Master Policy #061920-1
[ATLAS SERIES]
Assured: The Atlas/International Citizen Group Insurance Trust
Hamilton, Bermuda

ARTICLE 1 - INSURING

Certain Underwriters at Lloyds, London ("Underwriters") promise to provide the benefits described in this Master Policy. Underwriters make this promise in consideration of the Assured's Application, each Member's Application and payment of Premium.

MultiNational Underwriters, LLC is hereby recognized by Underwriters as the Plan Administrator. All communications, notices and payments required under this Master Policy shall be transmitted through the Plan Administrator. Receipt by the Plan Administrator shall be considered receipt by Underwriters.

Underwriter's agreement is subject to all terms, conditions, provisions and exclusions of this Master Policy, including any Exhibits, Schedules, Endorsements and/or Riders attached hereto.

ARTICLE 2 - EFFECTIVE DATE AND TERMINATION

This Master Policy is effective as of July 1, 2006 and shall remain in effect until June 30, 2007. Thereafter, this Master Policy may be renewed for successive 12 month periods. This Master Policy can be terminated at any time by either Underwriters or the Assured giving at least 30 days advance written notice to the other party. Such termination of the Master Policy will have no effect on Certificates issued to Members prior to the date of termination or on payments made or to be made by or to Underwriters under such Certificates. No Certificates will be issued after the date the Master Policy is terminated.

ARTICLE 3 – GENERAL PROVISIONS

A. ENTIRE AGREEMENT

This Master Policy, including any Exhibits, Schedules, Endorsements and/or Riders attached hereto, constitutes the entire agreement between Underwriters and the Assured. The Certificate issued to the Member, including the Member's Application and any Exhibits, Schedules, Endorsements and/or Riders attached thereto, is an outline of the insurance provided by this Master Policy. The Certificate does not extend or change the insurance provided by this Master Policy. The insurance described in the Certificate is subject to all terms, conditions, provisions and exclusions of this Master Policy, including any Exhibits, Schedules, Endorsements and/or Riders attached hereto.

B. INSOLVENCY

The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of the Assured or any Member shall not impose upon Underwriters any liability other than that specifically included in this insurance.

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C. CURRENCY

The monetary limits and Premiums stated in this Master Policy and any Certificate issued hereunder are in U.S. dollars.

D. NOTICE

Any notice to any Member shall be placed in the United States Mail, postage prepaid, and addressed to the Member's mailing address on file with Underwriters on the date the notice is mailed. Members are required to promptly notify Underwriters of any change in mailing address.

ARTICLE 4 – CONDITIONS PRECEDENT

The following are conditions precedent to Underwriter's liability under this insurance:

A. PREMIUM

1. Rates: Rates shall be as set forth in Exhibit B attached hereto.
2. Payment: Payment of the required Premium shall be remitted to Underwriters on or before the Member's Certificate Effective Date, continuation date (if applicable) or renewal date (if applicable).
3. Premiums are fully earned on the Certificate Effective Date and are non-refundable thereafter.
4. Premium is considered to be paid on the date the payment instrument is received by Underwriters, provided such instrument provides immediately available funds.

B. MISREPRESENTATION AND FRAUD

1. Application:
   Underwriters rely on the statements made by the Member on the Application and in connection with the making of the Application in determining whether or not the individual(s) included on the Application meets the Eligibility requirements and the underwriting requirements for insurance hereunder. Any misstatement, concealment or fraud in the Member's Application, or in relation to any statement or warranty made by the Member or their authorized representative, whether in writing or otherwise, to Underwriters or their representatives, on or in connection with the Application shall render this insurance null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Underwriters.
2. Claims:
   Underwriters rely on the statements made by the Member on the Claimant's Statement and in connection with the submission of any claim hereunder in determining whether or not and to what extent benefits under this insurance may be payable. Any misstatement, concealment or fraud in the making of any claim hereunder shall render this insurance null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Underwriters. If any claim under this

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insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by the Member or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Underwriters.

C. PROOF OF CLAIM

When Underwriters receive notice of claim, they will provide the Member with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments; and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of the Member.

The Member shall have 60 days beginning on the Certificate Termination Date to submit Proof of Claim to Underwriters. Subsequent to receipt of Proof of Claim, Underwriters may, at their sole discretion, request and require additional information, including but not limited to medical records, necessary to confirm the validity of any claim prior to payment thereof.

D. APPEALING A CLAIM

1. TIME LIMIT

   In the event Underwriters deny all or part of a claim under this insurance, the Member shall have 90 days from the date the notice of denial was mailed to the Member's last known address to file a written appeal with Underwriters. The written appeal must include sufficient information to identify the claim under appeal and must specify the reason(s) for the appeal with supporting documentation, if applicable.

2. APPEAL PROCEDURE

   Within 30 days of Underwriters' receipt of the appeal, Underwriters' will review the claim. A written response will be forwarded to the Member. Within 60 days of receipt of Underwriters' response to the appeal, the Member may initiate a second appeal. Within 30 days of Underwriters' receipt of the second appeal, medical and/or claims personnel who were not involved in the original claim determination or the initial appeal will review the claim. A final determination will be made and a letter will be sent to the Member.

E. ARBITRATION

If any dispute shall arise as to the amount to be paid under this insurance (liability being otherwise admitted), such dispute shall be referred to arbitration in accordance with procedures of the American Arbitration Association. Where any dispute is by this provision referred to arbitration, the making of an award shall be a condition precedent to any right of action against Underwriters.

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F. LEGAL ACTIONS

No action of law or equity may be brought to recover benefits under this insurance until 60 days after written Proof of Claim, as herein defined, has been provided to Underwriters. No such action may be brought after the end of three (3) years after the time written Proof of Claim, as herein defined, is required to be furnished.

G. WAIVER OF RIGHTS

Failure by Underwriters to enforce or require compliance with any provision herein will not waive, modify or render such provision unenforceable at any other time, whether or not the circumstances are the same.

H. CLAIMS COOPERATION

The Member and his/her Physician(s), Hospital(s) and other providers shall cooperate fully with Underwriters including granting full right of access to all related medical documentation, reports and evidence. Underwriters may deny coverage for any claim where there has been a refusal or material failure to so cooperate.

I. PATIENT ADVOCACY

Underwriters may determine that a particular claim or diagnosis occurring under this insurance may be placed under the Patient Advocacy program to ensure that Medically Necessary services and supplies are provided in the most cost effective manner. In the event Underwriters determine that a claim or diagnosis meets the Patient Advocacy program requirements, they will notify the Member, and a Patient Advocate will be assigned to the Member. Thereafter, the Patient Advocate may make recommendations of alternative treatment settings and/or procedures and/or supplies, which may be more cost effective for the Underwriters and/or the Member. Such recommendations will be made with input from the Member and the Member's Physician(s) and will be made only when it can be reasonably demonstrated that the Medically Necessary services and supplies can be provided in a more cost-effective manner to Underwriters and/or the Member. Underwriters will use best efforts to evaluate and recommend alternative treatment settings and/or procedures and/or supplies, which can reasonably be expected to result in the same or better care of the Member. The Member, in accepting the recommendations, agrees to hold Underwriters harmless and Underwriters shall not be held liable or otherwise responsible for any treatment, service, supply, procedure or care provided to the Member except for the payment of benefits under this insurance. After the Member has been notified that the claim or diagnosis meets the Patient Advocacy program requirements, Underwriters reserve the rights to:

1. Make payment for treatments, services and/or supplies which are not covered under this insurance which would be beneficial to the Member and cost effective to Underwriters; and
2. Deny payment for expenses which would otherwise be covered under this insurance which are over the amount Underwriters would have paid had the Member followed the recommendations of the Patient Advocacy program.

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J. SUBROGATION

Members undertake to cooperate with Underwriters in the prosecution of any and all valid claims they may have against third parties arising out of any occurrence which results or may result in a loss payment by Underwriters and to account for any amounts recovered on the basis that Underwriters shall be entitled to recover first in full any sums paid by them before the Member shares in any amount so recovered. Should the Member fail to prosecute any valid claims against third parties and Underwriters thereupon become liable to make payment under this insurance, then Underwriters shall be subrogated to all rights of the Member. Any amount recovered by Underwriters shall be used to pay the expenses of collection and reimbursement of Underwriters for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to the Member.

K. OTHER INSURANCE

Underwriters shall not pay any claim if there is other insurance which would, or would but for the existence of this insurance, pay such claim. This insurance will apply with respect to expenses is excess of the amount paid or payable under such other insurance. Underwriters shall not pay any claim in respect to care, treatment, services or supplies furnished by any program or agency funded by any government.

L. ASSIGNMENT

The Member may assign benefits under this insurance to a Hospital, Physician or other provider. Any assignment shall not confer upon such Hospital, Physician or other provider, any right or privilege granted to the Member under this insurance except for the right to receive benefits, if any, which are determined to be due and payable hereunder. No Hospital, Physician or other provider shall have any direct or indirect claim or right of action against Underwriters or the Plan Administrator.

M. RIGHT OF RECOVERY

In the event of overpayment of any claim hereunder because:

1. all or some of the expenses were not paid for by or on behalf of the Member or were subsequently recovered by or on behalf of the Member; or
2. any Relative of the Member or any person in the Member's family, whether or not that person is or was a Member, is repaid for all or some of those expenses by a source other than Underwriters; or
3. all or some of the expenses were not Eligible Expenses; or
4. all or some of the expenses were paid or reimbursed based on incorrect benefit application,

Underwriters have the right to recover the amount of overpayment from the Member and/or the Hospital, Physician or other provider of services or supplies. The amount of the recovery is the difference between:

a. the amount of expenses actually paid by Underwriters; and
b. the amount of expenses which should have been paid by Underwriters.

If the Member or the Hospital, Physician or other provider of services or supplies does

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not promptly make any such refund to Underwriters, Underwriters may, in addition to any other remedies available to them, either:

1. reduce the amount of any future claim that is otherwise eligible for payment hereunder, to the full extent of the refund due Underwriters; or
2. cancel the Certificate issued to the Member by giving 30 days advance written notice by mail to the Member's last known address.

N. CLAIMS ASSISTANCE

Every attempt will be made to help Members understand the benefits provided by this insurance, however, any statement made by an employee of Underwriters or the Plan Administrator will be deemed a representation and not a warranty. Actual benefit payment can only be determined at the time a claim is submitted and all facts are presented in writing. If a definite answer to a specific question is required, the Member can submit a written request, including all pertinent information and a statement from the attending Physician (if applicable), and a written reply will be sent to the Member and kept on file.

ARTICLE 5 – MEMBER ELIGIBILITY, CERTIFICATE EFFECTIVE DATE, CERTIFICATE TERMINATION DATE, BENEFIT PERIOD AND HOME COUNTRY COVERAGE

A. ATLAS AMERICA

1. Eligibility – Only Non-US Citizens who are at least 14 days of age are eligible for coverage under this plan. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a $50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a $10,000 Overall Maximum.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:
   a. the moment Underwriters receive Application and correct premium if Application and payment is made online or by facsimile; or
   b. 12:01am US Eastern Standard Time on the date Underwriters receive Application and correct premium if Application and payment is made by mail; or
   c. the moment the Member departs from his or her Home Country; or
   d. 12:01am US Eastern Standard Time on the date requested on the Application.
3. Certificate Termination Date – Insurance hereunder terminates on the earlier of:
   a. 12:01am US Eastern Standard Time on the last day of the period for which premium has been paid; or
   b. 12:01am US Eastern Standard Time on the date requested on the Application; or
   c. the moment of the Member's arrival upon return to his or her Home Country (unless the Member has started a Benefit Period or is eligible for Home Country Coverage).

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4. Benefit Period – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with item 3 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness while the Member is outside his or her Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
5. Home Country Coverage -
    a. Benefit Period - In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 3c of this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member's Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.
    b. End of Trip Home Country Coverage– In the event a Member is covered hereunder and is outside his or her Home Country continuously for six (6) months or more, the Member may purchase an additional 30 days of End of Trip Home Country Coverage. Home Country Coverage applies only to Eligible Medical Expenses.

B. ATLAS INTERNATIONAL
1. Eligibility - Only US Citizens and Non-US citizens whose travel does not include the US, except US citizens whose travel includes an Incidental Trip to the US, and who are at least 14 days of age are eligible for coverage under this plan. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a $50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a $10,000 Overall Maximum.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:
    a. the moment Underwriters receive Application and correct premium if Application and payment is made online or by facsimile; or
    b. 12:01am US Eastern Standard Time on the date Underwriters receive the Application and correct premium if Application and payment is made by mail; or
    c. the moment the Member departs from his or her Home Country; or
    d. 12:01am US Eastern Standard Time on the date requested on the Application.
3. Certificate Termination Date – Insurance hereunder terminates on the earlier of:
    a. 12:01am US Eastern Standard Time on the last day of the period for which premium has been paid; or
    b. 12:01am US Eastern Standard Time on the date requested on the Member's Application; or
    c. the moment of the Member's arrival upon return to his or her Home

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Country (unless the Member has started a Benefit Period or is eligible for Home Country Coverage).

4. Benefit Period – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with item 3 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness while the Member is outside his or her Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
5. Home Country Coverage -
   a. Benefit Period - In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 3c of this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member's Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.
   b. End of Trip Home Country Coverage – In the event a Member is covered hereunder and is outside his or her Home Country continuously for six (6) months (except for covered Incidental Home Country trips as described in c. of this section) or more the Member may purchase an additional 30 days of End of Trip Home Country Coverage. Home Country Coverage applies only to Eligible Medical Expenses.
   c. Incidental Home Country Coverage – For each three (3) months during which a US citizen is covered hereunder, the US citizen is covered for Medical Expenses only during incidental trips totaling no more than 15 days duration per three-month period of coverage. Incidental visit time must be used within the three-month period earned, and the Member must continue his or her international trip in order to be eligible for this benefit. Return to the Member's Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while traveling.

C. ATLAS PROFESSIONAL

1. Eligibility – US Citizens and Non-US Citizens who are at least 14 days of age and not yet 66 years of age, and who maintain medical insurance providing coverage while in their Home Country, are eligible for this plan. Spouses and/or Dependent child(ren) (under age 19) may be covered provided they also meet the above requirements.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:
   a. 12:01am US Eastern Standard Time on the date Underwriters receive the Application and correct Premium; or
   b. 12:01am US Eastern Standard Time on the date requested on the Member's Application.

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3. Certificate Termination Date – Insurance hereunder terminates 12 months after the Certificate Effective Date.
4. The Certificate Period is 12 months. During the Certificate Period, the Member is covered for all trips of 30 days duration or less, outside his or her Home Country. Coverage for each trip begins the moment the Member departs his/her Home Country during the Certificate Period. Coverage for each trip terminates on the earliest of:
   a. the Certificate Termination Date; or
   b. the 30th day following the Member's departure from his or her Home Country; or
   c. the moment of the Member's arrival upon return to his or her Home Country (unless the Member has started a Benefit Period).

   If coverage is purchased for the Spouse and/or dependents (under age 19), they are covered during the same time period as the Member, if they accompany the Member on the trip.
5. Benefit Period – While the Member is on a covered trip, the Benefit Period does not apply. Upon termination of coverage, in accordance with item 4 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness while outside the Member's Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
6. Home Country Coverage – In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 4 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member's Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.

D. ATLAS GROUP TRAVEL INSURANCE (also referred to as "DAY TRIPPER")
1. Eligibility – US Citizens and Non-US Citizens who are at least 14 days of age and traveling with a group of at least five (5) Members are eligible for coverage under this plan. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a $50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a $10,000 Overall Maximum.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:
   a. the moment Underwriters receive Application and correct premium if Application and payment is made online or by facsimile; or
   b. 12:01am US Eastern Standard Time on the date Underwriters receive Application and correct premium if Application and payment is made by mail; or
   e. the moment the Member departs from his or her Home Country; or
   f. 12:01am US Eastern Standard Time on the date requested on the Application.
3. Certificate Termination Date – Insurance hereunder terminates on the

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earlier of:

a. 12:01am US Eastern Standard Time on the last day of the period for which premium has been paid; or
b. 12:01am US Eastern Standard Time on the date requested on the Application; or
c. the moment of arrival upon the Member's return to his or her Home Country (unless the Member has started a Benefit Period or is eligible for Home Country Coverage).

4. Benefit Period – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with item 3 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness while the Member is outside his or her Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
5. Home Country Coverage –
   a. Benefit Period – In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 3c of this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member's Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.
   b. End of Trip Home Country Coverage – In the event a Group is covered hereunder and is outside their Home Country(ies) continuously for six (6) months or more the Group may purchase an additional 30 days of End of Trip Home Country Coverage. Home Country Coverage applies only to Eligible Medical Expenses.
   c. Incidental Home Country Coverage – For each three (3) months during which a US citizen is covered hereunder, the US citizen is covered for Medical Expenses only during incidental trips totaling no more than 15 days duration per three-month period of coverage. Incidental visit time must be used within the three-month period earned, and the Member must continue his or her international trip in order to be eligible for this benefit. Return to the Member's Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while traveling.

Notwithstanding the foregoing, coverage under all Plans shall terminate on the date Underwriters, at their sole option, elect to cancel all Members of the same sex, age, class or geographic location, provided Underwriters give no less than 30 days advance written notice by mail to the Member's last known address.

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ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS

Deductibles: Atlas America, Atlas International, Atlas Group Travel	$0, $100, $250, $500, $1,000 or $2,500 per Certificate Period.
Atlas Professional	$250 per covered trip.
Coinsurance – Claims incurred in US or Canada:	For the Certificate Period, Underwriters will pay 80% of the next $5,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit.
Coinsurance – Claims incurred outside US or Canada	For the Certificate Period, Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Overall Maximum Limit.
Hospital Room and Board	Average Semi-private room rate, including nursing services.
Local Ambulance	Usual, Reasonable and Customary charges, when covered Illness or Injury results in hospitalization as Inpatient.
Intensive Care Unit	Usual, Reasonable and Customary charges.
Hospital Indemnity	$100 per day of Inpatient hospitalization (not subject to Deductible or Coinsurance)
Physical Therapy Atlas America, Atlas International, Atlas Group Travel	$50 Maximum per visit
Atlas Professional	No Benefit
All Other Eligible Medical Expenses	Usual, Reasonable and Customary charges.
Acute Onset of Pre-existing Condition Atlas International Atlas Group Travel	$15,000 Maximum for Eligible Medical Expenses $25,000 Maximum for Emergency Medical Evacuation Only available to US citizens under age 70
Atlas America	No benefit
Atlas Professional	$5,000 Eligible Medical Expenses; $25,000 Emergency Medical Evacuation Expenses
Emergency Dental (Acute Onset of Pain)	$100 limit per Certificate Period
Emergency Medical Evacuation	Overall Maximum Limit (except as provided under Acute Onset of Pre-existing Condition for Atlas International, Atlas Group Travel, and Atlas Professional)

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Return of Minor Children	$5,000 per Certificate Period
Repatriation of Remains	Overall Maximum Limit
Emergency Reunion	$15,000 limit per Certificate Period (subject to a maximum of 15 days)
Natural Disaster	Maximum $100 a day for 5 days (not subject to Deductible or Coinsurance)
Trip Interruption	$5,000 limit per Certificate Period
Lost Checked Luggage	$250 limit per Certificate Period (not subject to Deductible or Coinsurance)
Terrorism Atlas International, Atlas America, Atlas Group Travel	$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only.
Atlas Professional	Optional Atlas Terrorism Rider - $50,000 Maximum Lifetime Limit, Medical expenses only.
Accidental Death and Dismemberment (excludes loss due to Common Carrier Accident) Atlas International, Atlas America, Atlas Group Travel, Atlas Professional Members age 18 and older Members under age 18	 Death - $25,000 Loss of 2 Limbs - $25,000 Loss of 1 Limb - $12,500 Benefits reduce 50% at age 70 and an additional 50% at age 75. Death - $5,000 Loss of 2 Limbs - $5,000 Loss of 1 Limb - $2,500 $250,000 Maximum Benefit any one family or Group.
Atlas Professional	Accidental Death and Dismemberment benefits are doubled in the event of loss resulting from Hijacking, Kidnapping or attempted Kidnapping. $250,000 Maximum Benefit any one family.
Common Carrier Accidental Death Atlas International, Atlas America, Atlas Professional, Atlas Group Travel Members age 18 and older Members under age 18	 $50,000 per Member $25,000 per Member

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	Subject to a Maximum of $250,000 any one family or Group. (No Benefit for loss resulting from Hijacking for Atlas Professional Members)
Hospital Pre-Notification Penalty	50% of Eligible Medical Expenses.
Optional Hazardous Sports Rider	Overall Maximum Limit
Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment and Common Carrier Accidental Death) Atlas International, Atlas America, Atlas Group Travel	Age 80 or older: $10,000. Age 70 to 79: $50,000. All others: $50,000, $100,000, $250,000, $500,000 or $1,000,000
Atlas Professional	$1,000,000

ARTICLE 7 – PRE-NOTIFICATION REQUIREMENTS

A. The following expenses must always be Pre-notified:
   1. Inpatient care; and
   2. any Surgery or Surgical Procedure; and
   3. care in an Extended Care Facility; and
   4. Home Nursing Care; and
   5. Durable Medical Equipment; and
   6. artificial limbs; and
   7. Computerized Tomography (CAT Scan); and
   8. Magnetic Resonance Imaging (MRI).

B. To comply with the Pre-notification requirements, the Member must:
   1. Contact the Plan Administrator at the telephone number contained in the Member's Certificate as soon as possible before the expense is to be incurred; and
   2. Comply with the instructions of the Plan Administrator and submit any information or documents they require; and
   3. Notify all Physicians, Hospitals and other providers that this insurance contains Pre-notification requirements and ask them to fully cooperate with the Plan Administrator**.**

C. If the Member complies with the Pre-notification requirements, and the expenses are Pre-notified, Underwriters will pay Eligible Medical Expenses subject to all terms, conditions, provisions and exclusions herein. If the Member does not comply with the Pre-notification requirements or if the expenses are not Pre-notified:
   1. Eligible Medical Expenses will be reduced by 50%; and
   2. The Deductible will be subtracted from the remaining amount; and
   3. The Coinsurance will be applied.

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D. Emergency Pre-notification: In the event of an Emergency Hospital admission, Pre-notification must be made within 48 hours after the admission, or as soon as is reasonably possible.

E. Pre-notification Does Not Guarantee Benefits – The fact that expenses are Pre-notified does not guarantee either payment of benefits or the amount of benefits. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions herein.

F. Concurrent Review – For Inpatient stays of any kind, the Plan Administrator will Pre-notify a limited number of days of confinement. Additional days of Inpatient confinement may later be Pre-notified if a Member receives prior approval.

ARTICLE 8 – ELIGIBLE EXPENSES

A. ELIGIBLE MEDICAL EXPENSES

Subject to the Deductible, Coinsurance and limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, Underwriters will pay the following expenses incurred while this insurance is in effect:

1. Charges made by a Hospital for:
    a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
    b. Daily room and board and nursing services in Intensive Care Unit; and
    c. Use of operating, treatment or recovery room; and
    d. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients; and
    e. Emergency treatment of an Injury, even if Hospital confinement is not required; and
    f. Emergency treatment of an Illness; however, charges for use of the emergency room itself within the United States will not be covered unless the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness.
2. For Surgery at an Outpatient surgical facility, including services and supplies.
3. For charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to 20% of the Usual, Reasonable and Customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
4. For dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician, but excluding nebulizers, oxygen tanks, diabetic supplies, other supplies for use or application at home, and all devices or supplies for repeat use at home, except Durable Medical Equipment as herein defined.
5. For diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. For reconstructive Surgery when the Surgery is directly related to Surgery which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.

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9. For hemodialysis and the charges by the Hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. For oxygen and other gasses and their administration by or under the supervision of a Physician.
11. For anesthetics and their administration by a Physician.
12. For drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription.
13. For care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
14. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
15. Emergency Local Ambulance transport necessarily incurred in connection with Injury or Illness resulting in Inpatient hospitalization.
16. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
17. Emergency Dental Treatment necessary to resolve Acute Onset of Pain, provided treatment is obtained within 24 hours of the Acute Onset of Pain.
18. Medically Necessary rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
19. Physical Therapy if prescribed by a Physician who is not affiliated with the Physical Therapy practice, necessarily incurred to continue recovery from a covered Injury or Illness (No benefit under Atlas Professional).

B. ELIGIBLE EXPENSES – EMERGENCY MEDICAL EVACUATION

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses arising out of Emergency Medical Evacuation:

1. Emergency air transportation to a suitable airport nearest to the Hospital where the Member will receive treatment; and
2. Emergency ground transportation necessarily preceding Emergency air transportation; and from the destination airport to the Hospital where the Member will receive treatment.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of the insurance; and
b. Underwriters will provide Emergency Medical Evacuation benefits only when the Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
c. Underwriters will provide Emergency Medical Evacuation Benefits only when all of the following conditions are met:
    i. Medically Necessary treatment, services and supplies cannot be provided locally; and

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ii. Transportation by any other method would result in loss of Member's life or limb; and
iii. Recommended by the attending Physician who certifies to the above; and
iv. Agreed upon by the Member or a Relative of the Member; and
v. Approved in advance and coordinated by Underwriters; and
vi. The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the Emergency.

d. Underwriters will provide Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary treatment, services and supplies to prevent the Member's loss of life or limb.

e. Underwriters will use their best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The Member understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

C. RETURN OF MINOR CHILDREN

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses:

If the Member is the only person age 18 or older, traveling with one or more minor children under the age of 18 who are also covered hereunder, and the Member is hospitalized for treatment of a covered Illness or Injury, resulting in the children being left unattended for a period of time expected to exceed 36 hours, Underwriters will pay:

1. The cost of a one-way economy air and/or grand transportation ticket for each covered minor child to the terminal serving the area of the Principle Residence of each minor child.

   Conditions and Restrictions:

   a. The Hospitalized Member age 18 or older must be in compliance with all conditions and provisions of the insurance; and
   b. The Return of Minor Children benefit must be agreed upon by the Member age 18 or older and/or by an authorized adult Relative of the affected, covered minor children; and

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c. The Return of Minor Children benefit must be approved in advance and coordinated by Underwriters; and
d. Underwriters will use their best efforts to arrange any Return of Minor Children within the least amount of time possible. The Member understands that the timeliness of Return of Minor Children can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

D. ELIGIBLE EXPENSES – REPATRIATION OF REMAINS

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Repatriation of Remains expenses arising from the death of a Member:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
2. Reasonable costs of preparation of the remains necessary for transportation.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Repatriation of Remains must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Repatriation of Remains benefits only when the death of the Member occurs as a result of an Injury or Illness that is covered under this insurance; and
d. Underwriters will provide Repatriation of Remains benefits only when the Death of the Member occurs while this insurance is in effect; and
e. Underwriters will use their best efforts to arrange any Repatriation of Remains within the least amount of time possible. The Member understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays which are not within their direct and immediate control. Further, Underwriters are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

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E. EMERGENCY REUNION – ELIGIBLE EXPENSES

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation under this insurance:

1. The cost of an economy round-trip air or ground transportation ticket for one Relative of the Member for transportation to the terminal serving the area where the Member is hospitalized or is to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the Relative, which are incurred in the area where the Member is hospitalized for a period not to exceed 15 days.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Emergency Reunion must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Emergency Reunion Benefits only following an Emergency Medical Evacuation of a Member that is covered hereunder.

F. ELIGIBLE EXPENSES – NATURAL DISASTER

Subject to the Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Natural Disaster expenses:

1. In the event a Member is Displaced from planned, paid accommodations due to evacuation from forecasted disaster or following a disaster strike.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Underwriters will provide Natural Disaster Benefits only following receipt of proof of payment for the accommodations from which the Member was Displaced.

G. ELIGIBLE EXPENSES – TRIP INTERRUPTION

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Trip Interruption benefits:

1. The cost of an economy one-way air or ground transportation ticket for the Member to the terminal serving the area of the Member’s Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and

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b. Trip Interruption benefits must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Trip Interruption benefits only following receipt of proof of one or more of the following events: Destruction, after departure from Home Country, resulting from fire or weather of more than 40% of the Member's Principal Residence, or death of a parent, spouse, sibling or child.

2. The cost of an economy one-way air and/or ground transportation ticket for the Member from the area where the Member was hospitalized following an Emergency Medical Evacuation to the area where the Member was initially evacuated from or to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:
a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Trip Interruption benefits must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Trip Interruption benefits only following a covered Emergency Medical Evacuation when the attending Physician states that it is Medically Necessary for the Member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery.

H. ELIGIBLE EXPENSES – LOST CHECKED LUGGAGE

Subject to the Limit set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Lost Checked Luggage expenses:

1. Replacement of clothes and personal hygiene items, not to exceed $50 any one item.

Conditions and Restrictions:
a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. The Lost Checked Luggage must have been checked, in accordance with routine luggage checking procedures, for transportation with the Member, on board a regularly scheduled commercial airline or cruise line, upon which the Member was a fare-paying passenger; and
c. The Member must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
d. The Member must provide Underwriters with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and

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e. The Lost Checked Luggage must be lost as of the date of payment by Underwriters and as of that date, must have been lost for at least 10 days.

I. ACCIDENTAL DEATH AND DISMEMBERMENT

Subject to the Limit set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Accidental Death and Dismemberment benefit:

1. Accidental Death – Underwriters will pay the Principal Sum of $25,000 for Members age 18 and older, or the Principal Sum of $5,000 for Members under the age of 18, to the Beneficiary. The Principal Sum shall reduce by 50% (to $12,500) for Members age 70 to 74 at time of Accidental Death, and an additional 50% (to $6,250) for Members age 75 and older at time of Accidental Death.
2. Accidental Dismemberment –
   a. Loss of 2 or more Limbs or eyes – Underwriters will pay the Principal Sum, as indicated in item 1 of this section, to the Member.
   b. Loss of 1 Limb or eye – Underwriters will pay one-half of the Principal Sum, as indicated in item 1 of this section, to the Member.
   c. The Principal Sum(s) shall reduce by 50% for Members age 70 to 74 at time of Accidental Dismemberment, and an additional 50% for Members age 75 or older at time of Accidental Dismemberment.
3. The Principal Sums stated in item 1 and 2 of this section will be doubled for Atlas Professional Members in the event of Accidental Death or Dismemberment resulting from Kidnapping, attempted Kidnapping or Hijacking, but subject to a maximum of $250,000 any one family.

   Conditions and Restrictions:
   a. The Member must be in compliance with all conditions and provisions of this insurance; and
   b. The Accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance; and
   c. The Accident giving rise to the Accidental Death must not be a Common Carrier Accident.

J. COMMON CARRIER ACCIDENTAL DEATH BENEFIT

Subject to the Limit set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Common Carrier Accidental Death benefit:

1. Underwriters will pay the Principal Sum of $50,000 for Members age 18 and older, or the Principal Sum of $25,000 for Members under age 18, to the Beneficiary.

   Conditions and Restrictions:
   a. The Member must be in compliance with all conditions and provisions of this insurance; and

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b. The Accident giving rise to the Accidental Death must occur while the Member is a fare paying passenger on a regularly scheduled trip on board a commercial airline or cruise line; and
c. The maximum benefit is $250,000 any one family or, for Atlas Group Travel, any one Group; and
d. No benefit for Atlas Professional if Common Carrier accident is a result of a Hijacking.

K. ELIGIBLE EXPENSES – HOSPITAL INDEMNITY

Subject to the Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Hospital Indemnity expenses:

1. $100 for each night the Member spends in the Hospital.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. The Member must be hospitalized as Inpatient for treatment of an Injury or Illness covered under this insurance; and
b. Underwriters will provide Hospital Indemnity Benefits only following receipt of verification of an eligible Inpatient hospitalization.

ARTICLE 9 – WAR, TERRORISM, BIOLOGICAL, CHEMICAL, NUCLEAR EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement or rider attached hereto, it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; and
2. the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where the Member is exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
3. any Act of Terrorism, except as follows for Atlas America, Atlas International and Atlas Group Travel (no benefit for Atlas Professional):

   Underwriters will pay Eligible Medical Expenses for treatment of Injuries and Illnesses resulting from an Act of Terrorism, up to the limit set forth in Article 6, SCHEDULE OF BENEFITS AND LIMITS, provided all of the following conditions are met:

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a. The Injury or Illness does not result from the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; and
b. The Member has no direct or indirect involvement in the Act of Terrorism; and
c. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to the Member's date of arrival; and
d. The Member has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This insurance also excludes coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (1), (2) or (3) above.

If Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon the Member.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

ARTICLE 10 – EXCLUSIONS

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage hereunder:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance, except charges resulting directly from an Acute Onset of Pre-existing Condition, as herein defined, are covered for Members who are US Citizens, subject to the limits set forth in the Schedule of Benefits and Limits.
2. Coverage Area – For all Members covered under Atlas Professional and electing coverage "Excluding the US," no coverage is provided within the US except for US citizens are covered within the US only during a Benefit Period.
3. Routine pre-natal care, Pregnancy, child birth, and post natal care.
4. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated

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with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy as herein defined, and all charges related to Pregnancy after the 26th week of Pregnancy.

5. Charges incurred by or for any child under the age of 14 days.
6. Treatment for or related to any congenital condition.
7. Charges for treatment of Mental Health Disorders, as defined herein.
8. Charges which are not incurred by a Member during his/her Certificate Period.
9. Charges for any benefit hereunder which are not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
10. Treatment, services or supplies which are not administered by or under the supervision of a Physician.
11. Treatment, services or supplies which are not Medically Necessary as herein defined.
12. Treatment, services or supplies provided at no cost to the Member.
13. Charges which exceed Usual, Reasonable and Customary as herein defined.
14. Telephone consultations or failure to keep a scheduled appointment.
15. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
16. All charges Incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
17. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery.
18. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Member such as sex-change Surgery.
19. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
20. Treatment of Members who are HIV+, have AIDS or ARC.
21. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
22. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
23. Abortions, except in connection with covered Complications of Pregnancy.
24. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of pain.
25. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
26. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
27. Treatment of the temporomandibular joint.
28. Injury sustained while taking part in the following activities:
    a. Amateur Athletics or professional sports or athletic activities, except this does not include Amateur sports or athletic activities which are non-contact and

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engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes unless such sports or activities are otherwise excluded by this provision; and

b. mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher; and
c. aviation (except when traveling solely as a passenger in a commercial aircraft); and
d. hang gliding, sky diving, parachuting or bungee jumping; and
e. snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); and
f. racing by any animal or motorized vehicle; and
g. spelunking; and
h. subaqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; and
i. jet skiing; and
j. any other sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extraordinary risk of Injury.

29. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
30. Willfully self-inflicted Injury or Illness.
31. Venereal disease, including all sexually transmitted diseases and conditions.
32. Immunizations and Routine Physical Exams.
33. Treatment by a chiropractor.
34. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
35. Treatment of Substance Abuse.
36. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
37. Any services or supplies performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
38. Orthoptics and visual eye training.
39. Services or supplies which are not included as Eligible Expenses as described herein.
40. The following care, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
41. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.

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42. Treatment of sleep disorders.
43. Exercise programs, whether or not prescribed or recommended by a Physician.
44. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
45. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Natural Disaster, and Trip Interruption sections of this insurance.
46. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
47. Organ or Tissue Transplants or related services.
48. Treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.

ARTICLE 11 – DEFINITIONS

Accident: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in physical Injury to the Member.
Accidental Death: A sudden, unintentional and unexpected occurrence caused by external, visible means resulting in physical Injury to the Member and subsequently death of the Member. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence.
Accidental Dismemberment: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in complete severance from the body of one or more Limbs or eyes. For purposes of the Accidental Death and Dismemberment benefit provided by this insurance, the term "Limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall mean: complete, permanent, irrevocable loss of sight.
Acute Onset of Pre-existing Condition: A sudden and unexpected outbreak or recurrence of a Pre-existing Condition, which occurs spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the outbreak or recurrence. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.
Acute Onset of Pain (Emergency Dental)*:* A sudden and unexpected occurrence of pain which occurs spontaneously and without advance warning, either in the form of Physician or Dentist recommendation or symptoms, including pain, which would have caused a prudent person to seek medical or dental attention prior to the onset of pain. Treatment must be obtained within 24 hours of the sudden and unexpected occurrence of pain.
AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.
ARC: AIDS Related Complex as that term is defined by the United States Centers of Disease Control.

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Amateur Athletics: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

Application: The fully answered and signed Application which is attached to this Master Policy and the fully answered and signed Application submitted to Underwriters by the Member.

Assured: The Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda.

Beneficiary: The individual named in the Member's Application to be the recipient of any Accidental Death or Common Carrier Accidental Death benefit. For Atlas Group Travel Members, and for Members who do not designate Beneficiary on the Application, the Beneficiary is automatically as follows:

Members age 18 or older: 1. Spouse (if any), 2. Children (if any) equally, 3. Estate of the Member.

Members under age 18: 1. Custodial Parent(s) (if any), 2. Siblings (if any) equally, 3. Estate of the Member.

Certificate: The document issued to the Member which provides evidence of benefits payable under this Master Policy.

Certificate Period: The period of time beginning on the date and time of the Certificate Effective Date and ending on date and time of the Certificate Termination Date. The maximum Certificate Period is 12 months.

Coinsurance: The payment by the Member of Eligible Expenses at the percentage specified in the Schedule of Benefits and Limits.

Common Carrier: An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

Complications of Pregnancy: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Member in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Declaration: The Declaration is attached to and forms a part of this Master Policy.

Deductible: The dollar amount of Eligible Expenses, specified in the Schedule of Benefits and Limits, that the Member must pay per Certificate Period or per covered trip in the case of Atlas Professional.

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

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Displaced: Required to depart a destination due to an evacuation ordered by prevailing authorities.

Durable Medical Equipment: A standard basic hospital bed and/or a standard basic wheelchair.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Member's life or limb in danger if medical attention is not provided within 24 hours.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation facility by the state in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

Hijacking: Seizing control of a vehicle in transit by use of force.

HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human ImmunodeficiencyVirus infection.

Home Country: For US Citizens, Home Country is the United States of America, regardless of the location of the Member's Principal Residence. For non-US Citizens, Home Country is the country where the Member principally resides and receives regular mail.

Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Illness: A sickness, disorder, illness, pathology, abnormality, ailment, disease or any other medical, physical or health condition. For purposes of this insurance, Illness

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includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Incurred: A charge is incurred on the date the service is provided or supply is purchased.

Injury: Bodily Injury resulting from an Accident.

Inpatient: A person who is an overnight resident patient of a Hospital, using and being charged for room and board.

Intensive Care Unit: A Cardiac Care Unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Kidnapping: The taking away of a person by force, threat or deceit with intent to cause him or her to be detained against his or her will for ransom or political purposes. For purposes of this insurance Kidnapping does not include Kidnapping perpetrated by any family member of the Kidnapped person.

Medically Necessary: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted current medical practice as determined by Underwriters. A service or supply will not be considered Medically Necessary if is provided only as a convenience to the Member or provider, and/or is not appropriate for the Member's diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Member: An individual who is covered under this insurance.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Natural Disaster: Any event or force of nature caused by environmental factors that has catastrophic consequences. Covered Natural Disasters are: avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

Outpatient: A Member who receives Medically Necessary treatment by a Physician for Injury or Illness that does not require overnight stay in a Hospital.

Physician: A doctor of Medicine (MD), doctor of Dental Surgery (DDS), doctor of Dental Medicine (DDM) or a licensed Physical Therapist of Physiotherapist. Physician does not include a doctor of Chiropractic (DC), doctor of Osteopathy (DO), a doctor of Phychology (Ph.D), a doctor of Psychiatry (Psy.D) or any other degree or designation. A Physician must be currently licensed by the jurisdiction in which the services are provided, and the services provided must be within the scope of that license.

Plan Administrator: MultiNational Underwriters, LLC, 107 South Pennsylvania Street, Suite 500, Indianapolis, Indiana 46204, Telephone (317)262-2132, Fax (317)262-2140.

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Pre-existing Condition: Any Illness, Injury or Mental Health Disorder, including chronic or recurring Illnesses, which existed at or during the 2 years immediately preceding the Certificate Effective Date. Pre-existing Condition also includes any chronic, subsequent or recurring complications or consequences associated with these conditions.
Pregnancy: The physical condition of being pregnant.
Proof of Claim: A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the Member, and any other documentation that is deemed necessary by the Underwriters
Registered Nurse: A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.
Relative: Biological or step parent, current spouse, biological or stepsiblings.
Routine Physical Exam: Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.
Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.
Surgery or Surgical Procedure: An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.
US: The United States of America including all states, districts, territories and possessions.
Usual, Reasonable and Customary: The most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are Reasonable. What is defined as Usual, Reasonable and Customary Charges will be determined by Underwriters. In determining whether a charge is Usual, Reasonable and Customary, Underwriters may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate.

ARTICLE 12 – HOW TO FILE A CLAIM

Notice of Claim, Claimant's Statement and Authorization, and Proof of Claim must be mailed to:
MultiNational Underwriters, LLC
P.O. Box 863
Indianapolis, Indiana 46206

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Hazardous Sports Rider
(Available to all Members)

Attaching to and forming part of Master Policy #061920-1

Assured: The Atlas/International Citizen Group Insurance Trust

In consideration of additional Premium specified in Exhibit B attached hereto, ARTICLE 10 – EXCLUSIONS, #28 is deleted in its entirety and replaced with the following:

28. Injury sustained while taking part in Professional sports or athletic activities; and

For purposes of this Exclusion, the term "Professional" means an activity undertaken for wage, reward or profit.

The Accidental Death & Dismemberment benefit shall be deleted with respect to Accidents occurring while the Member is participating in any sport or athletic activity.

All other terms, clauses and conditions remain unchanged.

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Atlas Terrorism Rider
(Available to Atlas Professional Members only)

Attaching to and forming part of Master Policy #061920-1

Assured: The Atlas/International Citizen Group Insurance Trust

In consideration of additional Premium specified in Exhibit B attached hereto, ARTICLE 9 – WAR, TERRORISM, BIOLOGICAL, CHEMICAL, NUCLEAR EXCLUSION, #3 is hereby deleted and replaced with the following:

3. any Act of Terrorism, except as follows:

   Underwriters will pay Eligible Medical Expenses for treatment of Injuries and Illnesses resulting from an Act of Terrorism, up to the limit set forth in Article 6, SCHEDULE OF BENEFITS AND LIMITS, provided all of the following conditions are met:

   a. The Injury or Illness does not result from the use of any biological, chemical, Radioactive or nuclear agent, material, device or weapon; and
   b. The Member has no direct or indirect involvement in the Act of Terrorism; and
   c. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to the Member's date of arrival; and
   d. The Member has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

All other terms, clauses and conditions remain unchanged.

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