of his/her actions and accepted the fact of the damage caused.
50. Services associated with conditions as a result of travel, where an Insured Person has traveled against medical Advice from any Provider.
51. Any Services, Supplies, Procedures or Drugs:
- Not ordered, recommended or approved by a Physician;
 - Not Medically Necessary;
 - Not rendered under the scope of the Physician's license;

- d. That do not meet professionally recognized standards or are determined by Insurer to be unnecessary for proper Treatment; or
 - e. Not coordinated or approved by the Plan Administrator, if required under this Policy.
52. Health check-ups, inoculations, visits, and tests necessary for administrative purposes (e.g., determining insurability, employment, school or sport related physical examinations, travel etc.).
53. Experimental and/or Investigational Services or Supplies, as determined by Insurer to be Experimental and/or Investigational.
54. Procedures or Treatments to change the biological sexual characteristics, by Surgery and hormone Treatment, to those of the opposite sex, or a sex change, including, but not limited to, medical, Surgical or Psychiatric Treatment or a study related to sex changes or implantation or Treatments for sexual transformation, psychological counseling, and hormone therapy.
55. Organ Transplants and related Procedures including, but not limited to:
- a. Expenses for the acquisition of an Organ including, but not limited to, donor searches, typing, harvesting, transportation and administration costs.
 - b. Supportive Services.
 - c. All expenses of cryopreservation and the implantation of living cells on a deceased person or in conjunction with infertility or reproductive Treatments;
 - d. Transplant that includes artificial mechanical equipment or artifacts designed to replace human organs.
 - e. Animal organs.
56. Any costs Incurred for accommodation in conjunction with the need for long-term care and custody including, but not limited to: rest cures, Custodial Care, home-like care, assistance with Activities of Daily Living, milieu therapy for rest and/or observation, whether or not prescribed by a Physician, any Admission to a nursing home, home for the aged, long term care or Rehabilitation Facility, sanatorium, spa, hydro clinic or similar facilities that do not meet the Policy definition of a Hospital. Any Admission, arranged wholly or in-part for domestic reasons, where the Hospital effectively becomes or could be treated as the Insured Person's home or permanent abode.
57. Personal comfort and convenience items including, but not limited to, all non-medical consumables and catering, television, master suites, movies, or media related expenses, housekeeping Services, guest meals and accommodations, special diets, telephone charges, take home Supplies, ambulance Services (other than those provided by this Policy), and all other Services and Supplies that are not Medically Necessary including expenses related to travel and accommodation costs.
58. Treatments or diagnostic Procedures of Injuries or Illnesses arising from taking part in Professional Sports or any deliberate exposure to exceptional danger.
59. Any accommodation fees, travel tickets, taxis or any other transportation costs, compassionate family visit, or companion coverage or escort coverage.
60. Emergency medical evacuation or repatriation of mortal remains unless these have been Pre-Authorized in writing by the Plan Administrator.
61. Professional Services received from a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption including, but not limited to, a spouse, father, mother, brother, sister, child, grandchild, mother, father, father-in-law, mother-in-law, grandparent, aunt or uncle of the Insured Person or domestic partner or non-marital partner.

62. Where Treatment or Advice of a medical condition, whether related or not, was a result of auto therapy (self-administered) or where such Treatment or Advice had been given by a relative including, but not limited to, spouse, partner, grandparent, child or guardian or which we determine on medical Advice is either Experimental or unproven.
63. Illnesses and Injuries and their consequences, which are caused while the Insured Person is carrying out his/her military duties.
64. Illnesses and Injuries, and their consequences, as well as the consequences of Accidents and deaths caused by the following: (i) martial law or state of siege, or any event or causes which determine the proclamation or Maintenance of martial law or state of siege; (ii) foreseeable acts of war or any act of war, declared or undeclared; (iii) civil unrest, or involvement in civil commotion or an illegal act, mutiny, riot, strike, military or popular uprising, insurrection, rebellion, military or usurped power; including resultant imprisonment; (iv) any act of any person acting on behalf of or in connection with any terrorist organization; or (v) criminal acts unless the Insured Person suffers an Injury as a non-involved third party who has not put themselves in danger in a deliberate or negligent way. We will not provide coverage if the Insured Person moves to a territory where direct combat is taking place or provides services for any of the parties involved in that conflict.
65. Illnesses, Injuries and Accidents, directly or indirectly, as well as their consequences, which have been caused by nuclear energy (nuclear reactions, radiations, and contamination, asbestosis or any related condition), as well as Illnesses, Injuries and Accidents, as well as their consequences caused by chemical or biological weapons.
66. Injuries and Illnesses resulting or arising from or occurring during the commission or perpetration of a violation of law by an Insured Person.
67. Services for which you are not legally obligated to pay for or Services which no charge is made to you in the absence of insurance coverage.
68. Charges for taxes, assessments, charges, fees or surcharges imposed by any governmental agency or fees for required medical records where an Insured Person is required to substantiate his/her claim.
69. Any Services, Procedures or Treatments, to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Insurer to any sanction, prohibition or restriction under United Nations resolutions or any trade or economic sanctions, laws or regulations of the European Union, United Kingdom, or the United States or Services were rendered in any countries sanctioned by the United States government.
70. Any medical treatment received outside the U.S.A. (except for Covered Persons traveling outside the U.S.A. with their employers who are staff members of the Insured Institution).
71. Any claim arising from traveling in any aircraft other than as a passenger in an aircraft licensed for the transportation of passengers.
72. Incurred medical expenses resulting from a motor vehicle accident if such expenses are recoverable under valid and collectible insurance, including any "No Fault" automobile insurance contract regardless of whether the Covered Person asserts his/her rights to obtain benefits from these sources.



WellAway®
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Please keep this Benefit Summary as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Policy, including instructions for filing a claim. If any discrepancy exists between this Benefit Summary and the Policy, the Policy will govern and control the payment of benefits.

Claims Administrator:
PayerFusion Holdings, LLC
P.O. Box 30259
Tampa, FL 33630-3547
Tel: +1 (866) 752-8881

Safe Passage International, LLC
3609 S. Wadsworth Blvd., Suite 565, Lakewood, CO 80235
Toll Free: 1-800-777-7665 x117 | Fax: 720-504-3735
Email: Visa@spibrokers.com
Website: www.spibrokers.com/Visa

This Policy is issued by R&Q Quest Insurance Limited on behalf of the WellAway Segregated Account.