



# Business Travel Welcome Guide

# Business Travel Insurance Member ID cards

## Worldwide 24-Hours a Day

When traveling for business, you can now feel confident that you are in safe hands if an emergency or urgent need arises. The UnitedHealthcare Business Travel Insurance Program provides medical, security and travel-related assistance services.

### How to use these services



Always carry your member ID card with you when traveling in a foreign country.



If you have a medical, travel or security problem, call UnitedHealthcare Global. If you are experiencing a medical emergency, you should immediately go to the nearest physician or hospital before calling UnitedHealthcare Global.

Printed on your member ID card are Business Travel telephone numbers. **Call toll free +1-866-870-3475 or reverse charges calls are accepted at +1-763-274-7364.**



When you call, be prepared with as much of the following information as possible:

- your name
- your organization's name and ID number
- description of the situation
- phone number to reach you



A UnitedHealthcare Global, multilingual assistance coordinator will render whatever assistance is necessary, and will continue to monitor your case until the situation is resolved.

Please cut your ID card along the dotted line and fold in the center.

	<p><b>BUSINESS TRAVEL INSURANCE</b></p>	<p>This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.</p>
<p><b>Client Name:</b> Bentley University <b>Group ID #:</b> 909222 <i>(Provide this number when calling UHCG)</i> <b>UHCG ID #:</b> 902206670 <i>(Use this number when creating your Intelligence Center account)</i></p>	<p><b>Business Travel Toll Free:</b> +1 866-870-3475 <b>Business Travel Reverse Charges Accepted:</b> +1-763-274-7364 businesstravel@uhcglobal.com <a href="http://members.uhcglobal.com">http://members.uhcglobal.com</a></p>	<p><b>Claim Submission:</b> UnitedHealthcare Global PO Box 740836 Atlanta, GA 30374-0836 USA Fax: +1-248-524-5729 businesstravel@uhcglobal.com</p>
<p>UnitedHealthcare Business Travel Insurance Underwritten by UnitedHealthcare Insurance Company</p>	<p><b>Notice to Physicians/Hospitals:</b> Call immediately for benefits verification and procedures. Call 24 hours a day (multilingual). If you do not have access to a phone, email <a href="mailto:businesstravel@uhcglobal.com">businesstravel@uhcglobal.com</a></p>	<p>7/19 MBRC-12551</p>

## You Should Know...

### **The UnitedHealthcare Global Customer Care Center is available 24-hours a day, every day of the year.**

Coordinators are available 24-hours a day, every day of the year. Many times people assume that the services are to be used only in serious cases. Be assured that our team is there to help you with any type of problem regardless of the severity.

**If you have questions about local medical facilities, call us.** We will help you locate appropriate care. If our clinical care team determines that local medical facilities are inappropriate for treatment, we will arrange for a medically safe evacuation to a facility capable of providing the necessary care.

**If you are hospitalized, it is important to notify us as soon as possible.** Our clinical care team will contact your treating physician to assess your condition and treatment plans, which helps ensure your safe recovery. We will then update those persons you want us to, as appropriate, and assist you until you have returned home or have received final treatment.

## Portfolio of services

This is a list of services available from UnitedHealthcare Global. Please refer to the program description details regarding the benefits, paid services, conditions and limitation of your program.

### Medical Evacuation and Repatriation Services

- Emergency Medical Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation after Stabilization
- Transportation to Join a Hospitalized Participant
- Return of Minor Children
- Repatriation of Mortal Remains

### Medical Assistance Services

- Worldwide Medical and Dental Referrals
- Monitoring of Treatment
- Facilitation of Hospital Payment
- Relay of Insurance and Medical Information
- Medication and Vaccine Transfers
- Updates to Family, Employer and Home Physician
- Hotel Arrangements
- Replacement of Corrective Lenses and Medical Devices

### Security and Political Evacuation Services

- Transportation to Departure Point
- Security Evacuation
- Political Evacuation
- Transportation after Security or Political Evacuation
- Natural Disaster

### Worldwide Destination Intelligence

- Intelligence Center
- Medical Intelligence Reports
- World Watch® Global Security Intelligence

### Travel Assistance Services

- Replacement of Lost or Stolen Travel Documents
- Emergency Travel Arrangements
- Transfer of Funds
- Legal Referrals
- Language Services
- Message Transmittals



# UnitedHealthcare Global Business Travel Intelligence Center

## Creating an Intelligence Center Account

Log on to the UnitedHealthcare Global Intelligence Center to access medical, security and/or travel tools providing information on your country of destination. Depending on your program, you may have access to Medical Intelligence Reports, World Watch® or Pre-Travel Planning. Create a user account to get started.



- 1 **Navigate to [www.members.uhcglobal.com](http://www.members.uhcglobal.com)**
- 2 **Click on “Create User.”**
- 3 **Enter your UHC Global ID Number, then click “Next.”**  
ID number is located on the front of your UnitedHealthcare Global Member ID Card.
- 4 **Read and agree to the terms of use, then click “Next.”**
- 5 **Enter your account information, then click “Next.”**  
Username, Password, Email, Security Question and Answer.
- 6 **Complete your user information, then click “Finish.”**  
Enter your first name, last name, gender and primary phone number.





**BUSINESS TRAVEL INSURANCE**

**Client Name:**

**Group ID #: 909222**

*(Provide this number when calling UHCG)*

**UHC ID #: 902206670**

*(Use this number when creating your Intelligence Center account)*

UnitedHealthcare Business Travel Insurance  
Underwritten by UnitedHealthcare Insurance Company

# Frequently Asked Questions

## How do you access UnitedHealthcare Global business travel assistance services?

- A** You can access the worldwide UnitedHealthcare Global network 24/7 by calling UnitedHealthcare Global direct using the numbers printed on your Business Travel Insurance fulfillment materials or your ID card. Simply call the toll free number on your UnitedHealthcare Global ID card. If a toll-free number is not available from within the country in which you are traveling, you can call UnitedHealthcare Global collect. Again, the numbers are printed on your fulfillment materials and ID card.

## When can I access UnitedHealthcare Global business travel assistance services?

- A** UnitedHealthcare Global is available 24 hours a day, every day of the year. We are here to help with any type of medical enquiry or travel enquiry, including lost documentation, regardless of the severity.

## Where can I access UnitedHealthcare Global business travel assistance services?

- A** UnitedHealthcare Global services extend worldwide. In the last two years, we have helped people in 200 different countries. However, in some countries the rendering of care or assistance services is prohibited by U.S. law, local laws, or regulatory agencies. We are not able to provide services in those countries.

## How many cases does UnitedHealthcare Global handle a year?

- A** UnitedHealthcare Global supports members through more than 38,000 cases annually, in virtually every country of the world. Approximately one half of these were emergency medical cases.

## Does UnitedHealthcare Global require that I attend a specific hospitals, doctor, or clinic?

- A** In order to reap the full benefits of our service, we strongly recommend that you contact us before entering a medical facility. We will then connect you to pre-assessed facilities that we have previously worked with. UnitedHealthcare Global refers its members to the best available local providers. We cannot guarantee the quality of treatment from providers outside our network. However, we will provide the same assistance services regardless of where you are treated.

## What happens in the event of a hospitalization?

- A** Please notify us as soon as possible in the event of hospitalization. We will speak immediately with your treating doctor to assess your condition, your treatment plans, and whether or not an evacuation is necessary. We will update your family, employer and personal physician as appropriate and co-ordinate all insurance verifications and admission details.

## How does UnitedHealthcare Global facilitate hospital admissions?

- A** UnitedHealthcare Global will coordinate all billing and insurance verifications, including settling any guarantees of payment. This ensures that there is no delay or denial of medical treatment if a member is unable to make an up-front payment or if the insurance is not recognized.

## How does UnitedHealthcare Global help locate appropriate medical care?

- A** UnitedHealthcare Global has a global network of more than 150,000 providers worldwide. Our network includes hospitals, clinics and physicians, air ambulances, house-call physicians and medical escorts. We have rigorous credentialing standards. UnitedHealthcare Global's medical intelligence and firsthand knowledge of clinical environments around the world enable unbiased recommendations in the best interest of the patient. In evaluating the local facilities and the most appropriate medical care, we consider factors such as the quality of the blood supply, medical technology and specialties, use of sterile equipment matching them against each individual patient's medical requirements.

## What if the local facilities are not capable of providing treatment?

- A** If facilities are inadequate, the Regional Medical Advisor will evaluate the safety and appropriateness of evacuation options based on medical need and finalize evacuation plan details. We will consult with all parties involved and fully manage the issues surrounding the evacuation.

## What happens when I am released from hospital?

- A** UnitedHealthcare Global assists with your case until the point when you have returned home or have received final treatment.

### What is involved in an evacuation?

- A** The choice of transportation, from a commercial airline to a dedicated air ambulance, will be dictated by your condition and location. Our medical management team will co-ordinate all aspects of the process to support the best possible medical outcome including:
- Evaluation of the transport requirements (such as oxygen requirements, doctors necessary, any special equipment, altitude specifications, etc.)
  - Discharge administration
  - Admission into a new facility
  - Identifying qualified aeromedical escorts and air ambulances
  - Coordinating ground transportation on both ends of the evacuation
  - Immigration and flight clearances
  - Assistance with travel arrangements if required, for visiting family

### How are medical expenses paid under this program?

- A** Whenever possible, covered expenses as outlined in the benefit summary will be paid directly to the provider by UnitedHealthcare Global. This happens in 83% of cases. However, we cannot guarantee that every treating doctor or facility will follow the claims submission process. In these instances, if the patient is able to pay out of pocket, they submit a claim for reimbursement. We pay in a wide range of currencies, direct into a selected bank account. If you are unable to pay out of pocket, please contact UnitedHealthcare Global using the telephone number provided on the Insurance ID card. UnitedHealthcare Global will work directly with the provider to secure immediate payment via an acceptable method.

### What if my problem is non-medical?

- A** Simply call the UnitedHealthcare Global's access numbers for assistance with lost or stolen passports, legal referrals, translation services, emergency transfer of funds and a host of other non-medical problems.

### What if there is a political situation and I need evacuation or security services?

- A** If you are concerned about a deteriorating security situation in the country in which you are traveling, please call us. Our Travel Security Intelligence provides real-time analysis of countries and major cities. We will keep your employer informed of all developments, with regular updates and information about the appropriate action to take in terms of local security support or evacuation to a safe destination. Your plan pays for expenses related to political or security evacuation up to the limit of your plan, which is \$100,000 per year.

### What if there is a natural disaster and I need assistance or evacuation services?

- A** In the event of a Natural Disaster, UHC Global will arrange for local assistance or evacuation to the nearest safe haven or directly to your home country, if possible, and at the discretion of UHC Global. Your plan pays for expenses related to natural disaster evacuation up to the limit of your plan, which is \$100,000 per year.

### If I coordinate my own medical or security evacuation will I be reimbursed?

- A** All evacuations must be arranged and approved by UnitedHealthcare Global in order to be eligible for coverage.

### Are Dependents covered under the plan?

- A** Yes. Spouse, Domestic Partner and Dependent Children are covered under the plan. The plan will cover up to 5 dependents traveling with you.

### Is vacation travel covered?

- A** Yes, the plan will cover up to 7 days of non-business travel, adjacent to business travel. Dependents would not be covered during this time.

### Am I covered when traveling within my home country (i.e. USA)?

- A** This benefit is only active when you are traveling outside of Your Home Country or Your Country of Assignment.

## **Medical Benefit Summary**



YOUR BENEFITS  
**Benefit Summary**

**Massachusetts - Global Travel  
Consumer - 100% Plan 6K6**

**MODIFIED**

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

- Benefits are available only for Eligible Expenses incurred by a member who is traveling outside his or her home country, as authorized by the Enrolling Group.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

**PLAN HIGHLIGHTS**

<b>Types of Coverage</b>	<b>Benefits</b>
<b>Annual Deductible</b>	
Individual Deductible	No Annual Deductible
Family Deductible	No Annual Deductible
<b>Benefit Plan Coinsurance - The Amount We Pay</b>	
	100%
<b>Out-of-Pocket Maximum</b>	
Individual Out-of-Pocket Maximum	No Out-of-Pocket Maximum
Family Out-of-Pocket Maximum	No Out-of-Pocket Maximum
<b>Annual Medical Maximum Benefit: Annual Medical Maximum Benefit is calculated on a Policy Year basis.</b>	
The maximum amount we will pay for medical benefits during the year.	\$250,000 per Covered Person for Medical Benefits.
<b>Additional Policy Year Benefit Information</b>	
Refer to your Certificate of Coverage for the definition of Eligible Expenses for information on how benefits are paid.	

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**MAXt046K613**

<b>Item#</b>	<b>Rev. Date</b>	
XXX-XXXX	1114	UHC Global Travel/17196/2011

UnitedHealthcare Insurance Company

## BENEFITS

<b>Types of Coverage</b>	<b>Benefits</b>
<b>Ambulance Services - Emergency and Non-Emergency</b>	
	100%
	<i>Pre-Service Notification is required for non-Emergency Ambulance. Benefits under this section do not include Emergency Evacuation. See Emergency Medical Evacuation described under Evacuation and Repatriation Benefits in this Benefit Summary.</i>
<b>Culturally-Based Services</b>	
	100%
<b>Dental Pain Relief</b>	
Benefits are limited to: \$500 per year	100%
<b>Dental Services - Accident Only</b>	
Benefits are limited to: \$2,000 per year	100%
<b>Durable Medical Equipment</b>	
	100%
<b>Emergency Health Services - Outpatient</b>	
	100%
<b>Hospital - Inpatient Stay</b>	
	100%
<b>Lab, X-Ray and Diagnostics - Outpatient</b>	
	100%
<b>Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient</b>	
	100%
<b>Outpatient Prescription Drugs</b>	
	100%
<b>Pharmaceutical Products - Outpatient</b>	
This includes medications administered in an outpatient setting or in the Physician's Office.	100%
<b>Physician Fees for Surgical and Medical Services</b>	
	100%
<b>Physician's Office Services - Sickness and Injury</b>	
Primary Physician Office Visit	100%
Specialist Physician Office Visit	100%
<b>Pregnancy - Complications of Pregnancy only</b>	
	Benefits will be the same as those stated under each Covered Service category in this Benefit Summary.
<b>Prosthetic Devices</b>	
	100%

Types of Coverage	Benefits
<b>Reconstructive Procedures</b>	
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>	
Diagnostic scopic procedures include, but are not limited to: Colonoscopy Sigmoidoscopy Endoscopy	100%
<b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>	
	100%
<b>Surgery - Outpatient</b>	
	100%
<b>Therapeutic Treatments - Outpatient</b>	
Therapeutic treatments include, but are not limited to: Dialysis Intravenous chemotherapy or other intravenous infusion therapy Radiation oncology	100%
<b>Urgent Care Center Services</b>	
	100%

## EVACUATION AND REPATRIATION BENEFITS

Types of Coverage	Benefits
<b>Annual Evacuation and Repatriation Maximum Benefit</b>	
The maximum amount we will pay for evacuation and repatriation benefits during the year.	\$250,000 per Covered Person for Evacuation and Repatriation Benefits.
<b>Emergency Medical Evacuation</b>	
Benefits include arranging and providing for transportation and related medical services (including cost of medical escort) and medical supplies incurred in connection with the emergency evacuation.	100%  Transportation for 1 person to join the Covered Person at the location where the Covered Person is transported. A per-diem of \$350 daily for up to 14 days to cover accommodation for the Covered Person or the person accompanying the Covered Person at the evacuation destination. Transportation of your children (under the age of 18) either to the same location as the Covered Person or to a location where the children can be placed under the care of another guardian or relative.  <i>You must notify us as soon as the possibility of Emergency Evacuation arises. If you don't notify us, you will be responsible for paying all charges and no benefits will be paid.</i>
<b>Emergency Family Reunion</b>	
	100%  In the event that you are hospitalized and in a critical or terminal condition, or upon your death, benefits are available to transport two (2) of your family members to join you. We will provide a per-diem of \$350 to cover accommodation expenses for your family members up to a maximum of fourteen (14) days.  <i>You must notify us as soon as the possibility of Emergency Evacuation arises. If you don't notify us, you will be responsible for paying all charges and no benefits will be paid.</i>
<b>Medical Repatriation</b>	
Benefits include Repatriation of Children (under age 18).	100%  After you receive initial treatment and stabilization for a Sickness or Injury, if the attending Physician and our <i>Medical Director</i> or the <i>Medical Director</i> of our affiliate or authorized vendor under our direction determine that it is appropriate to facilitate your recovery, we will transport you back to your permanent place of residence for further medical treatment or to recover. The timing and method of transportation will be determined solely by us and will be suitable to accommodate your medical needs. Covered Services include arranging and providing for transportation and related medical services (including medical escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.  <i>You must notify us as soon as the possibility of Emergency Evacuation arises. If you don't notify us, you will be responsible for paying all charges and no benefits will be paid.</i>

**Types of Coverage****Benefits****Repatriation of Remains**

Benefits include Return of Children (under age 18).

100%

In the event of your death, we or our affiliate or authorized vendor will render assistance and provide for the return of your mortal remains to your permanent place of residence.

*You must notify us as soon as the possibility of Emergency Evacuation arises. If you don't notify us, you will be responsible for paying all charges and no benefits will be paid.*

THIS POLICY IS SUPPLEMENTAL TO A GROUP HEALTH PLAN. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL POLICY.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

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## EXCLUSIONS

It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

### Alternative Treatments

Please note that the following exclusions do not apply to any service, therapy or treatment provided outside the United States that is determined to be a Covered Service as described under Culturally-Based Services in Section 1 of the COC. Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; art therapy, music therapy, dance therapy, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to non-manipulative osteopathic care for which Benefits are provided as described in Section 1 of the COC.

### Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: prior to the initiation of immunosuppressive drugs; the direct treatment of acute traumatic Injury, cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration and replacement of teeth; medical or surgical treatments of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly.

### Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

### Drugs

Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.

### Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition.

### Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. Treatment of flat feet. Treatment of subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports.

### Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, gauze and dressings, urinary catheters, Ostomy supplies. This exclusion does not apply to disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC. Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

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## EXCLUSIONS CONTINUED

### Mental Health

Services for the treatment of mental illness or mental health conditions:

### Neurobiological Disorders – Autism Spectrum Disorders

Services for treatment of autism spectrum disorders as the primary diagnosis. (Autism spectrum disorders are a group of neurobiological disorders that includes Autistic Disorder, Rhetts's Syndrome, Asperger's Disorder, Childhood Disintegrated Disorder, and Pervasive Development Disorders Not Otherwise Specified (PDDNOS).)

### Nutrition

Individual and group nutritional counseling. This exclusion does not apply to medical nutritional education services that are provided by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).

### Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment; home modifications such as elevators, handrails and ramps; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

### Physical Appearance

Cosmetic Procedures. See the definition in Section 8 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

### Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Outpatient rehabilitation services. Examples include physical therapy, speech therapy, occupational therapy, cardiac rehabilitation therapy, pulmonary rehabilitation therapy, manipulative treatment, post-cochlear implant aural therapy and vision therapy. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be medical or dental in nature. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic Injury, dislocation, tumors or cancer. Orthognathic surgery, jaw alignment and treatment for the temporomandibular joint, except as a treatment of obstructive sleep apnea. Surgical and non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs. Breast reduction surgery except as described under Reconstructive Procedures in Section 1 of the COC.

### Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.

## EXCLUSIONS CONTINUED

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### Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

### Services Provided under another Plan

Health services for which other coverage is required by federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers' compensation, Defense Base Act (DBA) coverage, no-fault auto insurance, or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elected for you, Benefits will not be paid for any Injury, Sickness or mental illness that would have been covered under workers' compensation or similar legislation had that coverage been elected. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty. Health services provided while you are covered under a separate policy issued through your Enrolling Group as stipulated by a foreign governmental requirement. Health services provided under your primary medical plan.

### Substance Use Disorders

Services for the treatment of substance use disorder services.

### Transplants

Health services for organ and tissue transplants. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person.

### Travel

Travel or transportation expenses, even though prescribed by a Physician. This exclusion does not apply to Emergency Evacuation, Medical Repatriation and Repatriation of Remains for which Benefits are described under Evacuation and Repatriation Benefits in Section 1 of the COC.

### Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis. Custodial care or maintenance care. Domiciliary care. Private Duty Nursing. Respite care. Rest cures. Services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work). Home Health Care. Hospice Care. Preventive medical care.

### Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Routine vision examinations, including refractive examinations to determine the need for vision correction. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Eye exercise or vision therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery. Purchase cost and associated fitting and testing charges for hearing aids, bone anchored hearing aids and all other hearing assistive devices.

### All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Service – see the definition in Section 8 of the COC. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Policy when: required solely for purposes of school, sports or camp, travel, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Subscribers who are civilians Injured or otherwise affected by war, any act of war, or terrorism in non-war zones. Health services received after the date your coverage under the Policy ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Policy ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy. In the event a provider waives Copayments, Coinsurance and/or any deductible for a particular health service, no Benefits are provided for the health service for which the Copayments, Coinsurance and/or deductible are waived. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy. Sign language and foreign language services.

**Accidental Death &  
Dismemberment Rider**

## Benefits for Accidental Death and Dismemberment

If the Covered Person suffers a loss described below, we will pay the amount of insurance that applies. The Covered Person or Covered Person's beneficiary, must give us proof of all of the following:

- Injury occurred while the insurance was in force under this section.
- Loss occurred within 90 days after the Injury.
- Loss was due to Injury independent of all other causes.

Amount of Insurance: \$50,000 \_\_\_\_\_ will be paid according to the following table:

*Include conditions in table and explanations directly below according to plan design.*

Loss of life	100%
Loss of both hands or both feet	50%
Loss of sight of both eyes	50%
Loss of one hand and sight of one eye	50%
Loss of one foot and sight of one eye	50%
Quadriplegia	25%
Paraplegia	25%
Triplegia	25%
Loss of one hand	25%
Loss of one foot	25%
Loss of sight of one eye	25%
Coma	25%
Loss of speech	25%
Loss of hearing	25%
Hemiplegia	25%
Uniplegia	25%
Loss of thumb and index finger of the same hand	25%

Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent paralysis of both upper and lower limbs. Paraplegia means total and permanent paralysis of both lower limbs. Uniplegia means the total and permanent paralysis of one limb. Triplegia means the total and permanent paralysis of three limbs. Hemiplegia means total and permanent paralysis of upper and lower limbs on one side of the body. Paralysis means permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. Coma means the diagnosis of a state of unconsciousness for a continuous period of at least 90 days.

In paying this benefit, we will consider only losses sustained while insured under this Rider. We will pay no more than the full amount shown above for losses resulting from any one Injury.

Limitations: We will not pay a benefit under this Rider for a loss caused directly or indirectly by any of the following:

- Disease, bodily or mental infirmity, or medical or surgical treatment of these.
- Suicide or intentionally self-inflicted Injury, while sane or insane.

- Participation in a riot or insurrection, or commission of an assault or felony.
- War or any act of war, declared or undeclared.
- Use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician.
- Driving while intoxicated, as defined by the applicable state law where the loss occurred.
- Engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles.
- Injury arising out of or in the course of any occupation or employment for pay or profit, or any Any Injury or Sickness for which the Covered Person is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law.
- Travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on either a scheduled route or a charter flight seating 15 or more people.
- Travel or flight in, or descent from any aircraft, except if employment duties require the Covered Person to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on either a scheduled route or a charter flight seating 15 or more people.

**Notice of Claim:** Written notice of a claim for death or Injury must be given to us at our home office by the Covered Person or his beneficiary within 30 - 90 days of the date of death or the date the Injury occurred. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Enrolling Group, or can requested from us. If the Covered Person does not receive the form from us within 15 - 30 days of his or her request, written proof of claim should be sent to us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature, and extent of the loss involved.

**Proof of Claim:** Written proof of claim must be filed within 90 days of the loss. However, if it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

**Physical Examination and Autopsy:** We have the right to have a Physician of our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

# Claim Form

# UnitedHealthcare Global

## Business Travel Insurance Claim Form

Return this form with a copy of the bill(s) or receipt(s) via mail, fax, or email.

Claim Type(s):  Medical  Pharmacy/Rx

**Website:**  
Submit Claims online at  
<http://members.uhcglobal.com>

**Email:**  
[businesstravel@uhcglobal.com](mailto:businesstravel@uhcglobal.com)

**Direct Dial Fax:**  
+1 248-524-5729

**Address:**  
UnitedHealthcare Global  
PO Box 740836  
Atlanta, GA 30374-0836

**Please complete all sections of this claim form.** Claims may be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be notified should additional information be required.

**In order to be considered for payment:**

**International:** Filing deadline is 365 days from the date of service.

**U.S.:** Please refer to your Certificate of Coverage document in [www.myuhc.com](http://www.myuhc.com). If you receive services from a U.S. in-network provider with reimbursement paid directly to the provider, filing deadline is subject to the provider's filing limit.

**Please complete a new and separate claim form for:**

- Each patient
- Each currency type
- Each inpatient hospital stay
- Each different healthcare provider (unless multiple invoices with provider information are attached)

**Questions? Call Customer Care:** <+1.866.870.3475> OR <+1.763.274.7364> (Reverse charges accepted).

### Section 1 – Member and Patient Information

Client name (As displayed on ID card) \_\_\_\_\_

Group number (As displayed on ID card)

Member name \_\_\_\_\_ Member ID (if available)

Patient name \_\_\_\_\_ Relationship to Subscriber/Policyholder: \_\_\_\_\_

Patient date of birth   /   /     (mm/dd/yyyy) Gender:  Male  Female

Member phone # \_\_\_\_\_

Member email address \_\_\_\_\_

Street \_\_\_\_\_

Town/city \_\_\_\_\_

Region / State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Member's home country \_\_\_\_\_

Is the patient covered under another insurance health plan?  Yes  No

If Yes: Name, address, and phone number of other insurance carrier \_\_\_\_\_

### Section 2 – Claim Information

Provider/facility name \_\_\_\_\_

Provider/facility correspondence address:

Street \_\_\_\_\_

Town/city \_\_\_\_\_

Region / State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

## Section 2 continued...

Claim currency \_\_\_\_\_ Date(s) of service(s)   /   /     (mm/dd/yyyy)

Reimburse:  Member  Provider  Other If Other selected, please provide name \_\_\_\_\_

If reimbursement is to provider or other, please provide your signature here \_\_\_\_\_

Check the type of service(s) rendered:

- Office visit  Outpatient surgery  Prescription drugs  
 Inpatient hospital care  Emergency room visit  Medical supplies  
 Inpatient surgery  Lab or X-ray services  Other

If Other, please briefly describe service: \_\_\_\_\_

\_\_\_\_\_

Diagnosis: Provide the diagnosis (e.g. strep throat) or ICD 10 Diagnosis Code. \_\_\_\_\_

\_\_\_\_\_

Description of Treatment: Describe the treatment or services provided (e.g. office visit). \_\_\_\_\_

\_\_\_\_\_

Are the services provided related to an accident?  Yes  No If "Yes", please provide details \_\_\_\_\_

\_\_\_\_\_

## Section 3 – Member Reimbursement Options

Note - If no selection is made, reimbursement will be via a US dollar check.

- Use previously provided banking details  Payment by check  Electronic funds transfer payment

Specify currency for reimbursement \_\_\_\_\_

For bank transfers please complete the following:

Bank name \_\_\_\_\_

SWIFT / BIC Code \_\_\_\_\_

Beneficiary bank routing code \_\_\_\_\_

Account number / IBAN \_\_\_\_\_

Account name / Payee \_\_\_\_\_

Bank address \_\_\_\_\_

Would you like to keep the banking details above on file for future reimbursements?  Yes  No

Any person who knowingly files a statement of claim containing any misrepresentation or false, incomplete or misleading information may be guilty of a criminal act punishable under law and subject to civil penalties.

Member Signature \_\_\_\_\_ Date   /   /     (mm/dd/yyyy)

