



Traveler Emergency Medical Services, Ltd.

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Description of Coverage

Indonesia Short-Term
Dive Accident Program

April 1, 2014

PERSONAL ACCIDENT AND MEDICAL EXPENSE INSURANCE

Indonesia Short-Term Program

This Personal Accident and Medical Expense Insurance coverage is provided under a group policy issued to DAN Asia Pacific. Upon receipt of confirmation from DAN Asia-Pacific that you are enrolled in the "Indonesia Short-Term Dive Accident Insurance Program", you are eligible for the benefits described herein. Traveler EMS, through its insurance underwriters, will pay these benefits subject to the terms, conditions and limitations contained herein up to an aggregate **Maximum Lifetime Benefit of US\$100,000**. Lower benefit limits may apply to certain individual benefits as itemized below.

Coverage Period: 10 days or 30 days (depending on the policy purchased)

Coverage Territory: Limited to diving within the territorial boundaries of the Republic of Indonesia

HOW TO USE BENEFITS

An Insured may call for assistance 24 hours a day, 365 days a year through the DAN Asia-Pacific dedicated diving emergency and non-diving emergency telephone numbers. Where a local phone number is not available, the Insured may call collect.

If the Insured has a Diving Accident within the territorial boundaries of the Republic of Indonesia, Traveler EMS will pay Medical Expenses subject to the limits described herein. Other Medical Assistance, Legal Assistance and Travel Assistance Services are available when the Insured is on a Trip. A **Trip** is defined as traveling for recreational purposes at least 50 miles/80 kilometers from the Insured's Residence. The Insured's **Residence** is that location where the Insured has a home and principal establishment, where the Insured has been living for at least the past three (3) months, and where the Insured has a present intent to remain for at least an additional three (3) months. Personal Services and Travel Information is available prior to departure, during a Trip, and after the Insured's return.

NOTIFICATION REQUIREMENT

An Insured must contact DAN Asia-Pacific in order to use the Travel Assistance benefits. If an Insured becomes ill or injured, proceed immediately to the closest emergency medical facility. In such cases, the local attending Physician or hospital will usually notify DAN Asia-Pacific. However, the Insured is still responsible for ensuring that DAN Asia-Pacific is notified. If emergency circumstances exist which prevent the Insured from giving immediate notice to DAN Asia-Pacific, notice must be given as soon as possible under the circumstances. If the Insured fails to timely inform DAN Asia-Pacific of the medical emergency, the benefits available may be reduced or denied at the discretion of Traveler EMS.

The services available to the Insured will be provided by Traveler EMS and its program partners. All services must be arranged and paid for directly by Traveler EMS.

DETAILS OF COVERAGE

MEDICAL EXPENSES

I. Diving Accident Medical Expense Coverage

Traveler EMS will pay for 100% of the Covered Charges incurred as a result of a Diving Accident, up to the maximum benefit shown in the benefits schedule attached to this policy.

Covered Charges

Covered Charges means expenses arising from a Diving Accident for the diagnosis, care or treatment of the Insured which has been prescribed, performed or ordered by a Physician as Medically Necessary. The Diving Accident must occur while coverage is in effect and the expenses must be incurred within 365 days of the accident. Charges for such services, supplies, care or treatment must be Reasonable and Customary. Eligible charges include:

1. **Hyperbaric Chamber Treatment Charges for up to three (3) treatments per Diving Accident.** Any treatment after the third must be approved in advance by National Baromedical Services at 800.292.8381, or +1.803.434.7101.
2. Physician's charges for Hyperbaric Chamber Treatment, medical care and surgical operations.
3. Local ambulance charges for transportation by a professional ground, air or marine ambulance service to the nearest Hospital or Hyperbaric Chamber where appropriate care or treatment can be given. All transportation must be approved in advance by Traveler EMS to be eligible for reimbursement.
4. Hospital charges for:
 - a. Room and board;
 - b. General nursing care, including Hyperbaric Chamber treatment;
 - c. Other Inpatient and Outpatient services and supplies (this does not include charges for professional services rendered at the hospital by non-staff); and,
 - d. Confinement in an Intensive Care Unit as long as such confinement is ordered by a Physician and due to a Diving Accident that requires special medical and nursing treatment not generally provided to other Inpatients in the Hospital.
5. Medical Supply Charges for oxygen;
6. Other eligible charges including:
 - a. Ambulatory surgical charges for necessary services and supplies if:
 - i. the charges are due to surgery;
 - ii. benefits for these charges would have been payable if the surgery had been done in a Hospital; and,
 - iii. surgery is performed in an ambulatory surgical center that is operating within the scope of its license to perform such surgery.
 - b. Surgeon's charges for the performance of surgical procedures.
 - c. Anesthesia charges and its administration when these are not covered as Hospital charges.
 - d. Nursing, Physiotherapy, and Occupational Therapy charges for:
 - i. private duty nursing care by a Nurse; and
 - ii. treatment by a licensed physiotherapist; and
 - iii. treatment by a licensed occupational therapist.
 - e. Radiological and Laboratory Charges for X-rays, radiological treatment, and diagnostic laboratory tests.
 - f. Medical Supply Charges for:

- i. casts, splints, trusses, braces, crutches, and surgical dressing; and
- ii. artificial eyes and limbs for the initial replacement of natural eyes and limbs severed or lost as a result of a Diving Accident; and
- iii. rental of manually operated wheelchairs and hospital beds, oxygen equipment and other durable medical equipment that is used solely by the Insured for the treatment of the Injury. The Underwriter may, at its discretion, approve purchase of such items.

II. Definitions for Medical Expense Coverage

Arterial Gas Embolism (AGE) means signs and symptoms due to gas entering the arterial system as a result of over-pressurization of the lungs during a Covered Dive.

Covered Dive means snorkeling, breath hold diving, recreational scuba diving, or diving while a dive master, scuba instructor, underwater photographer, or while performing research for a state or national government agency or university and following the diving safety guidelines of the American Academy of Underwater Scientists (AAUS) or any other recognized scientific body. Except as specifically provided herein, a dive for commercial or business purposes is not a Covered Dive. A Covered Dive must begin while coverage is in force. A Covered Dive begins upon entry into the water and ends when the Insured has completed his/her exit from the water.

Decompression Illness (DCI) means Decompression Sickness (DCS) or Arterial Gas Embolism (AGE). Such illness must be a direct result of a Covered Dive that takes place while coverage is in force.

Decompression Sickness (DCS) means signs and symptoms that arise due to gas in the tissues resulting from a Covered Dive.

Diving Accident means DCI or any Injury resulting from a Covered Dive, regardless of the depth.

Hospital means an institution that is run for the care and treatment of sick or injured persons as inpatients and meets all of the following criteria:

1. Is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located;
2. Is under the supervision of a medical staff and has one or more Physicians available at all times;
3. Maintains organized facilities for major surgery or has facilities available to it on a prearranged basis;
4. Provides 24-hour-a-day service by registered graduate nurses (RNs); and
5. Is not, other than incidentally, a place for the aged or mentally ill or a nursing or convalescent home.

Hyperbaric Chamber means a pressure vessel approved for recompression of diving accident victims and/or use of hyperbaric oxygen therapy, specifically for use for recompression of AGE or DCS.

Injury means accidental bodily injury to the Insured that is direct and independent of all other causes, is due to a Covered Dive and occurs while coverage is in force.

Inpatient means a person who is confined as a registered bed-patient in a Hospital for whom a room and board charge is made.

Intensive Care Unit means a separate part of a Hospital that is reserved for critically and seriously ill patients who require highly skilled nursing care and constant or close and frequent audiovisual nursing observation. The Intensive Care Unit must provide its patients with:

1. Room and board;

2. Nursing care by Nurses who work only in the unit; and,
3. Special equipment and supplies that are primarily for use within the unit.

Medically Necessary or Medical Necessity means services or supplies received while insured that the Underwriters determines to be:

1. Appropriate and necessary for the symptoms, diagnosis or direct care and treatment of a covered Diving Accident; and,
2. Provided for the symptoms, diagnosis or direct care and treatment of a covered Diving Accident; and
3. Within standards of good medical practice within the organized medical community; and,
4. Not primarily for the convenience of the patient, patient's Physician or another provider; and,
5. The most appropriate supply or level of service that can safely be provided.

For Hospital stays, this means that acute care as an Inpatient is necessary due to the kind of services the patient is receiving or the severity of the patient's condition, and that Outpatient Treatment would not be adequate to effectively treat the patient.

Nurse means a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN), or other healthcare practitioner providing nursing services who is licensed or certified to provide such services in the country or district where the services are rendered.

Other Medical Expense Insurance means medical expense insurance provided by any other insurance, employer provided benefits, welfare plan or prepayment arrangements or government programs, regardless of whether the other insurance is provided on an individual, family, or group basis, or through an employer, union or membership in an association. If insurance is provided on a provision of service basis, then, for purposes of this definition, the amount shall be that which the services rendered would have cost in the absence of the insurance. Other Medical Expense Insurance shall also mean third party liability coverage.

Outpatient Treatment means Medically Necessary services and supplies provided in a Physician's office or Outpatient department of a Hospital for which no room and board charge is made.

Physician means a medical practitioner of the healing arts who is licensed in the country or district where the services are rendered and operates within the scope of his or her license and provides services covered under this program. The term does not include the Insured or any person related to the Insured by blood, marriage, or adoption.

Reasonable and Customary Charges means the amount determined by reference to all other providers in similar diving areas for the same or similar medical services, supplies or treatment.

IV. Limitation on Covered Charges for Diving Accident Medical Expense Coverage

Charges for Manipulative Therapy (e.g. the use of body work or massage therapy and other physical manipulation of the body for healing, such as osteopathy, and chiropractic) and Acupuncture are limited to \$350 per calendar year and payable at \$35 per visit for up to 10 visits.

V. Exclusions on Covered Charges for Diving Accident Medical Expense Coverage

No benefits for medical expenses are payable for charges for:

1. A Diving Accident that occurs before the Insured is enrolled in this program, or expenses incurred after the date enrollment in this program expires;
2. Chronic or pre-existing conditions, or treatments occurring more than a year after a Diving Accident;
3. A Diving Accident for which expenses are compensable under Other Medical Expense Insurance, the Workers' Compensation or Occupational Disease Act or Law of any country, or any services, supplies or treatments provided under any federal, state or other governmental plan or law;
4. Custodial Care, meaning care:
 - i. Provided primarily for the Insured's maintenance; and
 - ii. Essentially designed to assist the Insured in the activities of daily living.

Custodial Care does not include care primarily provided for its therapeutic value in the treatment of Injury.
5. Drugs and medicine that may be obtained without written prescription and/or not furnished by and administered during a Hospital confinement as an Inpatient;
6. A Diving Accident that occurs after drug or alcohol use unless such drug was prescribed by a Physician;
7. Services and supplies to the extent the cost exceeds the Reasonable and Customary Charges for the services and supplies furnished;
8. Hospital services and supplies when confinement is solely for diagnostic testing purposes;
9. Medical exams not required for treatment of a Diving Accident;
10. Care, treatment, services or supplies:
 - a. not prescribed by a Physician; or,
 - b. not Medically Necessary; or,
 - c. resulting from a Predisposing Medical Condition that was not declared in writing at the time of application or communicated to Traveler EMS in writing if the condition arose prior to the coverage period; or,
 - d. that are considered experimental by U.S. standards, or provided mainly for the purpose of medical or other research; or,
 - e. received from a Nurse which do not require the skill and training of a Nurse; or,
 - f. received in a Hospital owned or operated by the government of any country or any of its agencies, which provides services without charge; or,
 - g. provided or paid for by any governmental plan or law not restricted to the government's civilian employees and their dependents; or,
 - h. ordered by a family member; or,
 - i. provided or paid for by any government's civilian employees and their dependents; or,
 - j. non-medical in nature; or,
 - k. services or supplies for which an individual is not required to pay or charges made only because insurance exists;

11. Undertaking a dive, a Repetitive Dive Series, a scuba diving activity or snorkeling activity against the advice of a Physician;
12. Flying within a Surface Interval shorter than the required interval specified in the most recent DAN Asia Pacific Flying After Diving Guidelines;
13. Flying within 72 hours of Recompression Treatment or within a longer period if so specified by the treating Physician;
14. Undertaking a dive, a Repetitive Dive Series, or a scuba diving activity within a minimum period of six (6) weeks after the completion of Recompression Treatment;
15. Undertaking a dive, a Repetitive Dive Series, or a scuba diving activity without first obtaining a clearance to return to diving from the treating Physician after undergoing Recompression Treatment;
16. Undertaking a dive, a Repetitive Dive Series, a scuba diving activity, a snorkeling activity, or breathhold diving activity as part of preparation for or participation in a contest, competition, record attempt, trial or experiment related to achieving depth or endurance records on compressed gas or breathhold;
17. Undertaking a dive, a Repetitive Dive Series, a scuba diving activity, a snorkeling activity, or breathhold diving activity in a manner in which the Insured knew, or reasonably should have known, would expose him/her to an obvious risk of suffering an injury or illness.

For the Diving Accident Medical Coverage, no benefits are payable for charges for services and supplies for an Injury or Illness not the result of:

1. DCS, AGE, or Pulmonary Barotrauma caused by a scuba diving, snorkeling, or breathhold diving activity; or,
2. An accidental Injury that occurs in the water and is a direct result of a scuba, snorkeling, or breathhold diving activity.

DAN TRAVELASSIST

MEDICAL ASSISTANCE

I. 24-Hour Worldwide Medical Information and Assistance

Customer service specialists are available 24- hours per day to provide the Insured with assistance referrals and consultation when the Insured suffers a diving or non-diving related medical emergency. Traveler EMS will aid in organizing a response to the medical emergency, taking such action as Traveler EMS, in consultation with medical personnel on the scene, determines to be in the Insured's best interest, including but not limited to: (i) recommending or securing the availability of services of a local attending Physician (when possible); (ii) arranging Hospital confinement; and (iii) in those cases where it is Medically Necessary, arranging Emergency Evacuation or Repatriation. The Insured shall be solely responsible for payment of any expenses related to these services, unless such expenses are specifically covered by this policy.

II. Emergency Evacuation and Repatriation

If the Insured suffers an accident or an adverse medical condition during a Covered Dive and such condition (as determined by Traveler EMS in consultation with the local attending Physician) requires an Emergency Evacuation, or Medically Necessary Repatriation, Traveler EMS will pay Covered Expenses for such evacuation or repatriation up to the maximum benefit shown in the schedule attached to this policy. Traveler EMS will make payment directly to the provider for Covered Expenses incurred for such evacuation or repatriation.

Emergency Evacuation means that, due to Medical Necessity, the treating Physician certifies that urgent transportation from the place where the medical emergency occurs to the nearest appropriate medical facility. Emergency Evacuation does not include efforts to locate the Insured when the Insured's location is unknown, or efforts to rescue the Insured from a dangerous situation or location. Emergency Evacuation may begin only after the Insured is made available at a location which can be reached by emergency medical services personnel without risk of injury or damage to the emergency medical services personnel or the equipment they use.

Medically Necessary Repatriation means that the treating Physician certifies that the Insured

1. is likely to be totally disabled for a period in excess of 4 weeks after a covered Diving Accident; and/or,
2. cannot obtain the necessary medical treatment or care at available local medical facilities; and/or,
3. can obtain a higher level of medical care, or expedited recovery from their injuries, at a different medical facility.

Medically Necessary (Medical Necessity) includes any situation where it is judged medically appropriate to move the Insured to another location for treatment given the Insured's medical condition. Traveler EMS will arrange details of the Emergency Evacuation or Repatriation, utilizing the means of Transportation best suited to do so, based on the seriousness of the Insured's condition, and these means may include air ambulance, surface ambulance, private motor vehicle, watercraft, commercial airliner, railroad or other appropriate means. All decisions as to the means of Transportation and final destination will be based solely upon medical factors.

Transportation means any land, water or air conveyance required to transport the Insured during an Emergency Evacuation or Medically Necessary Repatriation. Expenses for Transportation must be recommended by both the attending Physician and Traveler EMS. Transportation includes, but is not limited to, an air ambulance, surface ambulance, private motor vehicle, watercraft, commercial airliner or railroad (depending on the circumstances). Expenses for medical supplies and services related to Transportation must also be approved by both the attending Physician and Traveler EMS.

Covered Expenses include any Transportation, medical treatment, medical service, or medical supply that (1) is necessarily incurred in connection with the Insured's Emergency Evacuation or Repatriation; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance used for the Insured's transportation. All transportation arrangements must be by the most direct and economical conveyance, and arranged in advance by Traveler EMS. Covered expenses do not include amounts that are eligible for reimbursement under other medical expense insurance, employer provided benefits, or government programs available to the Insured.

Repatriation means that due to Medical Necessity, the Member or Covered Family Member requires follow-up care or rehabilitation services for the Sickness or Injury, and is deemed medically fit to travel by commercial air or ground transportation to either:

- the person's place of residence; or
- the region where the person is living and/or working at the time of the Sickness or Injury; or
- a different medical facility for further care, treatment or evaluation.

Any Medically Necessary Repatriation shall be undertaken at the discretion of Traveler EMS in consultation with the Insured's treating Physician.

III. Repatriation of Remains

If the Insured dies due to a covered Diving Accident, Traveler EMS will arrange and pay for the return of the remains, including expenses for embalming (if required by local regulations), necessary government authorizations, coffin(s) or cremation prior to the repatriation of the remains, and a container appropriate for transportation of the remains.

IV. Medical Monitoring

When Traveler EMS is first notified of a medical emergency, its staff will establish communication with the medical personnel on the scene in order to obtain as much information as possible about the situation. Traveler EMS specialists will stay in regular communication with the medical personnel on the scene and, if requested by the Insured, will relay important information to family members and business associates.

V. Prescription Assistance

If an Insured requires prescription medication or eyeglasses not available where they are traveling, Traveler EMS will consult with the prescribing physician, and locate and arrange to send replacement medications and/or prescriptions when it's possible and legally permissible to do so. The Insured will be responsible for the cost of providing the medication or eyeglasses, and any shipping charges that may apply.

LEGAL ASSISTANCE

I. Legal Referrals

Traveler EMS will provide referrals to local qualified attorneys. Where possible, the attorney will speak your native language. Where necessary, telephone interpretation can be provided. The insured is responsible for the final selection and payment of any attorney and/or interpreter.

II. Legal Assistance

If the Insured is arrested or is in danger of being arrested, upon request Traveler EMS will notify the proper Embassy or Consulate and inform them of the Insured's incarceration or pending incarceration. To the extent possible under the circumstances, Traveler EMS will continue to act as a liaison for communications between the Insured and those the Insured has requested be informed until the situation is resolved.

TRAVEL ASSISTANCE

I. Visit of Family Member or Friend

If an Insured is on a Trip traveling alone and experiences a medical emergency that is expected to require hospitalization for more than seven (7) consecutive days, Traveler EMS will arrange and pay for economy round-trip transportation for a visitor (or a member of the Insured's family) to travel to the place of hospitalization and thereafter the return of the visitor to his or her point of departure.

II. Return of Dependent Children

If an Insured is on a Trip traveling alone with your children and experiences a medical emergency which renders the Insured unable to attend to the children's needs, Traveler EMS will arrange and pay for one-

way economy transportation to return the children to their place of residence. Qualified escorts will be provided, if necessary.

III. Return of Traveling Companion

If an Insured's traveling companion is unable to use previously made travel arrangements due to a delay caused by the Insured's medical emergency, Traveler EMS will arrange and pay for one-way economy transportation to return the companion to his or her original departure point.

IV. Return of Vehicle

If an Insured is hospitalized or has an Emergency Evacuation or Repatriation which prevents the return of the Insured's unattended vehicle to the Insured's place of residence (or the return of a rental car to the place where it was scheduled to be returned), Traveler EMS will aid in arranging the return of the unattended vehicle and will reimburse the Insured for the cost of returning the unattended vehicle.

V. Assistance with Recovering Lost or Stolen Items

When an Insured has had luggage, documents, credit cards, or personal items lost or stolen, Traveler EMS will help report the lost or stolen items to the appropriate authorities; will provide assistance in replacing passports/visas; and, will provide advice regarding how to recover lost or delayed luggage from a carrier. The direct cost of replacing the lost or stolen items is the responsibility of the Insured.

VI. Travel Agency Services

When an Insured needs travel agency services as a result of an emergency, Traveler EMS will: (i) help coordinate emergency travel arrangements and hotel reservations; (ii) help replace lost or stolen tickets for transportation by arranging the purchase of replacement tickets; and (iii) arrange delivery of the replacement or prepaid tickets by express mail or directly to the carrier's check-in counters. The insured will be responsible for all costs associated with these travel arrangements, hotel stays, and any shipping charges which may apply.

VII. Emergency Message Transmission

When an Insured encounters an emergency, Traveler EMS will relay emergency messages between the Insured and family member or business associates.

PERSONAL SERVICES / INFORMATION

I. General Assistance

Traveler EMS can provide advice regarding how to utilize services available in consulates and in government agencies and provided by translators and other service providers who assist with travel-related problems. The insured is responsible for the selection of these professionals and payment of any fees related to the services they provide.

III. Insurance Claims Assistance

Traveler EMS can assist the Insured in: (i) verifying insurance coverage; (ii) guaranteeing payments to medical care providers; (iii) obtaining information for insurance claims for cases coordinated through Traveler EMS; and, (iv) completing insurance and other medical claims forms. Traveler EMS will assist the Insured with eligible insurance claims until such claims have been settled or denied.

GENERAL PROVISIONS

Traveler EMS benefits are provided under contracts with various 3rd party service providers and are subject to change without notice.

The Insured must contact Traveler EMS by telephone to receive the benefits and services available from Traveler EMS. The correct telephone number to call is posted on the Traveler EMS web site and is provided in the Certificate of Coverage. Medical transportation services are only provided if authorized in advance by Traveler EMS.

The services available to the Insured will be provided by Traveler EMS and its program partners. All services must be arranged and paid for directly by Traveler EMS. Services not arranged for by Traveler EMS will not be reimbursed. The benefit for Medical Expenses is available for any Diving Accident that occurs in Indonesia. Other Medical Assistance, Legal Assistance and Travel Assistance Services are available whenever an Insured is 50 miles / 80 kilometers or more from home. Personal Services / Information are available prior to departure, during a Trip, and after the Insured's return.

Traveler EMS reserves the right to suspend services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbances, strikes, man-made catastrophe, acts of God, or refusal of authorities to permit Traveler EMS to fully provide services. In the event an Insured goes into an area in which any of the above situations arises, Traveler EMS will attempt to provide its services to the best of its ability. It is the Insured's responsibility to know the conditions in the country to which the Insured is traveling prior to departure.

All decisions as to the need for evacuation and/or repatriation, the means and/or timing of any evacuation, the medical equipment and the medical personnel to be used and the final destination are medical decisions, which will be made by Physicians designated by Traveler EMS, in consultation with a local attending Physician based on medical factors, and Traveler EMS decision shall be conclusive in determining the need for such services.

The final selection of the medical professional, medical facility or legal counsel is the Insured's choice alone. Traveler EMS assumes no responsibility for any medical advice or legal counsel given by the medical professional and/or attorney, nor shall Traveler EMS be liable for the negligence or other wrongful acts or omissions of any of the legal and/or healthcare professionals providing direct services to the Insured.

The medical professionals, medical facilities, attorneys or other professionals (suggested or designated by Traveler EMS) who provide services on behalf of Traveler EMS, are not employees of Traveler EMS and Traveler EMS shall not be liable for their negligence or their other acts or omissions. Traveler EMS will not be responsible for providing medical diagnosis or treatment...

EXCLUSIONS & LIMITATIONS

Services not arranged or approved in advance by Traveler EMS will not be reimbursed.

I. Exclusion for Pre-existing Condition

Traveler EMS shall not be responsible for the cost of Emergency Evacuation or Repatriation, Repatriation of Remains and/or any Travel Assistance Services as defined in the Benefits Handbook, if the need for these benefits/services arises from or are due to a Pre-existing Condition.

A **Pre-existing Condition** is an injury, sickness or other medical condition that manifested itself or worsens within ninety (90) days preceding the date that a Trip commences. This exclusion applies where medical treatment is received or recommended or where a prudent person would have sought diagnostic care or

treatment. Other Traveler EMS benefits, including medical referrals, shall not be excluded because of pre-existing conditions.

II. Other Exclusions

No benefits/services shall be available if such benefits/services are required as a result of:

1. A condition for which the Insured received active treatment within 90 days of the effective date of coverage.
2. Mild lesions, simple fractures, or mild diseases which can be treated by local physicians and do not prevent the Insured from continuing their Trip or returning home.
3. Infections under treatment not yet healed.
4. Traveling for the purpose of obtaining medical treatment.
5. Routine physical examination.
6. Routine eye or hearing exams, eye refractions, eye glasses, contact lens, hearing aids or any type of external appliances used to improve visual or hearing acuity and their fittings.
7. Cosmetic or reconstructive procedures, and any related services or supplies, which alter appearance but do not restore or improve impaired physical functions.
8. Chiropractic care except as a result of a Diving Accident.
9. Dental care, except as the result of injury to natural teeth caused by a Diving Accident
10. Any nervous, emotional or mental disorder.
11. Treatment by a family member.
12. Terminal illness.
13. The failure of medical appliances, monitors, or any other pieces of medical equipment.
14. Pregnancy, childbirth, or complications of pregnancy.
15. Injury or illness which is covered under other Medical Expense Insurance, travel insurance, the workers' compensation or occupational disease act or law, or the health plan of any federal, state or other government.
16. injuries or illness due to or arising from:
 - a. Sickness when traveling against the advice of a physician;
 - b. Air travel in aircraft used for experimental purposes;
 - c. Commissions of, or attempt to commit an illegal act;
 - d. Service in the military or police service for the purpose of taking part in any police or peacekeeping action, conflict, combat, declared or undeclared war;
 - e. Participation in professional, intercollegiate, or hazardous sports (other than Covered Diving);
 - f. Mental, nervous or emotional disorders, suicide, attempted suicide, or willfully self-inflicted injury, sexually transmittable diseases, including AIDS, or the abuse of legal or illegal drugs or alcoholic drink;
 - g. War (declared or undeclared), invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or any act of nuclear, biological or chemical terrorism.

III. Limitations

Benefits are available only for events which begin after payment is received and the Insured is in receipt of written confirmation from Traveler EMS that the application has been processed and the benefits are in effect.

Traveler EMS does not provide benefits when the services are of a type for which no charge is normally made.

The maximum duration any one Trip is thirty (30) consecutive days.

The Insured must be under 70 years of age at the time of enrollment and at all times during which coverage is in effect.

SUBROGATION

When Traveler EMS pays for or provides services to an Insured or on behalf of an Insured, Traveler EMS has the right to recover the value of those payments from a party legally liable to pay for the injury or injuries for which services have been paid for and/or provided. This may be a third party or third party insurer. This may also include any personal insurance, an employee benefit plan, or any other source owned by or available to pay for the services in question.

This right extends to and includes the right to initiate legal action in the Insured's name if that is necessary to recover the value of payments made or services provided under this Policy.

Accordingly, the Insured hereby agrees as follows:

1. The Insured hereby assigns Traveler EMS all rights which the Insured or the Insured's dependents have or may have to the extent of and by virtue of the payment of any claim for services that Traveler EMS is contractually obligated to provide.
2. Traveler EMS is hereby authorized to pursue reimbursement of payments made on the Insured's behalf to the extent of any payments made and/or for the value of any services provided to the Insured or on the Insured's behalf from any source, including third party providers or other insurance or health or welfare benefits plan that may be available in whole or in part to pay for or reimburse the value of benefits and services provided by Traveler EMS.
3. In connection with these efforts to pursue reimbursement, the Insured further agrees that:
 - i. Traveler EMS is authorized to, in its discretion, present claims and initiate, compromise, settle, discontinue and end legal proceedings to recover the value of services paid to the Insured or on the Insured's behalf; and to sign and endorse any documents, drafts, checks, releases and/or pleadings as deemed necessary for this purpose with the same force and effect as though the Insured's personal authorization appears thereon;
 - ii. The Insured shall cooperate fully with Traveler EMS in its recovery efforts, and shall sign and timely deliver such documentation or legal process as Traveler EMS and/or its attorneys or recovery agent deem is reasonably necessary to represent and protect its rights; and, further, the Insured agrees to present such testimony as Traveler EMS and/or its attorneys or recovery agent may determine is necessary for this purpose;
 - iii. The Insured agrees to do nothing which would prejudice Traveler EMS's recovery rights in any manner.

4. Traveler EMS has the right to retain counsel of its choice to represent its rights and interests. If the Insured or anyone authorized to act on behalf of the Insured or on behalf of the Insured's estate retains an attorney to represent the Insured's in a claim arising out of the same incident for which Traveler EMS has paid and/or provided services, the Insured hereby acknowledge that Traveler EMS is not obligated to allow that attorney to represent its rights and interests.
5. In connection with any efforts by Traveler EMS to pursue recovery:
 - i. Traveler EMS shall assume responsibility for its costs associated with its recovery efforts and hereby expressly warrants that at no time will the Insured be assessed or become responsible for any cost associated solely with said subrogation activities.
 - ii. Traveler EMS acknowledges that the Insured may have personal claims as the result of any incident giving rise to subrogation rights under this Policy, and agrees not to prejudice the Insured's rights to pursue personal claims for any injuries giving rise to its rights under this Policy.
 - iii. At the Insured's request, Traveler EMS will refer the Insured to an attorney in the appropriate geographical area to discuss the Insured's right to recover for any accidental injuries the Insured may sustain. Fee arrangements and payment of fees (contingent or otherwise) and costs thereafter charged by the attorney to whom the Insured has been referred shall be the Insured's responsibility.
 - iv. The Insured agrees to notify Traveler EMS within thirty (30) days of presenting any claim or filing any lawsuit to recover for any personal injuries sustained while this Policy is in effect. In addition, the Insured agrees to provide in a timely fashion any information in this regard requested by Traveler EMS or on its behalf.

REIMBURSEMENT

Traveler EMS has the right to be reimbursed by the Insured for the value of benefits/services provided pursuant to this Policy if the Insured has been or are entitled to be reimbursed for benefits/services provided by Traveler EMS from a source that includes but is not limited to: a person or entity legally responsible for the accident, injury or illness; liability and/or premises medical payments coverage.

This reimbursement obligation is primary to any other allocation of proceeds received from any settlement or recovery that the Insured obtains or that is obtained on the Insured's behalf.

COORDINATION OF BENEFITS

If the Insured participate in any other plan or program which offers benefits similar to these received from Traveler EMS, information about that other plan or program must be provided to the facility rendering services. The obligation of Traveler EMS to pay the cost of benefits/services the Insured may receive under this Policy is secondary to any other benefits or coverage the Insured may have from any other source. The Insured hereby acknowledges and agrees that any personal insurance, employee benefits plan or other source such as those identified in the assignment of benefits provision, owned by or available to the Insured to pay for the benefits/services paid for or provided by Traveler EMS shall be primarily responsible to pay for these services.

In connection with any coordination of benefits among multiple plans, Traveler EMS is hereby authorized to reveal the cost of any services provided under this Policy to any party who has a need to know.

ASSIGNMENT OF BENEFITS

If the Insured maintains or is the beneficiary of any personal insurance policy, blanket insurance such as a liability policy, government or tax-supported program, group benefits plan, employee health and welfare benefits plan, or any other plan or policy of insurance which covers any of the services provided or paid for by Traveler EMS under this Policy, the Insured hereby assigns Traveler EMS the right to present a claim on the Insured's behalf and/or to otherwise recover any benefits to which the Insured may be entitled there under and/or to enforce any rights the Insured may have thereunder to the extent of the service provided under this Policy.

HOW TO FILE A CLAIM

1. For any benefit or claim questions, or to request a claim form, contact:

National Baromedical Services Inc.,
Five Richland Medical Park
Columbia, SC 29203 USA
1.800.292.8381 or +1.803.434.7101
+1.803.434.4354 (fax)
e-mail – claims@baromedical.com

2. Complete the claim form in full. Please answer all questions completely. If you don't, the claim may have to be returned to you and delay settlement of your claim. Be sure to sign the claim form.
3. Ask the hospital and/or doctor to complete the reverse side of the form and return it to you. (The provider can attach an itemized bill instead.)
4. Attach any other bills, documents or statements that apply to the claim. It is important that they contain the right information.
5. Make copies of your forms and bills for your records — your originals will not be returned to you.
6. If the Insured receives a payment from any other Insurance, the Insured must send the Explanation of Benefits with your bills before your claim can be settled. Please forward these documents to NBS at the address above.

Traveler EMS program benefits are subject to change following 30 days notice.

All amounts shown are in US dollars.

**Registered Office for Traveler Emergency Medical Services, Ltd. ("Traveler EMS")
c/o SH Corporate Services
PO Box 1990 GT
3rd Floor, FirstCaribbean House
George Town, Grand Cayman KY1-1104
Cayman Islands**

24-HOUR HOTLINE
DIVING EMERGENCIES ONLY

+61.8.8212.9242
(Call collect as needed)

For Customer Service, please email DAN Asia Pacific at partner@danap.org

Non-Diving Emergencies

+61.9886.9166

Schedule of Benefits

Description of Benefit	Coverage
Diving Accident/Illness Medical Treatment & Emergency Evacuation or Medically Necessary Repatriation	Up to an aggregate of US\$100,000
Lost Equipment (due to a Diving Accident)	Up to US\$4,000
Extra Accommodation & Travel Expenses (due to a Diving Accident)	Up to US\$4,000
Accidental Death & Dismemberment	Up to US\$5,000
Repatriation of Mortal Remains	Yes
24/7/365 Emergency Assistance	Yes, Included
Depth Limits	None, unlimited
Coverage for Rebreather/Free Diving	Yes
Coverage for Mixed Gases	Yes