



Travel & Health Insurance • Summary of Coverage 2010

Travel & Health Insurance		Assistance Center 1-866-509-7714 www.caremed-assistance.com	CareMed® Gold
Physician/Hospital/Prescription Medication			Unlimited
Deductible			\$ 0
Choice of Physician/Hospital (contact the assistance center for a referral)			PPO Network
Non Emergent Emergency Room Deductible			\$ 250
Emergency Dental Care, including simple fillings - Relief of pain			\$ 500
Dental Treatment in case of Accident			\$ 1,500
Psychiatric Evaluation			\$ 500
Medical Evaluation			\$ 100,000
Repatriation of Remains			\$ 10,000
Medical Expenses in case of Accident			Unlimited
Medical Expenses incurred for an Acute Illness			Unlimited
Out-patient Physiotherapy			\$ 750
Out-patient Diagnostic testing			
• Diagnostic X-Ray and Lab Services			\$ 500
• Diagnostic CAT Scans and MRI			\$ 1,000
Medical Aids			\$ 250
The above medical benefits are subject to the terms, limitations and exclusions of the CareMed policy			
Travel Assistance			
Family Members to bedside of the Insured			\$ 2,500
Flight back if death of Parents or Siblings (for long-term traveler only)			\$ 2,000
Travel Accident Insurance			
Death			\$ 13,000
Salvage Search and Rescue Charges			\$ 5,000
Complete Disability *			max. \$ 50,000
* Covers compensation for disability and loss of life or limb. Medical costs resulting from accidents are covered within the Travel Health Insurance and are subject to the maximum limits.			
Travel Luggage Insurance			
Theft/Damage or Personal Property			\$ 1,500
Watches and Jewelry			\$ 750
Travel Third Party Liability Insurance			
Personal Liability			\$ 500,000
Damage to Property			\$ 150,000
Overall for personal Liability and Damage to Property not to exceed \$ 500,000			
Host Family - Property Damage			\$ 1,000
Cost of Insurance			\$ 42 per week