

Atlas Corporate Travel is designed to meet a company's need to provide travel insurance to multiple employees who travel abroad throughout the year. Atlas Corporate Travel, part of our industry-leading Atlas Travel Series, offers the same superior coverage while allowing the company to purchase blocks of days at a set rate as well as offering the flexibility to distribute them at a moment's notice. In addition, Atlas Corporate offers coverage to any employee or guest who meets the eligibility requirements along with the option of extending coverage up to 12 months.

This innovative product provides coverage for Acts of Terrorism and Natural Disasters along with state of the art travel and emergency medical assistance services as a part of every Atlas Corporate plan. These features are accompanied by the same astonishing service you have come to expect from HCC Medical Insurance Services, a leader in international travel medical insurance.

Highlight of Benefits & Limits	
Benefit	Limit
Deductibles	\$0, \$100, \$250, \$500, \$1,000 or \$2,500 per Certificate Period
Certificate Period Maximum	\$50,000, \$100,000, \$200,000, \$500,000 or \$1,000,000
Coinsurance – Inside US and Canada	Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after Deductible, then 100% to Certificate Period Maximum.
Coinsurance – Outside US and Canada	Underwriters will pay 100% of Eligible Expenses after Deductible, to Certificate Period Maximum.
Hospital Room & Board	Average semi-private room rate, including nursing services
Pre-certification Penalty	50% of Eligible Expenses
Acute Onset of Pre-existing Condition	\$15,000 Lifetime Maximum for Eligible Medical Expenses \$25,000 Lifetime Maximum for Emergency Medical Evacuation (Available to all US citizens; available to non-US citizens only if elected by employer)
Hospital Indemnity	\$100 per day (not subject to Deductible or Coinsurance)
Emergency Medical Evacuation	\$500,000 (not subject to Deductible or Coinsurance)
Emergency Reunion	\$15,000 Lifetime (not subject to Deductible or Coinsurance)
Repatriation of Remains	Overall Maximum Limit (not subject to Deductible or Coinsurance)
Trip Interruption	\$5,000 limit per Certificate Period (not subject to Deductible or Coinsurance)
Terrorism	\$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only

**Eligibility**

Any employee who is traveling outside of his or her Home Country and is under 66 years old is eligible for coverage. Dependents and guests of the employees are also eligible for coverage, provided they meet the same eligibility requirements as the employee, with the approval of the company. The maximum coverage period is 12 months.

**Home Country Coverage – Benefit Period**

Atlas Corporate will provide limited Home Country Coverage during a Benefit Period. A Benefit Period begins on the first date a diagnosis or treatment of a covered Illness or Injury is received while outside his or her Home Country, and lasts for 180 days. If a Benefit Period has started while this insurance was in effect, the employee is covered only for Medical expenses related to the same covered Illness or Injury for the duration of the Benefit Period, regardless of whether they are at home or abroad.

**Obtaining a Proposal**

Complete and return a Request for Proposal form to HCC Medical Insurance Services. You will then receive a daily rate based on the estimated annual travel and location of the company. To purchase a policy at the rate provided, complete and submit the application provided with your quote.

Purchased days are assigned to employees through an online account management system. A minimum purchase of 100 days is required to begin an Atlas Corporate account and all days are valid throughout a 1 year policy period.

**Covered Medical Expenses**

1. Inpatient and Outpatient charges made by a Hospital
2. Charges made by a Physician, surgeon, radiologist, anesthesiologist, and any other Medical Specialist to whom the Physician has referred the case
3. Charges made for dressing sutures, casts or other supplies prescribed by the attending Physician or Medical Specialist, but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home
4. Charges for diagnostic testing, oxygen, and anesthetics
5. Charges for prescription drugs for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, or expired drugs
6. Emergency Local Ambulance transport incurred in connection with Injury or Illness resulting in Inpatient Hospitalization

## Exclusions

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

- ♦ Treatment for or related to any congenital condition
- ♦ Pregnancy, including pre-natal care, post-natal care, newborn care and childbirth, except for complications of pregnancy within the first 26 weeks after conception
- ♦ Mental health disorders; substance abuse; willfully self-inflicted conditions
- ♦ Charges for use of emergency room within the US for treatment of illness unless the patient is directly admitted to the hospital as inpatient for further treatment of that illness (does not apply to injuries)
- ♦ Venereal disease; treatment of individuals who are HIV+ or have AIDS or ARC
- ♦ Chiropractic treatment; diseases of the skin; expenses related to vision or hearing; immunizations and routine physical exams
- ♦ Dental treatment, including treatment of TMJ, except for emergency dental treatment due to a covered accident
- ♦ Injury resulting from participation in contact sports, non-recreational athletics, and thrill-seeking activities
- ♦ Charges for travel or accommodations, except as provided for in the local ambulance, emergency medical evacuations, repatriation of remains, emergency reunion, natural disaster and trip interruption benefits
- ♦ Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s)
- ♦ Acts of terrorism, except as provided for herein, war, insurrection, riot or any variation thereof
- ♦ Treatment of all forms of cancer / neoplasm

## Pre-existing Conditions

Charges resulting directly or indirectly from any pre-existing condition are excluded from this insurance. A pre-existing condition is any illness, injury or medical condition or chronic or recurring illness or injury or medical condition, including any associated complications or consequences, which existed at or during the 2 years immediately preceding the effective date.

The plan may provide coverage for medical and emergency medical evacuation expenses resulting from an acute onset of a pre-existing condition. An acute onset 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.

**This is a partial list of exclusions and limitations. Limits apply to all benefits. Please see the Certificate of Insurance for detailed information about these and other plan exclusions, limitations, benefits and provisions. Contact HCC Medical Insurance Services for a copy of the master policy or for more information.**

## Plan Administrator:

HCC Medical Insurance Services  
251 N Illinois Street, Suite 600  
Indianapolis, IN 46204  
Phone: 800-605-2282 / 317-262-2132  
Fax: 317-262-2140  
insurance@hccmis.com

## Atlas Corporate Travel Assistance Services

**Lost Luggage Assistance** – Tracking service to assist in locating luggage or other items lost in transit

**Pre-Trip Destination Info** -- Up-to-date information regarding the required vaccinations, health risks, travel restrictions, and weather conditions specific to your destination country

**Medical Monitoring** -- Consultations with attending medical professionals during your hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding your medical status

**Other travel and medical assistance services available include:**

- Prescription Drug Replacement
- Emergency Travel Arrangements
- Dispatch of Physician
- Translation Assistance

For a complete list of available assistance services or for more information, please contact HCCMIS.

Travel and Medical Assistance Services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit under

## HCC Medical Insurance Services (HCCMIS)

HCC Medical Insurance Services, LLC (HCCMIS), headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. HCCMIS is a wholly-owned subsidiary of HCC Insurance Holdings, Inc. (NYSE: HCC), a leading international specialty insurance group headquartered in Houston, Texas. HCC has assets of \$8.8 billion, shareholders' equity of \$3.0 billion and is rated AA (Very Strong) by Standard & Poor's and AA (Very Strong) by Fitch Ratings. In addition, HCC's major domestic insurance companies are rated A+ (Superior) by A.M. Best Company. You may contact HCCMIS by telephone at 800-605-2282 or 317-262-2132 or by e-mail at insurance@hccmis.com.

## Lloyd's, London

Atlas Corporate is insured by Syndicate 4141 at Lloyd's, London. Lloyd's is the largest and oldest insurance market in the world and is rated A (Excellent) by A.M. Best Company and A+ (Strong) by Standard & Poor's. Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market. Lloyd's is recognized as a market leader in the accident and health insurance arena and is well known for its innovative products and services. Presently, Lloyd's provides accident and health insurance to millions of individuals in almost every country of the world.

## For more information, contact:

Louis Hammond  
Hammond Insurance Services  
Troy, MO Phone:636.528.4016 63379  
Phone: 800.601.5433 Fax: 1-800-552-4683  
worldmedicalplans.com travel@worldmedicalplan.com



**ATLAS CORPORATE TRAVEL REQUEST FOR PROPOSAL**

Omitted information may cause delay in the preparation of a proposal for the Group.

Name of Company:		Telephone:	
Street Address:		City:	State:
Country:	Postal Code:	Contact Person:	
Website Address:		Email:	

**TRAVEL / EMPLOYEE INFORMATION:**

<i>Provide an employee count by gender/age for each of the following scenarios:</i>	<i>Males between the ages of:</i>					<i>Females between the ages of:</i>				
	18-29	30-39	40-49	50-59	60-65	18-29	30-39	40-49	50-59	60-65
Estimated number of US based employees to travel abroad:										
Estimated number of Non-US based employees to travel abroad (excluding the US or Canada):										
Estimated number of Non-US based employees to travel inside the US or Canada:										

**BENEFIT OPTIONS DESIRED:**

Desired Number of Travel Days (min. 100 days):	
Desired Effective Date (1 <sup>st</sup> of the month) mm/dd/yy:	/ 01 /

Deductible:	\$0	\$100	\$250	\$500	\$1,000	\$2,500
Maximum Benefit:	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000	
Sports Rider:	Yes	No				
Acute Onset of a Pre-Existing Condition for non-US Citizens (coverage is included for US citizens):	Yes	No				

**ADDITIONAL COMMENTS:**

<hr/> <hr/>
HCCMIS's privacy policy may be found at <a href="http://www.hccmis.com">www.hccmis.com</a> , or by contacting HCCMIS for a copy.

Producer Name:	Company:	Producer Number: (9870PP)
This form is intended to provide HCC Medical Insurance Services with information necessary to provide you with competitive rates for medical coverage. No insurance is in effect until you are notified in writing. Thank you for your interest in the Atlas Corporate Travel plan.		
Signature:  (Authorized representative of group)	Printed Name:	Date: