

**Accident Benefits for Lam Research Corporation, including its affiliates and subsidiaries**

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

**Class Description:** All corporate officers of the Participating Organization who are in Active Service, working a minimum of 20 hours per week, not included in any other Class.

Your Dependents (your lawful spouse and unmarried children, subject to the age limits shown in the Policy) are also covered, if they are traveling with you.

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

**Covered Activities**

**Exposure & Disappearance** - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

**Alternative Commuting** - The Covered Accident must take place: 1) while you are using an alternate means of transportation for commuting directly between your home and the Policyholder's premises where you normally work; and 2) when such use is necessitated by discontinuance of service, strike, or major breakdown of one or more public conveyance transportation systems that you regularly use in commuting.

Benefits will not be payable for Covered Accidents that occur more than two hours after you leave your home or place of employment, unless it can be conclusively established that: 1) the delay was caused by conditions beyond your control; or 2) more time was needed for normal direct commuting.

**Bomb Scare, Bomb Search, or Bomb Explosion** - The Covered Accident must take place while: 1) you are on the Policyholder's premises when the Covered Accident occurs; and 2) the Covered Accident is caused by or results from a Bomb Scare, Search, or Explosion, as defined below.

"Bomb" means any real or dummy explosive device placed with intent to damage, scare, or cause injury. "Scare" means any real or false report of a Bomb on the premises of the Policyholder. "Search" means any organized search for a reported Bomb. "Explosion" means any detonation of a Bomb on the Policyholder's premises that appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. It does not include any act of declared or undeclared war in the United States of America or Canada, or acceptance of known explosives as cargo.

**Business Travel** - The Covered Accident must take place while traveling: 1) on business for the Policyholder; and 2) in the course of the Policyholder's business. This coverage does not include commuting between home and the place of work.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) the date you return to your home; 2) the date you return to your place of work; or 3) the date your Personal Deviation is more than 14 day(s). "Personal Deviation" means: 1) an activity that is not reasonably related to the Policyholder's business; and 2) not incidental to the purpose of the trip.

**Hijacking and Air Piracy** - The Covered Accident must: 1) take place during the: a) hijacking of an Aircraft; b) air piracy; or c) unlawful seizure or attempted seizure of an Aircraft; and 2) take place while you are in the course of the Policyholder's business. Coverage begins with the onset of the hijacking or air piracy and continues while you are subject to the control of the person or persons responsible for the hijacking/air piracy and during travel directly to your home or scheduled

destinations. "Hijacking" or "Air Piracy," as used here, means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance, or the crew thereof, in which you are traveling solely as a passenger.

**Owned Aircraft Not Covered** - Benefits will not be paid if the aircraft is owned, leased, or controlled by the Policyholder or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days or more than 15 days in any year.

**Relocation** - The Covered Accident must take place while you are traveling on a Relocation Trip at the expense and direction of the Policyholder. "Relocation Trip" means a trip in connection with your transfer or proposed transfer by the Policyholder to a new worksite.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) the date you return to your home; 2) the date you return to your place of work; or 3) the date your Personal Deviation is more than 14 day(s). "Personal Deviation" means: 1) an activity that is not reasonably related to the Policyholder's business; and 2) not incidental to the purpose of the trip.

### Description of Benefits

**Aggregate Limit** - We will not pay more than per Covered Accident: \$15,000,000; for all losses. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

**Accidental Death and Dismemberment Benefits** - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is Three and one half (3.5) times Annual Salary, to a maximum of \$1,500,000. Your spouse's Principal Sum is \$50,000. Your child's Principal Sum is \$25,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

### Schedule of Covered Losses

Covered Loss	Benefit Amount
Life .....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Loss of Use of Four Limbs.....	100% of the Principal Sum
Loss of Use of Three Limbs.....	75% of the Principal Sum
Loss of Use of Two Limbs .....	67% of the Principal Sum
One Member .....	50% of the Principal Sum
Hemiplegia .....	50% of the Principal Sum
Paraplegia.....	50% of the Principal Sum
Loss of Use of One Limb .....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum
Uniplegia.....	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance of at least one whole phalanx. "Severance" means the complete separation and dismemberment of the part from the body.

“Loss of Use” means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.

**Carjacking Benefit** - We will pay 10% of your Principal Sum up to \$25,000, if you suffer a Covered Loss as a result of a Carjacking of an Automobile that you were operating, getting into or out of, or riding in as a passenger. Verification of the Carjacking must be made part of an official police report within 24 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 hours of the Carjacking, or as soon as reasonably possible.

"Carjacking" means a person other than you taking unlawful possession of an Automobile by means of force or threats against the person(s) then rightfully occupying such Automobile. "Automobile" means a self-propelled private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

**Coma Benefit** - We will pay 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum if you become Comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that you remain Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. Monthly payments will end on the first of the following dates: 1) the end of the month in which you die; 2) the end of the 11th month for which this benefit is payable; 3) the end of the month in which you recover from the Coma.

You are deemed “Comatose” or in a “Coma” if you are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

**Cosmetic Disfigurement from Burns Benefit** - We will pay 100% of the Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Cosmetic Burn Chart, if you suffer third or fourth degree burns in one or more areas of the body. The benefit payable for any one loss is determined by the following formula: 1) Identify the Area Factor on the Cosmetic Burn Chart shown below; 2) Multiply the Area Factor by the Allowable Percentage for area surface burned (or a percentage proportional to the total amount of the Body Part actually burned); 3) Multiply the result of (2) by the Maximum Benefit Amount to determine the amount of the Maximum Benefit Amount Payable under this benefit.

**Cosmetic Burn Chart**

Body Part	Area Factor	Allowable % Burned	Maximum Benefit Amount *
Face, Neck, Head	11	9%	99%
Hand & Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Thigh	1	9%	9%
Lower Leg (Below Knee)	3	9%	27%

\*The percentage shown is based on 100% of the Body Part identified as being burned. If less than 100% of the Body Part is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of the Maximum Benefit Amount payable.

**Emergency Medical Benefits** - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling 100 miles or more away from your place of permanent residence. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Emergency Medical Evacuation Benefit** - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling 100 miles or more away from your place of permanent residence. Covered Expenses; 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 3) Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate Family Member, or companion who is traveling with you, to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence. 5) Transportation after Stabilization: if We have evacuated you to a medical facility due to an Emergency Medical Evacuation, We will pay transportation costs to a) your Home Country, or b) your host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

**Rehabilitation Benefit** - We will pay \$25,000 if you suffer an Accidental Dismemberment covered under the Policy and you are participating in a Rehabilitation Program that is prescribed by a Doctor. Benefits are payable for: 1) the facility providing the Rehabilitation Program in which you are participating; and 2) Immediate Family Members who incur expenses for travel to and from the location at which you are participating in a Rehabilitation Program provided actual receipts are submitted with the claim.

Benefits will end when the first of the following events occur: 1) the date you complete the Rehabilitation Program; and 2) the date you die.

"Immediate Family Member" means your parent, grandparent, spouse, child, brother, sister, or in-laws. "Rehabilitation Program" means a specialized, intensive program for rehabilitation or assimilation at an accredited medical facility specializing in research, surgery, and training of persons with Accidental Dismemberment Covered Losses as outlined in the *Schedule of Covered Losses*.

**Security Evacuation Expense Benefit** - We will pay up to \$100,000 if: 1) an Occurrence takes place during the Covered Activity described and your Term of Coverage; and 2) while you are traveling outside of your Home Country.

Aggregate Limit per event - We will not pay more than \$250,000 for all expenses incurred as the result of one Security Evacuation event. If, in the absence of this provision, We would pay more than this amount for all expenses incurred for a single event, then the benefits payable to each person with a valid claim will be reduced proportionately.

Benefits will be paid for: 1) your Transportation and Related Costs to the Nearest Place of Safety necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2) your Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by you: a) back to the country in which you are traveling during the Covered Activity while covered by the Policy but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date you are scheduled to return; or b) your Home Country; or c) where the Policyholder that sponsored your Trip is located. 3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Benefits are payable only once for any one Occurrence.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from you.

“Appropriate Authority(ies)” means the U.S. State Department, the government authority(ies) in your Home Country or Country of Residence or the government authority(ies) of the Host Country. “Designated Security Consultant” means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure your safety in his or her care. “Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your Home Country or Country of Residence or citizens of the Host Country leave the Host Country. “Host Country” means any country, other than an OFAC excluded country, in which you are traveling while covered under the Policy. “Missing Person” means your disappearance for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies). “Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which your Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events. “Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1) you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and 2) you have access to Transportation; and 3) you have the availability of temporary lodging, if needed. “Occurrence” means any of the following situations in which you are involved that trigger the need for a Security Evacuation: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of your Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven (7) days of an event; 4) your deliberate physical harm confirmed by documentation or physical evidence or a threat against your health and safety as confirmed by documentation and/or physical evidence; 5) you have been deemed kidnapped or a Missing Person by local or international authorities and, when found, your safety and/or well-being are in question. “Related Costs” means lodging and, if necessary, physical protection for you during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while you are waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored your Trip is located. Benefits will not be payable for Related Costs unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. “Security Evacuation” means your extrication from the Host Country due to an Occurrence which could result in grave physical harm or your death. “Transport” or “Transportation” means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees: 1) payable under any other provision of the Policy; 2) that are recoverable through your employer or other entity sponsoring your Trip; 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by you, acting alone or in collusion with other persons; 4) arising from or attributable to an alleged: a) violation of the laws of the country in which you are traveling while covered under the Policy; or b) violation of the laws of your Home Country or Country of Residence; 5) due to your failure to maintain and possess duly authorized and issued required travel documents and visas; 6) for repatriation of remains expenses; 7) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization; 8) for medical services; 9) for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping; 10) arising from or attributable, in whole or in part, to: a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) your non-compliance with regard to any obligation specified in a contract or license; 11) due to military or political issues if your Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued; 12) your failure to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate you or failure to follow the directions given by Our designated security consultants during a Security Evacuation. If you refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

**Special Adaptation Benefit** - We will pay \$25,000 if you suffer a "Presumptive Disability" and require a special housing adaptation or a special Vehicle to accommodate the disability. Benefits will not be payable unless your Doctor certifies them as necessary. "Presumptive Disability" means We will presume you are Totally Disabled if you suffer the complete and irrecoverable loss of sight of both eyes, speech, hearing in both ears, or of any two limbs, hands or feet, provided the loss occurs within one year of the Covered Accident. "Vehicle" means a private passenger land motor vehicle. It includes automobiles, vans, and four wheel drive vehicles. It does not include a vehicle used for farming, commercial business, racing or any type of competitive speed event.

**Special Counseling Benefit** - We will pay \$150 per session for up to 10 counseling sessions for mental health counseling to assist you in dealing with a Covered Loss, if you suffer an Injury that results in a loss as outlined in the *Schedule of Covered Losses* for which the Accidental Death and Dismemberment Benefit is payable; and obtain mental health counseling. The Maximum Amount for this benefit is \$1,500 per Covered Loss.

**Special Education Benefit** - We will pay \$5,000 for each qualifying Dependent child and \$5,000 for your surviving spouse covered under the Policy on the date you die. Your death must result, directly and independently of all other causes, from a Covered Accident for which an Accidental Death Benefit is payable under this Policy. This benefit is subject to the conditions described below.

A qualifying Dependent child must: 1) be enrolled as a full-time student in an accredited school of higher learning beyond the 12<sup>th</sup> grade level on the date of your Covered Accident; or be at the 12<sup>th</sup> grade level on the date of your Covered Accident and then enroll as a full-time student at an accredited school of higher learning within 365 days from the date of the Covered Accident and continue his or her education as a full-time student. 2) continue his or her education as a full-time student in such accredited school of higher learning; and 3) incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

A qualifying surviving spouse must: 1) enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within one year of the date of your Covered Accident; 2) remain enrolled in such accredited school; and 3) incur expenses payable directly to, or approved by, such school.

Payments will be made to each qualifying Dependent child or surviving spouse at the end of each year for up to \_\_\_\_\_ years. We must receive proof satisfactory to Us of the Dependent child's enrollment or the spouse's enrollment and attendance within 31 days of the end of each year.

If no Dependent child or surviving spouse qualifies for Special Education Benefits within 365 days of your death, We will pay to your beneficiary.

**Exclusions and Limitations:** We will not pay benefits for any loss or Injury that is caused by, or results from:

- intentionally self-inflicted Injury. (applicable to Accidental Death and Dismemberment Benefit only)
- suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not (except as provided by the Policy).
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

### **Out-of-Country Medical Expense Benefit**

In addition to the accident benefits provided by your business travel plan, we will pay the additional benefits listed below if you are injured as the result of a Covered Accident or become sick while traveling on business outside your Home Country or Country of Permanent Assignment provided the trip does not exceed 365 days.

This coverage will begin on the later of the scheduled departure date or the date you leave your Home Country or Country of Permanent Assignment on a trip authorized by the Participating Organization. Coverage will end on the earliest of your scheduled return date, the date you return to your Home Country or Country of Permanent Assignment, or the date your Personal Deviation is more than 14 day(s).

**Medical Expense Benefits** - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable to the earlier of the date you return to your Home Country or Country of Permanent Assignment, or 26 weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 30 days after the date of Covered Accident or Sickness.

The Maximum Benefit for all Accident and Sickness benefits for you is \$1,000,000; for your spouse is \$1,000,000; and for your children is \$1,000,000, subject to a Deductible of \$0 per Covered Accident or Sickness.

The following limits also apply: The maximum for Dental Treatment (Injury only) is \$1,500. The maximum for Emergency Medical Treatment of Pregnancy is treated as any other medical condition. The maximum for Room & Board charges is 100% of the average semi-private room rate. The maximum for ICU Room & Board Charges is 200% of the average semi-private room rate.

Medical Expense Benefits are only payable: 1) for 100% of the Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that the Covered Person incurs; and 3) for charges incurred for services rendered to you while traveling outside of your Home Country or Country of Permanent Assignment.

**Emergency Medical, Emergency Medical Evacuation and Repatriation of Remains Benefits** are extended to include travel outside of your Home Country or Country of Permanent Assignment.

**Home Country Emergency Benefit** – We will pay benefits for Covered Medical Expenses if you continue treatment in your Home Country of a covered Injury or Sickness that was first treated during the course of a Trip. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan. The coverage begins on the date you arrive in your Home Country. It ends the later of: 1) \$30 days after you return to your Home Country, or 2) the date you leave your Home Country. This benefit is payable only once in any Policy Term. This coverage will end on the earlier of the date yours would otherwise end or the end of the Policy Term. In order for this benefit to be payable, your coverage must remain continuously in force and the required premium must be paid.

Home Country Emergency Benefit payments are subject to the \$0 Deductible and Coinsurance Rate shown above for Medical Expense Benefits and a Benefit Maximum of \$30,000.

**Lost Baggage Benefit** - We will reimburse your replacement costs of clothes and personal hygiene items, up to \$2,500 per bag not to exceed \$2,500 per trip after satisfaction of the \$0 Deductible, if your luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond your use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen, or damaged luggage.

**Personal Property and Financial Instrument Reimbursement Benefit** – If you sustain loss or damage to Personal Property or Financial Instrument during a bona fide business Trip approved by your employer, after satisfaction of the \$0 Deductible, We will indemnify the Policyholder on your behalf with respect to such loss or damage as follows: we will reimburse the reasonable cost up to \$2,500 per item or set of items, not to exceed \$5,000 for Personal Property; we will reimburse up to \$500 for cash and \$5,000 for other Financial Instruments, per Trip.

Replacement costs for Personal Property are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the

safety and security of any covered property and Financial Instrument, and We require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits. "Personal Property" means personal goods belonging to you or for which you are responsible and are taken on the business Trip or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment. "Financial Instrument" means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards. It does not mean the devaluation of currency or shortages due to errors or omissions during monetary transactions.

In addition to the exclusions above, We will not pay benefits for any loss, treatment, or services resulting from or contributed to by:

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Routine nursery care.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household.
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).
- Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

In addition to the Policy Exclusions, We will not pay Lost Baggage, Personal Property and Financial Instrument Reimbursement for:

- Loss or damage due to:
  - i. Moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
  - ii. Mechanical or electrical failure;
  - iii. Any process of cleaning, restoring, repairing, or alteration;
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
- Devaluation of currency or shortages due to errors or omissions during monetary transactions;
- Any loss not reported to either the police or transport carrier within 24 hours of discovery;
- Any loss due to confiscation or detention by customs or any other authority.

If we determine the benefits paid under the Out-of-Country Medical Plan are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

#### IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).



**Definitions: “Covered Accident”** means an accident that occurs while coverage is in force for you and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **“Covered Person”** means any eligible person for whom the required premium is paid. **“Injury”** means accidental bodily harm sustained by you from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **“Sickness”** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **“Trip”** means travel by air, land, or sea from your Home Country. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Policy Number: ADD N04835189, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

**Contact Information:** For customer service, eligibility verification, plan information, or to file a claim, contact: Chubb NA at 800-336-0627 (from inside the U.S.) or 302-476-6194 (from outside the U.S.); fax 302-476-7857 for claims or inquiries, or e-mail [aceaandhclaims@chubb.com](mailto:aceaandhclaims@chubb.com). To file a claim online, visit us at: <https://www.chubbclaims.com/ace/us-en/welcome.aspx>. Mail claims to: Chubb Accident & Health, PO Box 5124, Scranton, PA 18505-0556.

**Travel Assistance Services:** Please contact the Policyholder for information about your travel assistance services and how to contact the assistance provider when you are traveling.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to your employer. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.