



# PREMIER MEMBERSHIP PLAN DESCRIPTION



**PREMIER**

**Good Sam**  
**TravelAssist** 

**FOR MEMBER SERVICES**

**CALL TOLL-FREE 1-888-853-7333**

# WELCOME!

Good Sam has partnered with the U.S. affiliate of International Assistance Group, the largest network of medical assistance providers world-wide, to offer You emergency medical and travel assistance through Good Sam TravelAssist. This dynamic, global network includes over 50 response centers around the world and over 6,000 dedicated physicians, security specialists, assistance coordinators and support staff.

As a leading provider of medical, security and travel assistance for domestic and international travelers, the experienced, multi-lingual team specializes in delivering assistance during medical emergencies anywhere in the world and coordinating transportation home after accidents or illnesses. Our Global Response Center is ready to provide assistance to You and Your Extended Family when unexpected problems occur - 24 hours a day, 365 days a year.

Please review this plan description, as it explains You and Your Family's benefits and services in detail. Take a moment to familiarize Yourself with the Membership details so You fully understand how it works.

We are committed to providing You with the superior level of service and care that You have come to expect. If You have any comments, complaints, or ideas on how we can better serve You, please email me at [MarcusVIP@goodsamfamily.com](mailto:MarcusVIP@goodsamfamily.com). I'm always glad to hear from You.

We are delighted that You are a part of our family and wish You happy and safe travels.

Sincerely,



Marcus Lemonis  
Chief Executive Officer  
Good Sam TravelAssist

For the most current Plan Description, please visit [GoodSamTravelAssist.com/PDBS](http://GoodSamTravelAssist.com/PDBS)

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Participants who are entitled to TRAVELASSIST PREMIER membership benefits are referred to as “Premier Participants” and, in connection with the TRAVELASSIST PREMIER program, TRAVELASSIST is referred to as “TRAVELASSIST PREMIER”.

TRAVELASSIST PREMIER shall provide the following services (the “Premier Services”) to Premier Participants:

A comprehensive program providing “**wherever YOU are benefits**” and “**while YOU are TRAVELING AWAY FROM HOME benefits**” and “**while YOU are at YOUR home hospital benefits**”, including emergency medical assistance, worldwide emergency evacuation/repatriation and other travel assistance services.

## PROGRAM DESCRIPTION

*How To Access TRAVELASSIST Premier Services 24 hours a day, 7 days a week, 365 days a year.*

MEMBER’S TRAVELASSIST Premier identification card is YOUR key to travel security. If YOU have a medical or travel problem simply call TRAVELASSIST Premier for assistance. OUR toll-free and collect-call telephone numbers are printed on YOUR ID card. YOU may either call the toll-free number of the country YOU are in, or call the Assistance Center collect when YOU are in another country.

An English-speaking assistance coordinator will ask for YOUR name, YOUR company or group name, and a description of YOUR situation. TRAVELASSIST Premier will immediately begin assisting YOU. A full listing of Services follows.

If the condition is an emergency, YOU should call 911 or go immediately to the nearest physician or hospital without delay and then contact TRAVELASSIST. WE will then take the appropriate action to assist YOU and monitor YOUR care until the situation is resolved.

TRAVELASSIST Premier provides YOU with Medical Assistance Services, Medical Evacuation and Repatriation Services, Travel Assistance Services, and Security Assistance Services as described below. These Services are subject to certain Conditions, Limitations, and Exclusions also described below.

# WHEREVER YOU ARE

*Benefits apply from any location whether at home or away.*

## Medical Assistance Services

### Worldwide Medical and Dental Referrals

At YOUR request, TRAVELASSIST Premier will provide referrals to medical professionals in a given geographic area including, to the extent possible, western-style medical facilities and English-speaking doctors, dentists, and other health care providers at no cost to you.

## Deposits, Advances and Guarantees

Deposits, advances and guarantees will be provided to medical facilities, hotels, airlines, ground and air ambulances and other like providers in order to secure service for YOU. Any advances of funds on YOUR behalf shall be charged to the YOUR credit card at the time of service.

**Please note:** Medical expenses of any nature are not covered by this membership program. This includes hospital bills, doctor visits and/or prescriptions.

## Travel Assistance Services

### Pre-Travel Information

Upon YOUR request, WE will provide you with destination intelligence regarding weather, travel, health, inoculations, travel restrictions and special events.

## Lost Luggage Assistance

TRAVELASSIST Premier Assistance Coordinators will assist YOU with the tracking of luggage lost in transit. If the luggage cannot be recovered, TRAVELASSIST Premier will assist YOU with locating replacements. All fees associated with the purchase of replacements will be billed to YOUR credit card at the time of service

## Security Assistance Services

### Real-time Security Intelligence

In the event YOU feel threatened by political unrest, social instability, weather conditions, or health or environmental hazards, TRAVELASSIST Premier will provide YOU with the latest authoritative information and guidance for over 180 countries and select cities. OUR global intelligence database is continuously updated and includes destination intelligence from over 5,000 worldwide sources.

## **Security Evacuation Assistance Services**

In the event of a threatening situation, TRAVELASSIST will assist YOU in making evacuation arrangements, including assistance securing flight arrangements, visas, and coordinating logistical arrangements such as ground transportation and housing. In more complex situations, WE will assist YOU in making arrangements with providers of specialized security services. Any fees will be billed to YOUR credit card at the time of service.

## **WHILE YOU ARE TRAVELING AWAY FROM HOME**

*Benefits apply when TRAVELING AWAY FROM HOME*

*Expenses incurred without the intervention of TRAVELASSIST are not covered.*

## **Medical Assistance Services**

### **Monitoring of Treatment**

In an emergency, OUR Assistance Coordinators will continually monitor YOUR condition while YOU are hospitalized and provide ongoing updates to YOUR family. Depending upon the medical and/or geographic situations, WE may retain the advice and assistance of licensed consulting physicians/nurses and/or other medical professionals with relevant areas of expertise to assist in the monitoring of YOUR condition.

### **Transfer of Insurance Information to Medical Providers**

To help prevent delays or denials of medical care, OUR Assistance Coordinators will assist YOU with hospital admission, such as relaying insurance benefit information. WE will also assist with discharge planning.

### **Medication, Vaccine and Blood Transfers**

At YOUR request, and with authorization of the prescribing physician, WE will dispatch prescription medicine, vaccines or blood products when unavailable locally and when legally permissible. Assistance services are included as part of YOUR membership. YOU are responsible for any expenses incurred in this regard including, but not limited to, the cost of the pharmaceuticals, shipping cost, taxes or other import/export duties. These expenses will be billed to YOUR credit card prior to shipping.

## Replacement of Corrective Lenses and Medical Devices

WE will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel. Assistance services are included as part of YOUR membership. The expenses for replacement and shipping of replacements will be billed to YOUR credit card prior to shipping.

## Dispatch of Doctors/Specialists

If YOU are Hospitalized, OUR Assistance Coordinators may dispatch a physician or other health care professional to assist in determining the medical condition and YOUR suitability to travel. The physician's or other health care professional's travel expenses and fees are YOUR responsibility.

## Ground Ambulance Benefit

*(While Traveling Away From Home Only):* WE will reimburse YOU up to \$200 toward the cost of either an initial emergency transportation for YOU by ambulance to a hospital WHILE TRAVELING AWAY FROM HOME or to transport YOU by ambulance from one hospital to another (if not arranged under the Emergency Medical Evacuation) WHILE TRAVELING AWAY FROM HOME.

**Please note:** In order to be eligible for consideration of reimbursement YOU must submit the Explanation of Benefits from your primary insurance carrier showing balance due.

- YOU must submit the Explanation of Benefits letter within 180 days of incident date.
- This benefit is limited to 2 events per year for unrelated incidents.

## Medical Records Transfer

Upon YOUR consent, WE will assist with the transfer of medical information and records to YOU or the treating physician. Assistance services are included as part of YOUR membership. Any fees for the transfer of medical information and records will be billed to YOUR credit card.

## Continuous Updates to Family, Employer and Physician

With YOUR approval, WE will provide case updates to appropriate individuals YOU designate in order to keep them informed.

## Hotel Arrangements for Convalescence

WE will assist YOU with the arrangement of hotel stays and room requirements before or after hospitalization. Assistance services are included as part of YOUR membership. Any fees for hotel arrangements will be billed to YOUR credit card.

## 24-Hour Nurse Helpline

WE will provide YOU with clinical assessment, education and general health information. This service shall be performed by a registered nurse counselor to assist in identifying the appropriate level and source(s) of care for YOU (based on YOUR symptoms reported and/or health care questions asked by, or on behalf of YOU). Nurses shall not diagnose YOUR ailments. The nurse helpline can be reached by calling the Good Sam TRAVELASSIST Premier phone number on your TRAVELASSIST Premier card.

**Please note:** Medical expenses of any nature are not covered by this membership program. This includes hospital bills, doctor visits and/or prescriptions.

## Medical Evacuation and Repatriation Services

WE must coordinate, arrange and approve all arrangements for the services described and defined in this section to be covered at no cost to YOU. \* **Expenses incurred without our intervention or assistance are not covered.**

## Emergency Medical Evacuation WHILE TRAVELING AWAY FROM HOME

If YOU are TRAVELING AWAY FROM HOME and YOU sustain an INJURY or suffer a sudden and unexpected ILLNESS and appropriate medical treatment is unavailable in YOUR current facility, WE will arrange and pay for a medically supervised evacuation to a hospital that WE determine to be capable of providing appropriate medical treatment. YOUR medical condition and situation must be such that, in the professional opinion of the health care provider and TRAVELASSIST PHYSICIANS, YOU require immediate emergency medical treatment, without which there would be significant risk of death or serious impairment. If YOU need to be evacuated by air ambulance, WE will attempt to arrange for a TRAVELING COMPANION to accompany YOU on the air ambulance.

## **Transportation to Join a Hospitalized Member**

If YOU are alone and TRAVELING AWAY FROM HOME and are, or will be, hospitalized for more than three (3) days, WE will coordinate and pay for one economy round-trip airfare for a person of YOUR choice to join YOU while YOU are HOSPITALIZED. No benefits will be payable after YOU have been discharged from the hospital.

## **Return of Minor Children**

If, while TRAVELING AWAY FROM HOME, YOUR DEPENDENT child(ren) or grandchild(ren) under age 19 are present but left unattended as a result of YOUR INJURY or ILLNESS, WE will coordinate and pay for one-way economy airfare to send them back to either YOUR or their PERMANENT PRIMARY RESIDENCE. WE will also arrange and pay for the services and transportation expenses of a qualified escort, if required. Should DEPENDENT(s) already have airline tickets, WE will handle the rebooking of their tickets, if it is less expensive.

## **Transportation After Stabilization**

If YOU are TRAVELING AWAY FROM HOME and YOU are treated at a medical facility for an INJURY or a sudden and unexpected ILLNESS that requires immediate emergency medical treatment and Hospitalization, without which there would be significant risk of death or serious impairment, WE will transfer YOU to YOUR PERMANENT PRIMARY RESIDENCE or to a medical facility near YOUR PERMANENT PRIMARY RESIDENCE for continuing care provided the attending physician and TRAVELASSIST's PHYSICIANS have determined that YOUR condition has reached maximum medical improvement; and

1. YOU have been evacuated under the EMERGENCY MEDICAL EVACUATION benefit as defined above; or
2. The treating physician and TRAVELASSIST PHYSICIANS have determined YOU are unable to operate YOUR RV/vehicle and no one in YOUR traveling party is capable of operating the RV/vehicle; or
3. The treating physician and TRAVELASSIST PHYSICIANS have determined YOUR physical medical condition prevents traveling as a passenger in the RV/vehicle; or
4. YOU are not traveling in a vehicle and the treating physician and TRAVELASSIST PHYSICIANS have determined YOUR physical medical condition prevents YOU from continuing on YOUR trip and YOU must return to YOUR PERMANENT PRIMARY RESIDENCE or to a medical facility near YOUR PERMANENT PRIMARY RESIDENCE to recover from YOUR condition.

Services that TRAVELASSIST will provide you with include the following options:

1. Arrange and pay for a one-way economy airfare ticket and medically necessary ground ambulance transportation to/from the airport to return YOU to YOUR PERMANENT PRIMARY RESIDENCE or to a medical facility near YOUR PERMANENT PRIMARY RESIDENCE.

If TRAVELASSIST PHYSICIANS recommend and deem it medically necessary that YOU travel in an upgraded commercial seat, TRAVELASSIST Premier will coordinate and pay for the upgraded commercial ticket.

In addition, if TRAVELASSIST PHYSICIANS determine that YOU require a non-medical escort to assist you, we will also arrange and pay for YOUR non-medical escort's commercial transportation.

If it is deemed medically necessary by TRAVELASSIST PHYSICIANS that YOU travel with a medical escort, WE will coordinate and pay for the medical escort fees, escort's travel tickets and expenses.

If YOU are not medically stable enough to travel by any of the methods outlined in number one (1) above, WE will pay up to the value of a nurse escort transport toward the value of the alternate transportation method.

2. If YOU have been Medically Evacuated, WE will arrange and pay for a one-way economy airfare ticket to return YOU to the original place of transport where YOUR Emergency Medical Evacuation began; or
3. If YOU are unable to operate YOUR RV/vehicle and no one in YOUR traveling party is capable of operating YOUR RV/vehicle and YOU have chosen to have a family member or friend return YOUR RV/Vehicle, YOU may choose to return to YOUR PERMANENT PRIMARY RESIDENCE in YOUR RV/vehicle. YOU will be covered under the RV/Vehicle Return Benefit. Please see RV/Vehicle Return Benefit for complete detail of what is covered.

## **Return of Deceased Remains**

In the event of YOUR death while TRAVELING AWAY FROM HOME, WE will assist in obtaining the necessary clearances for the return of YOUR remains. WE will coordinate and pay for the expenses of the preparation and transportation of YOUR deceased remains to YOUR PERMANENT PRIMARY RESIDENCE.

## **Return of Traveling Companion**

If YOU are TRAVELING AWAY FROM HOME and require an

EMERGENCY MEDICAL EVACUATION, TRANSPORTATION AFTER STABILIZATION or a RETURN OF DECEASED REMAINS, WE will pay for a one-way economy class ticket for one TRAVELING COMPANION to return to either YOUR or their PERMANENT PRIMARY RESIDENCE..

## **RV/Vehicle Return**

WE will return YOUR automobile, motorcycle, non-commercial truck or RV to YOUR PERMANENT PRIMARY RESIDENCE or place of rental within 90 days of the incident if:

1. WE approved transporting YOU to YOUR PERMANENT PRIMARY RESIDENCE under either the EMERGENCY MEDICAL EVACUATION, TRANSPORTATION AFTER STABILIZATION, RETURN OF DECEASED REMAINS, TRANSPORTATION TO JOIN HOSPITALIZED FAMILY MEMBER, or TRANSPORTATION DUE TO A NATURAL DISASTER benefit OR
2. YOU have not been transported under the services listed above but YOUR documented INJURY or ILLNESS (which does NOT require Hospitalization) prevents YOU from driving the RV/Vehicle.

WE will authorize this service only if no one in YOUR traveling party is capable of driving the RV/vehicle. The vehicle must be in good condition and capable of being safely driven on the highway in compliance with local laws. If the vehicle is an RV, WE will also return an additional vehicle if it was hitched to YOUR RV. You are responsible for all costs required to maintain the safe operation of the RV/Vehicle and/or tow vehicle during the return. This includes any vendor fees associated with an RV/Vehicle breakdown if you request to have YOUR RV/vehicle returned by a hired professional. Any delays associated with RV/Vehicle breakdown and/or maintenance will be YOUR responsibility. The return must be approved and coordinated by US and must be performed by one of OUR contracted service providers. Alternatively, YOU may choose to have YOUR vehicle returned by a friend or family member. In such instance, and provided the vehicle is returned directly and expediently to YOUR PERMANENT PRIMARY RESIDENCE, WE will provide reasonable transportation in the form of a one-way economy ticket and reasonable ground transportation for that person to either the location of the vehicle or to return home after the RV/Vehicle has been returned, and WE will reimburse YOU for gas and tolls during the return. In addition, WE will provide up to a \$100 per day benefit, in accordance with the per diem allowance as set forth in the Federal Trade Regulation by the US General Services Administration, for incidental expenses while

driving (receipts must be submitted within 180 days from the date of service). Note that if YOU choose to have a friend or family member perform the RV/Vehicle Return, WE will not pay more than it would have cost to have US arrange the RV/Vehicle Return.

**Please note:** In the event YOU qualify for RV/Vehicle Return by virtue of number 2 above please see the following:

- The medical condition that prevents YOU from driving and/or returning in YOUR RV/Vehicle must be documented by a physician near the original location of the Injury or Illness. YOU must be evaluated by a physician prior to traveling to YOUR PERMANENT PRIMARY RESIDENCE.
- If YOU choose to have a friend or family member return YOUR RV/Vehicle, YOU can choose to ride to YOUR PERMANENT PRIMARY RESIDENCE in YOUR RV/Vehicle if YOU are medically cleared to do so.
- If YOU choose to have a professional return YOUR RV/Vehicle, YOU will not be able to travel as a passenger in YOUR RV/Vehicle for liability reasons. WE will assist YOU with any transportation arrangements for YOU and a companion; however, any costs associated with YOUR transportation and YOUR TRAVELING COMPANION's transportation are YOUR responsibility.
- If YOU qualify for an RV/Vehicle Return under this scenario, YOU do not qualify for paid transportation under EMERGENCY MEDICAL EVACUATION or TRANSPORTATION AFTER STABILIZATION to YOUR PERMANENT PRIMARY RESIDENCE.

You must inform us within 30 days of the incident that you need assistance returning your RV/vehicle. The actual RV/vehicle return must take place within 90 days from the date of incident.

## **Transportation to Join Hospitalized Family Member**

WE will transport YOU and a TRAVELING COMPANION of YOUR choice via one-way economy class tickets to YOUR FAMILY MEMBER'S location (if the FAMILY MEMBER will be hospitalized for 3 or more days or if YOUR FAMILY MEMBER passes away). This benefit covers a maximum of two one-way economy class tickets per membership.

## **Transportation due to a Natural Disaster**

WE will transport YOU and a TRAVELING COMPANION of YOUR choice via one-way economy class tickets to YOUR PERMANENT PRIMARY RESIDENCE or to YOUR TRAVELING

COMPANION'S PERMANENT PRIMARY RESIDENCE in the event a NATURAL DISASTER which damages YOUR or YOUR TRAVELING COMPANION'S PERMANENT PRIMARY RESIDENCE, making it UNINHABITABLE. This benefit covers a maximum of two one-way economy class tickets per membership.

### **Emergency Pet Housing and/or Pet Return**

If YOU are expected to be hospitalized for three (3) or more days, and YOU are traveling with a PET that is left unattended as the result of YOUR INJURY or ILLNESS, WE will arrange and pay for YOUR PET to be boarded up to a maximum of \$60 per day not to exceed \$600 in total. This benefit will be paid only until YOUR discharge from the hospital. In the event YOUR INJURY or ILLNESS results in YOUR transport under either the EMERGENCY MEDICAL EVACUATION, TRANSPORTATION AFTER STABILIZATION, OR RETURN OF DECEASED REMAINS benefit, WE will return YOUR PET to either YOUR PERMANENT PRIMARY RESIDENCE, or to a boarding facility near YOUR PERMANENT PRIMARY RESIDENCE. The maximum paid under this benefit is \$1,200.

## **Travel Assistance Services**

### **Emergency Travel Arrangements**

In an emergency, TRAVELASSIST Assistance Coordinators will help YOU change airline, hotel or car rental reservations as necessary. All fees associated with the travel arrangements will be billed to YOUR credit card at the time of service.

### **Emergency Cash Advance Assistance**

In an emergency, TRAVELASSIST Assistance Coordinators will provide assistance to YOU by arranging for the forwarding of funds from MEMBER'S account, credit cards or family members. All fees associated with the transfer of funds will be billed to YOUR credit card at the time of service.

### **Replacement of Lost or Stolen Travel Documents Assistance**

TRAVELASSIST Assistance Coordinators will provide assistance to YOU by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. All fees associated with the acquisition or forwarding of these documents will be billed to YOUR credit card at the time of service.

## Legal Referrals

If YOU are TRAVELING AWAY FROM HOME and are arrested, involved in an accident, or otherwise require the services of an attorney, TRAVELASSIST Assistance Coordinators will arrange for an initial telephone consultation with an attorney, without charge. TRAVELASSIST Assistance Coordinators will also assist with the securing of a bail bond, if needed. If further legal assistance is needed, YOU will be referred to an attorney in the appropriate geographic area. Fees and costs charged by the referred attorney will be YOUR responsibility.

## Translation Services

TRAVELASSIST Assistance Coordinators will, without charge, provide foreign language assistance over the telephone or up to one-page translations submitted via fax. If necessary, TRAVELASSIST will also provide referrals to translators and interpreters. All fees for such services are YOUR responsibility.

## Emergency Message Forwarding Assistance

In the event of an emergency and YOU are unable to reach an employer, family member or traveling companion, TRAVELASSIST will forward a message via telephone or email to the intended party.

## WHILE YOU ARE TRAVELING AWAY FROM HOME BENEFITS

*Benefits apply while at a hospital nearest YOUR PERMANENT PRIMARY RESIDENCE. Expenses incurred without prior approval from TRAVELASSIST are not covered and are not reimbursable.*

## Emergency Medical Evacuation WHILE YOU ARE AT YOUR HOME HOSPITAL

If YOU are AT HOME and YOU sustain an INJURY or suffer a sudden and unexpected ILLNESS and appropriate medical treatment is unavailable in YOUR current facility, WE will arrange and pay for a medically supervised evacuation from the medical facility YOU are at to a hospital that TRAVELASSIST PHYSICIANS determine to be capable of providing appropriate medical treatment. YOUR medical condition and situation must be such that, in the professional opinion of the health care provider and TRAVELASSIST PHYSICIANS, YOU require immediate emergency medical treatment, without which there would be significant risk of death or serious impairment.

# OTHER PLAN DETAILS

## TravelAssist Program Definitions

The following definitions apply:

**“Coverage”** means the period of time for which YOU are validly enrolled for TRAVELASSIST Premier and for which WE have received the appropriate enrollment fee.

**“MEMBER”** means the primary person validly enrolled for TRAVELASSIST Premier and for whom WE have received the appropriate enrollment fee and MEMBER's SPOUSE and DEPENDENTS

**“Dependent”** means the MEMBER's unmarried children from birth and under age 19; or under age 23 if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren and legally adopted children. They must be primarily dependent on the MEMBER for support and maintenance and must live in a parent-child relationship with the MEMBER. If traveling alone on a trip DEPENDENTS are covered provided the trip does not exceed sixty (60) days.

**“Spouse”** means the MEMBER's spouse living in the same household (to include DOMESTIC PARTNER), unless they are legally separated.

**“Domestic Partner”** means a person with whom YOU reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous 6 months.

**“Family Member”** includes MEMBER'S adult children and their spouses, grandchildren, parents and grandparents. A Family Member must be traveling with the MEMBER as a TRAVELING COMPANION to be eligible for benefits

**“Hospitalization/Hospitalized”** means being admitted as an inpatient after YOUR initial visit in the emergency room.

**“Illness”** means a sudden and unexpected sickness that manifests itself during YOUR Coverage period and which requires HOSPITALIZATION.

**“Injury”** means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during YOUR Coverage period and which requires HOSPITALIZATION.

**“Natural Disaster”** means an event of natural cause, including fire, earthquake, windborne dust or sand, volcanic eruption, tsunami, snow, rain or wind, hurricane or typhoon that results in widespread and severe damage such that the local government issues an official disaster declaration and determines the

affected area to be UNINHABITABLE.

**“Permanent Primary Residence”** means the locale of the address as shown on YOUR valid state driver’s license or state-issued identification card.

**“Pet”** shall mean any domestic dog or cat less than 200 pounds and is kept for pleasure and companionship rather than utility (other than service animals).

**“TRAVELASSIST” “WE,” “US,” “OUR,” and “ON CALL”** means On Call International, the TRAVELASSIST Premier Service Provider.

**“TRAVELASSIST Physician”** means physicians retained by On Call International to provide US with consultative and advisory services, including the review and analysis of the quality of medical care YOU are receiving.

**“Travel Advisory or Travel Warning”** means U.S. State Department communication advising caution in traveling to specified destinations due to reasons such as armed violence, civil or political unrest, high incidence of crime (especially kidnapping and/or murder), natural disaster or outbreak of one or more contagious diseases.

**“Traveling Away From Home”** means on a vacation or business trip away from YOUR PERMANENT PRIMARY RESIDENCE (by car, plane, or other mode of travel), without minimum or maximum duration or mileage restriction, for a purpose other than your normal daily activities or routine.

**“Traveling Companion”** shall mean any individual traveling on the same itinerary, and accompanying MEMBER on MEMBER’s trip for more than 50% of the time sharing the same accommodations.

**“Uninhabitable”** means Your Permanent Primary Residence is deemed unfit for residence, as determined by OUR security personnel in accordance with U.S. and local authorities, due to, lack of habitable shelter, food, heat and/or potable water.

**“While You Are At Your Home Hospital”** shall mean being treated at a hospital near YOUR PERMANENT PRIMARY RESIDENCE while not on a vacation or business trip away from YOUR PERMANENT PRIMARY RESIDENCE.

**“YOU,” “YOUR”** shall mean MEMBER, SPOUSE and DEPENDENT. “You” and “Your” shall also include FAMILY MEMBERS, if traveling with the MEMBER as TRAVELING COMPANION(S).

## **Conditions and Limitations**

The Services described are available to YOU only during MEMBER’S Coverage period and medical assistance services are available only when YOU are TRAVELING AWAY FROM HOME.

**\*Expenses for the “while you are away benefits” will be covered only if WE have given OUR prior approval and if those Services are coordinated by US.** TRAVELASSIST has sole discretion in making the coverage determination for YOUR TRANSPORTATION AFTER STABILIZATION. OUR determination will be based on YOUR medical inability to return in YOUR vehicle or previously booked transportation. WE will not return YOU or YOUR RV/Vehicle to YOUR PERMANENT PRIMARY RESIDENCE for the sole sake of YOUR convenience. In the event WE are arranging transportation by commercial air under the TRANSPORTATION AFTER STABILIZATION benefit, and YOU hold an original return airline ticket, WE may use that ticket and WE are responsible only for any applicable change fees. TRAVELASSIST has sole discretion in making the determination as to whether WE will cover the cost of EMERGENCY MEDICAL EVACUATIONS and RV/VEHICLE RETURNS. OUR decision will be based on medical considerations, including the recommendations of the treating physicians, OUR TRAVELASSIST PHYSICIANS with respect to YOUR condition and ability to travel. WE will determine the appropriate method, destination, and timing of any evacuation. The destination will be the nearest facility capable of providing appropriate care as determined by US. WE will only direct-pay and not reimburse YOU for any transportation costs to the transportation providers, unless approved by TRAVELASSIST in advance for the following benefits; EMERGENCY MEDICAL EVACUATION, RETURN OF DECEASED REMAINS, TRANSPORTATION AFTER STABILIZATION, RETURN OF MINOR CHILDREN, RETURN OF TRAVELING COMPANION, AND TRANSPORTATION TO JOIN HOSPITALIZED MEMBER. WE are not responsible for the availability, quality, results of, or failure to provide any medical, legal or other care or service caused by conditions beyond OUR control. This includes YOUR failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

YOUR legal representative shall have the right to act for YOU and on YOUR behalf if YOU are incapacitated or deceased. All legal actions arising under this Agreement shall be barred unless written notice thereof is received by US within one (1) year from the date of the event giving rise to such legal action. MEMBER may be required to release US or any healthcare provider from liability during Emergency Evacuation and/or Repatriation. Without limiting the foregoing, OUR actions and obligations under this Agreement are ministerial in nature, and all medical

care is provided by medical professionals ultimately selected by YOU and in no event is this the responsibility of TRAVELASSIST. TRAVELASSIST is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney. TRAVELASSIST retains the medical discretion to limit one Medically Necessary Evacuation and/or Medically Necessary Repatriation attributable to any single medical condition of YOU.

## Eligibility

The Primary MEMBER, SPOUSE, and DEPENDENT(s) shall be covered under the TRAVELASSIST Premier Membership, as outlined in the Program Definitions. FAMILY MEMBERS traveling with YOU as TRAVELING COMPANIONS are covered as well. YOU are eligible during the enrollment period for which WE have received the appropriate enrollment fee.

## Program Costs

Once enrolled in TRAVELASSIST Premier, MEMBER cannot be singled out for fee increase nor can MEMBER'S benefits be changed, unless the program costs or benefits are changed for all MEMBERS of the group. If rates and benefits are changed for the group, individual participant rates will only change upon MEMBER'S renewal date and with proper notification. Program rates are earned as paid after the initial money back review period and MEMBER'S program costs are guaranteed for the remaining coverage period.

## Expenses NOT Covered

WE will not be responsible for any costs or expenses arising from:

1. Hospital or medical expenses of any kind or nature.
2. Travel arrangements that were neither coordinated by nor approved by US in advance.
3. Anyone traveling against the advice of a physician, traveling with a chronic or life-threatening condition without medical clearance prior to departure, or traveling for the purpose of obtaining medical treatment.
4. Suicide, attempted suicide, or willful self-inflicted injury.
5. Taking part in military or police service operations.
6. YOUR arrival into a country for which a formal recommendation in the form of a Travel Advisory or Travel Warning from the U.S. State Department has been issued preceding YOUR arrival into that country.
7. The commission of, or attempt to commit, an unlawful act.
8. INJURY or ILLNESS caused by or contributed to by use of drugs or alcohol.

9. Pregnancies, except in the case of a major, vital complication during the first two trimesters of pregnancy which presents a clear and significant risk of death or imminent serious injury or harm to the mother or fetus.
10. Mountaineering or rock climbing necessitating the use of guides or ropes, spelunking, skydiving, parachuting, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachment, flying in an experimental aircraft, racing of any kind other than on foot, bungee jumping, operating a vehicle when not properly licensed, or participating in professional sports.
11. Psychiatric, psychological, or emotional disorders.
12. Unless specifically listed herein, incidental expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges.
13. Subsequent evacuations for the same or related medical condition, regardless of location.
14. Services covered by other valid and collectible insurance, including Medicare.
15. Services not otherwise shown as covered.
16. MEMBERS who enroll in this plan while Hospitalized.

## **Reimbursement to US and Rights of Subrogation**

YOU or a responsible party on YOUR behalf shall either pay the cost of medical care and treatment, including hospital expenses, directly or shall reimburse US upon demand for all such costs and expenses which may be imposed upon US by healthcare providers for the cost of medical care and treatment, including hospital expenses, or related assistance services either authorized by YOU or deemed to be advisable and necessary by US under urgent medical circumstances, to the extent that such expenses are not OUR responsibility. Such reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or benefits available to YOU.

WE shall be fully and completely subrogated to YOUR rights against parties who may be liable for the payment of, or a contribution toward the payment of, the costs and expenses of assistance services provided by TRAVELASSIST or medical care and treatment, including hospital expenses, in the event that WE pay or contribute to the payment of them. YOU must assign to US any and all rights of recovery under any such insurance plans, including any occupational benefit plan, health insurance, Medicare, or other insurance plan or public assistance program, up to the sum of any payments by US.

## Cancellation Policy

Membership is subject to cancellation by either party at any time for any reason, upon written notification. The cancellation of a Membership includes the primary Member and all individuals eligible for benefits under the Membership. All benefits will cease when the Membership expires or either party cancels. Should either party cancel, Member will receive a prorated refund for the unused portion of his/her Membership term, without any deductions.







# HOW TO GET HELP IN AN EMERGENCY

In the event of a medical emergency, illness, or accident while traveling:

## STEP 1

**CALL 9-1-1 or local authorities!**

## STEP 2

**CALL GOOD SAM TRAVELASSIST**



**PREMIER**

**Good Sam  
TravelAssist** 

Expenses for Your benefits will be covered only if those services are coordinated and arranged by us, not on Your own.

**Call 1-866-922-1929**

Your call is toll-free anywhere in the U.S., Canada, Puerto Rico, and the U.S. Virgin Islands. For service outside of the United States or the locations above, please call collect: **1-603-328-1929.**

## **PROVIDE YOUR INFORMATION**

Give the Service Representative Your Membership number, Your name, and the phone number You are calling from. Tell us Your emergency and our team will deliver You quality Emergency Medical or Travel Assistance no matter where You are in the world.