



Accident & Sickness Insurance Information for Partner Basic Supplemental Plan

This will provide travel/medical insurance underwritten by Crum & Forster SPC and administered by Fairmont Specialty Trust; with emergency services coordinated by Generali Global Assistance and claims administration by Co-ordinated Benefit Plans, LLC. The policy is designed to supplement an individual's private insurance by providing additional coverage for the cost of accidents, sicknesses and travel-related mishaps while traveling abroad. The policy also offers Emergency Medical Evacuation coverage with options for the addition of Security Evacuation coverage and Trip Cancellation/Interruption coverage.

Schedule of Benefits	
Accident Medical Expense (Excess Coverage)	Up to \$20,000
Emergency Dental	Up to \$750
Deductible	\$0
Accidental Death & Dismemberment	Up to \$5,000
Baggage Delay	Up to \$100
Emergency Medical Evacuation	Up to \$300,000
Transportation to Join	Up to \$300/Day to maximum of 10 days)
Sickness Medical Expense *does NOT exclude COVID*	Up to \$15,000
Deductible	\$0
Repatriation of Remains	Up to \$25,000
Travel Assistance Services	Included

► **WHAT TYPE OF POLICY IS THIS?**

Coverage provided by iNext through Fairmont Specialty Trust is secondary to any other that may be in effect. In other words, if an individual is covered by another insurance policy - whether personal, parental, or through his/her school - that policy is the individual's primary policy and will provide reimbursement first, before Fairmont Specialty Trust.

We recommend that individuals covered by a personal/parental/school insurance plan should continue the coverage while abroad. Therefore; it is likely that many individuals will also be covered by a primary policy through another insurance company. These individuals should contact their primary insurance company first, and then file a claim with Co-ordinated Benefits Plans for any amount not covered by the primary insurer.

► **WHAT ARE THE COVERAGE DATES?**

Individuals are covered for 364 days from the start date of coverage – the policy ends the earliest return the United States/Home Country or 364 days from the effective date. These are Single Trip plans.

► **IMPORTANT:** While abroad, you should have your insurance information readily available. During the claims process with Coordinated Benefits, you will be asked to provide the following: Name, address, phone number, iNext plan name and policy number.

► **WHERE IN THE WORLD AM I COVERED UNDER MY INEXT TRAVEL INSURANCE PLAN?**

Your insurance coverage is valid in any country outside of the 50 United States and District of Columbia as well as outside one's Home Country. *Home Country* shall mean the country where you have your true, fixed and permanent home and principal establishment.

► COVID-19 COVERAGE

There is no exclusion in the iNext Comprehensive Ultimate plan for epidemics or pandemics. COVID-19 is treated as any other illness meaning that diagnostics, medications, hospitalization, medical evacuation or repatriation of remains all remain eligible for coverage provided the virus is contracted outside the U.S. Asymptomatic testing or testing for flights or country requirements are not covered under the iNext plans

► WHAT ARE THE POLICY EXCLUSIONS?

iNext comprehensive policies do not include coverage for the following:

- *Routine physicals and Routine dental examinations and cleanings*
- *Pre-Existing Conditions as defined in the Policy*
- *Preventive medicine*
- *Maternity Care (except for Complications of Pregnancy)*
- *Newborn Coverage*
- *Injuries sustained by the following activities: Participating in professional sports; skydiving; hang-gliding; parachuting; mountaineering where ropes or guides are used; any race (on an animal or in a vehicle); bungee cord jumping; motorized speed contests, (Speed contest shall not include any of the regatta races); scuba diving without PADI, NAUI certification; spelunking or caving; heli-skiing; extreme skiing/snowboarding*
- A complete list of exclusions can be found in the policy description.

► IS PRE-APPROVAL REQUIRED BEFORE RECEIVING MEDICAL TREATMENT?

No, however, you are strongly encouraged to contact Generali Global Assistance (240)-330-1548 (collect 24/7) if you are hospitalized, require surgery or treatment for a serious medical condition. Treatment by any licensed doctor or medical facility meets eligibility requirements.

You should simply go to any doctor of your choice, pay the doctor, and then submit a claim for reimbursement. In outpatient scenarios, the customary procedure is to pay first and then submit a claim for reimbursement. In certain covered emergency situations requiring inpatient hospitalization Generali Global Assistance can issue a guarantee of payment for up to \$5,000 to facilitate cashless access while a direct payment relationship is initiated. Each claim is handled on a case by case basis.

CLAIMS AND FINANCES

► HOW DO I FILE A CLAIM?

You can easily file a claim with Co-ordinated Benefits Plans by mail, fax, or email. To obtain a claim form, see below to download the appropriate claim form at: <http://www.inext.com/forms/claims/>

You should have the following information available to file a claim:

- Program Reference Number (listed on the back of the iNext Travel Card or print out)
- What coverage type or benefit category the claim is under (e.g. Medical Expense, Baggage Loss, etc.)
- The date the covered treatment or loss occurred
- The diagnosis and breakdown of charges (if applicable)
- The amount that was paid (if applicable)

You should complete the claim form for accuracy, sign the form, and return it to Co-ordinated Benefits Plans along with any requested supporting documentation, such as original receipts, diagnosis, proof of travel (e.g., a copy of a flight itinerary), and primary insurance information.

It is important to remember to keep your receipts from doctor's visits, pharmacy prescriptions and diagnosis records. These will be required by Co-ordinated Benefits Plans when you file a claim. All diagnosis forms should be translated into English if possible. One reason claims processing can be prolonged is due to lack of documentation. The better prepared you are, the faster the claims processing can occur.

Once a claim is submitted, please allow 15 business days for processing. They will reach out via email if they need additional information. If they have the necessary documentation, they will process the claim and mail eligible expenses to the address provided on your claim form. Please allow up to 30 days for the receipt of the check. They do not send notification that a claim has been approved or that they have mailed out a check. A trace can be placed on a check if not received in 30 days and a new check issued.

Completed claims forms must be completed and sent with the original itemized bills to the claim administrator within 90 days. Submit Claims or Inquires to:

► CONTACT INFORMATION

Co-ordinated Benefits Plans, LLC P.O. Box 26222, Tampa, FL 33623

Email: TravelTeam@cbpinsure.com

Phone: If you have any questions about a claim, please feel free to contact Co-Ordinated Benefit Plans at: 1-866-723-3063 or 727-412-7378

► WHO DO I CALL FOR HELP IN THE EVENT OF AN EMERGENCY?

Generali Global Assistance is available 24/7 to assist. Contact them at:

- +1-240-330-1548 (collect/outside U.S.)
- 1-866-506-5304 (toll free inside the U.S)