

GLOBAL CITIZEN HEALTH PLANS



Expatriate health insurance
for individuals and families

U.S. Admitted Coverage
Underwritten by BCS
Insurance Company

Timothy Jennings

HTH Worldwide
HEALTH PLANS AND SERVICES FOR THE GLOBAL TRAVELER

HTH Worldwide is an innovator and

leader in helping world travelers

and global citizens stay safe and

gain easy access to quality health-

care all around the world.

**global
innovator**

What is Global Citizen?

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What is Global Citizen?

Worldwide health insurance and services for international living.

The Global Citizen health plan is designed to support the international lifestyles of those who travel to or from the United States for extended periods of business, leisure and study. If you leave home for six months or more, your health and financial security are at serious risk because of significant gaps in most available insurance coverage and services. This risk is only heightened by limited knowledge of health and safety hazards around the world, including medical treatment from unfamiliar providers.

Global Citizen is the premier international health plan because it combines comprehensive worldwide benefits with a new generation of medical assistance services, which include an impressive array of online tools used to identify, access and pay for quality healthcare all around the world.

Global Citizen gives you the freedom to access care inside and outside the U.S. If you need benefits outside the U.S. only, explore the Global Citizen EXP plan.

HTH Worldwide's Global Health and Safety Services – Because Insurance Isn't Enough

What good is insurance if you can't find a doctor you can trust?

HTH Worldwide provides all the tools a Global Citizen needs to manage health and safety risks, including finding the right doctor and clearly communicating your medical condition.

Easy Access to an Elite International Provider Community

HTH's expanding International Provider Community of 6,000 carefully selected medical providers covers almost every country of the world. Because of HTH's rigorous selection criteria, less than 2% of providers outside the U.S. qualify to participate. Representing more than 100 specialties and subspecialties, the Provider Community database is searchable online to review detailed profiles of each provider.

Participating doctors, dentists and behavioral health professionals are English-speaking and individually contracted to schedule outpatient visits via HTH's online request service and to accept payment directly from HTH.

Global Citizen members are always free to choose any medical provider outside the U.S. without incurring a financial penalty.

The Freedom to Access Care in the U.S.

Global Citizen members also gain access to a contracted nationwide network of over 700,000 preferred providers, including more than 4,000 hospitals. The plan also covers care delivered by non-contracted providers.

Personal Safety Intelligence

HTH maintains unsurpassed resources designed to promote personal safety by giving Global Citizen members convenient access to vitally important news, health and safety analysis and medical translation tools.

- Global Health and Safety news alerts published daily and delivered by email.
- City Health and Security Profiles for nearly 1,600 destinations in over 200 countries outside the U.S.
- Brand name equivalents for 400 common over-the-counter and prescription drugs in 28 of the most frequently visited countries.
- Translation of hundreds of medical terms and phrases into the 10 most widely spoken languages.

Around-the-Clock Assistance Call Center

HTH maintains a 24/7, toll-free call center to assist Global Citizen members with everything from routine requests to medical emergencies. The HTH staff has years of experience with international medical assistance and has close working relationships with its International Provider Community.

Emergency Evacuation and Centers of Excellence

HTH coordinates emergency services with a worldwide network of contracted Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world whenever possible.

Personalized Member Services

Informed ChoiceSM

When Global Citizen members experience an unanticipated medical problem, they can request a second opinion and referral through the Informed Choice service. An HTH International Physician Advisor is available to discuss the member's diagnosis and treatment plan directly with the attending physician.

Personalized Recruitment

If Global Citizen members need a physician in an area not currently covered by the HTH International Provider Community, HTH will make every effort to recruit and contract with an appropriate, qualified doctor.

Well PreparedSM

An important companion on international assignments, the Well Prepared profile is a personal web page used by Global Citizen members to search the HTH Health and Safety databases, store pertinent information and launch requests for doctor appointments, provider recruitment, direct pay services and second opinions.

Appointment Scheduling and Direct Pay

Using the web, a mobile device or the telephone, Global Citizen members can request appointments within the International Provider Community. When Direct Pay services outside the U.S. are available, the copay and deductible are waived, and HTH pays the participating physician directly.

Why Choose HTH Worldwide's Global Citizen Plan?

A Recognized Leader

HTH Worldwide is a recognized leader in international health insurance and medical assistance services, serving hundreds of thousands of world travelers annually.

Highest Standards of Service

Global Citizen is administered by HTH to meet the highest expectations. HTH has set new standards for international assistance services and for applying stringent criteria when contracting with doctors and hospitals outside the U.S.

Strength of a U.S. Regulated Insurer

- Global Citizen is underwritten by a U.S. Admitted Insurer: BCS Insurance Company, rated A- (excellent) by A.M. Best.
- Global Citizen protects your rights by meeting U.S. standards and features benefits more generous than offshore, non-admitted "surplus coverage".

Global Citizen Advantages over Competing Plans

- No waiting periods associated with any preventive services.
- The pre-existing condition exclusion can be waived with proof of prior creditable insurance.
- Covers injuries or illnesses that are a result of a terrorist act.
- No precertification required.
- Deductible is waived for office visits to HTH participating providers outside the U.S.
- No limit on time spent in or out of the U.S.
- Direct billing arrangements with close to 1200 facilities outside the U.S.
- No surcharge for monthly billing.

How the Plan Works

Global Citizen and Global Citizen EXP plans offer comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle. *For detailed benefit schedule and rates, please see inserts.* To calculate your total out-of-pocket expense, add the deductible and coinsurance maximum.

For families, the deductible and coinsurance maximum is a multiple of 2.5.

After 364 days of continuous coverage, Global Citizen members may re-enroll in a plan that matches their existing benefits.

Global Citizen Options				
Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S. in Network	U.S. out of Network	
Elite	\$0	\$0	\$1,000	\$2,000
500	\$250	\$500	\$1,000	\$3,000
1000	\$500	\$1,000	\$2,000	\$4,000
2000	\$1,000	\$2,000	\$4,000	\$8,000
5000	\$2,500	\$5,000	\$10,000	\$10,000
10000	\$10,000	\$10,000	\$10,000	\$10,000
25000	\$25,000	\$25,000	\$25,000	\$10,000

Amounts paid to satisfy a deductible are credited to all other deductibles.

Global Citizen EXP Options				
Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S. in Network	U.S. out of Network	
Elite	\$0	n/a	n/a	\$2,000
250	\$250	n/a	n/a	\$3,000
500	\$500	n/a	n/a	\$4,000
1000	\$1,000	n/a	n/a	\$8,000
2500	\$2,500	n/a	n/a	\$10,000
5000	\$5,000	n/a	n/a	\$10,000
10000	\$10,000	n/a	n/a	\$10,000

Does not include U.S. benefits.

For detailed benefit schedule and rates, please see inserts.

How to Apply



Applications are available online or may be initiated by telephone or email. See back cover for details.

A personal check, money order or credit card number must accompany the application and must be sufficient to pay for one month of standard premium. HTH will hold the form of payment until an underwriting decision is made. If your application is accepted, the payment will be applied to your account. Quotes obtained online or by telephone are advisory only. Actual premium is determined by the medical underwriting process.

HTH Worldwide will review your medical history as provided on the application and may request an Attending Physician's Statement. HTH publishes standard premium rates for non-smokers. Smokers and other applicants with certain medical histories may be offered a policy at a higher rate. Not all applicants will be accepted. Your effective date of insurance will be on the 1st or 15th day of the month following underwriting approval.

Member Welcome Kit

When your application is accepted, HTH Worldwide will mail you and any family members covered under the plan a Welcome Kit with identification cards, a certificate of insurance and instructions on how to register online to use HTH's Global Health and Safety Resources. Procedures for filing a claim or requesting direct payment of participating providers will also be included.

Eligibility

Global Citizen is designed for extended living abroad. You can choose to enroll in a new plan when your existing plan expires. When you do, there are no medical questions and premium rates do not change based on your individual claims history. Your new rate will be the same as all persons covered in your rating class.

How Coverage Ends

Your coverage ends on the earlier of:

1. The last day of the month after the date the Insured Person is no longer eligible;
2. The end of the last period for which premium has been paid;
3. The date the Policy terminates;
4. The date of fraud or misrepresentation of a material fact by the Insured Person, except as indicated in the Time Limit on Certain Defenses provision.

Extension of Benefits

If an Insured Person is Totally Disabled on the date of termination of the Policy, coverage will be extended until the earlier of:

1. The date payment of the maximum benefit occurs;
2. The date the Insured person ceases to be Totally Disabled; or
3. The end of 90 days following the date of termination.

Pre-existing conditions

The Global Citizen plan does not cover services for treatment of a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during 180 days immediately preceding the member's eligibility date.

Creditable coverage

The 180-day pre-existing conditions period can be reduced or eliminated if you have been covered by a creditable group or individual health insurance plan.

Licensed & Admitted

This policy is a U.S. Admitted plan and affords members unique protections not available on most offshore plans.

For benefits, rates, exclusions, eligibility and other important information, please see inserts.



Insurance underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois
NAIC #38245 under policy form series 54.403.

The coverage requested may not be available in all states.

Global Citizen Benefit Schedule

Global Citizen has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All Global Citizen plans have an **unlimited lifetime maximum** and a \$250,000 maximum benefit for emergency medical evacuation.

The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together. Please refer to chart on page 3 of the Brochure.

Benefits	Outside U.S.	U.S. (In Network)	U.S. (Outside Network)
Preventive and Office Visits - Insurer Waives Deductible			
Physician Office Visits (Adult)	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Out-of-Pocket Maximum then 100%
Physician Office Visits (Children 0-18)	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Unlimited Well Baby Visits	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Child Immunizations, Lab and X-rays	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
PSA for Men	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
One Routine Physical Per Year	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Professional Services - Insurer Pays After Deductible is Met			
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met			
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
In-patient Medical Emergency	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
In-patient Drugs	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulatory and Therapeutic Services - Insurer Pays After Deductible is Met			
Ambulatory Surgical Center	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance Service	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Accidental Dental	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000	80% up to \$2,000	60% up to \$2,000
Durable Medical Equipment	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Infusion Therapy	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physical/Occupational Therapy*	\$30/visit, 12 visits per year	\$30/visit, 12 visits per year	\$30/visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options - Insurer Waives Deductible			
Basic Prescription Drug Benefit	100% of actual charges up to \$500	\$0	\$0
Optional Rider, subject to \$25,000 Maximum Benefit per Insured Person per Policy Period.	100% of actual charges	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%
Global Travel Benefits - Insurer Waives Deductible			
Medical Evacuation	Up to \$250,000	n/a	n/a
Repatriation of Remains	Up to \$25,000	n/a	n/a
Accidental Death and Dismemberment	\$50,000	\$50,000	\$50,000

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

*Deductible is waived

See other side for Global Citizen EXP Benefit Schedule.

Global Citizen EXP Benefit Schedule

Global Citizen EXP covers most services outside the U.S. at 100%. All Global Citizen EXP plans have an **unlimited lifetime maximum** and a \$250,000 maximum benefit for emergency medical evacuation.

Benefits	Outside U.S. Only
Preventive and Office Visits - Insurer Waives Deductible	
Physician Office Visits (Adult)	All except a \$10 copay per visit
Physician Office Visits (Children 0-18)	100%
Unlimited Well Baby Visits	100%
Child Immunizations, Lab and X-rays	100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%
PSA for Men	100%
One Routine Physical Per Year	100%
Professional Services - Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
In-patient Medical Emergency	100%
In-patient Drugs	100%
Ambulatory and Therapeutic Services - Insurer Pays After Deductible is Met	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy*	\$30/visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options - Insurer Waives Deductible	
Basic Prescription Drug Benefit	100% of actual charges up to \$500
Optional Rider, subject to \$25,000 Maximum Benefit per Insured Person per Policy Period.	80% of actual charges
Global Travel Benefits - Insurer Waives Deductible	
Medical Evacuation	Up to \$250,000
Repatriation of Remains	Up to \$25,000
Accidental Death and Dismemberment	\$50,000

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

*Deductible is waived

See other side for Global Citizen Benefit Schedule.

Global Citizen Health Plan Prices

Monthly Premium Rate Table

Effective July 1, 2014

Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	500	1000	2000	5000	10000	25000	No area factor Rx Plan Optional
Male/Female								
Under 25	\$324	\$278	\$229	\$203	\$168	\$138	\$80	\$74
25-29	\$324	\$278	\$229	\$203	\$168	\$138	\$80	\$74
30-34	\$444	\$379	\$311	\$272	\$225	\$185	\$109	\$96
35-39	\$578	\$492	\$402	\$354	\$288	\$237	\$140	\$117
40-44	\$586	\$496	\$401	\$351	\$286	\$234	\$138	\$145
45-49	\$733	\$622	\$499	\$440	\$355	\$290	\$171	\$181
50-54	\$935	\$790	\$634	\$554	\$448	\$365	\$213	\$216
55-59	\$1,155	\$974	\$780	\$681	\$548	\$470	\$272	\$261
60-64	\$1,422	\$1,197	\$956	\$835	\$668	\$546	\$317	\$321
65-69	\$2,520	\$2,115	\$1,683	\$1,462	\$1,165	\$951	\$552	\$580
70-74	\$3,618	\$3,035	\$2,410	\$2,091	\$1,663	\$1,357	\$787	\$839
Child (when insured with parent)								
One Child under Age 1	\$400	\$343	\$283	\$253	\$211	\$174	\$103	\$84
One Child 1-25	\$266	\$231	\$192	\$174	\$149	\$124	\$73	\$52
2 Children	\$462	\$394	\$324	\$289	\$240	\$200	\$118	\$99
3 Children	\$636	\$539	\$442	\$392	\$321	\$266	\$158	\$143

Prices are subject to change.

See over for EXP rates ►

Global Citizen EXP Health Plan Prices

Monthly Premium Rate Table

Effective July 1, 2014

	Elite	250	500	1000	2500	5000	10000	RxPlan
Male/Female								Optional
Under 25	\$141	\$124	\$113	\$100	\$84	\$75	\$66	\$40
25-29	\$132	\$124	\$113	\$100	\$84	\$75	\$66	\$40
30-34	\$196	\$170	\$157	\$138	\$115	\$101	\$89	\$50
35-39	\$259	\$226	\$207	\$185	\$154	\$136	\$116	\$64
40-44	\$266	\$234	\$214	\$191	\$159	\$139	\$121	\$80
45-49	\$338	\$296	\$270	\$242	\$200	\$175	\$150	\$99
50-54	\$435	\$380	\$346	\$309	\$254	\$225	\$194	\$116
55-59	\$538	\$471	\$430	\$385	\$316	\$279	\$240	\$140
60-64	\$668	\$583	\$535	\$476	\$392	\$343	\$298	\$175
65-69	\$1,199	\$1,051	\$958	\$856	\$702	\$617	\$534	\$263
70-74	\$1,732	\$1,515	\$1,381	\$1,230	\$1013	\$889	\$768	\$378
Child (when insured with parent)								
One Child under Age 1	\$174	\$154	\$142	\$125	\$105	\$94	\$82	\$45
One Child 1-25	\$110	\$96	\$88	\$80	\$68	\$59	\$55	\$30
2 Children	\$203	\$180	\$164	\$148	\$124	\$111	\$99	\$55
3 Children	\$288	\$253	\$233	\$210	\$174	\$155	\$136	\$76

Global Citizen EXP

N.B. – Does not include coverage in the United States. If you would like U.S. coverage, please refer to the Global Citizen Health Plan.

Prices are subject to change

See Over for GC rates ►



1. Who is eligible to buy a Global Citizen plan?

- A. All U.S. citizens living abroad who are 74 or younger at the time of application are eligible to apply for coverage or;
- B. All legal residents of the U.S. (citizens and foreign nationals) who are age 74 or younger at the time of application are eligible if they live in an approved state or;
- C. An employee of a U.S. company, whereby the company is domiciled in an approved state and the company pays the insurance premium.

For the most current state list, please visit hthtravelinsurance.com/gl_citizen/eligibility.cfm. If you live in a state not listed, please contact your agent directly or HTH Worldwide.

2. How do I qualify for maternity benefits?

After 364 days of continuous coverage, Global Citizen members may apply for a new plan that covers maternity costs in the same way as all other medical conditions.

3. Do all eligible family members have to apply for Global Citizen?

Yes. The Global Citizen plan is available to individuals and their dependents. All eligible family members must apply for coverage.

4. Will my policy automatically renew? At what rate?

You can enroll in a Global Citizen policy up to age 84. The policy does not automatically renew upon your request. You will be notified of your new plan rate at least 30 days prior to your policy expiration date. You must confirm your new policy rate in writing or by accepting the rate when logged in to our secure website. Plan rates are based on age at time of enrollment and are impacted by medical inflation. You will not be asked any medical questions and your personal health history will not determine your new rate. Global Citizen rates are standard rates for all members re-enrolling.

5. When does my coverage end?

We may terminate your policy if:

- a. You no longer meet the eligibility requirements
- b. You fail to pay your premium
- c. We discover that you committed fraud or misrepresented a material fact to us, except as indicated in the time limit of certain defenses provision
- d. We terminate the plan in your state or geographic service area

6. Who is the insurer?

Strength in ratings, top industry support

Our international health insurance plans are backed by a U.S. Insurer, no matter how much time you spend in or out of the U.S.:

Your insurance coverage is underwritten by an outstanding U.S. Admitted Company-- BCS Insurance Company, which is rated A- (Excellent) by A.M. Best for financial strength. BCS Insurance Company, known for innovative product development and special risk underwriting, is based in Oakbrook Terrace, Illinois. To find out more about BCS, visit <http://www.bcsigroup.com/plan/about/introduction.html>

7. Does my plan deductible apply to all services?

No. Your deductible is waived for office visits. You simply pay a small copay at time of service with the contracted provider. For non contracted providers, you pay the provider directly and submit a claim for reimbursement.

Questions? FAQs

FAQs? Answers?

8. Will my pre-existing condition be covered under a Global Citizen plan?

If you were previously covered by a U.S. health plan that issues you a Certificate of Creditable Coverage, HTH Worldwide will credit you for this prior coverage. The number of months of coverage shown on the Certificate will reduce or eliminate the six-month pre-existing condition waiting period. If you have six or more months of creditable coverage, your waiting period will be eliminated. If you have less than six months creditable coverage, your waiting period will be reduced by the number of months you had creditable coverage. For example, if you have two months of creditable coverage, your waiting period will be reduced from six months to four months.

9. Am I guaranteed to be issued a Global Citizen policy if I apply?

No, Global Citizen is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.

10. Is the quote I receive binding?

No. The quote you receive may not apply if 1) you provided us with an inaccurate zip code, 2) you misstated a material fact on your application, or 3) we increase the rate due to your health status.

11. When determining a rate while overseas, what zip code should I use?

Policies for U.S. citizens residing overseas are issued through the Global Citizens Association office in Washington D.C. The zip code that applies is 20036.

12. What is the Global Citizens Association?

GCA is a not-for-profit association serving those who travel the world for business, study and leisure. GCA promotes health and safety around the world through online knowledge tools and email news alerts. GCA members also benefit from the Association's group purchasing programs for travel, insurance, entertainment and telecommunication services. GCA benefits are available through its Rewards Worldwide program at www.rewardsworldwide.com.

13. Does this plan meet the Affordable Care Acts requirement for Minimum Essential Coverage?

This plan does not provide Minimum Essential Coverage and therefore does not meet the requirements of the Affordable Care Act (ACA). It is filed as a limited duration policy designed specifically for international living. Coverage by the insurer can be 1) accepted, 2) accepted with a rate increase, or 3) denied based on the health history of the applicants(s). A waiting period for pre-existing conditions applies unless you have 6 months of prior creditable coverage. There is no tax penalty for purchasing this policy if you are outside the U.S. for 330 days or more in a calendar year.

14. What about accessing participating providers?

HTH's Global Health and Safety services help members identify, access and pay for quality healthcare all over the world, including a contracted community of elite providers in 180 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to HTH Worldwide. Please note that in the U.S. a member can simply show his/her ID card at time of service and participating providers will only bill the member for any applicable deductible or copayment. Members have access to a U.S. PPO Network through Aetna. Whether overseas or in the U.S., members can choose to use any doctor or hospital. Members are never restricted to a network. Please see the benefit schedules to see how coinsurance may apply.

15. Where can I read the fine print?

To see plan definitions, limitations or to review a sample certificate visit: hthtravelinsurance.com/gl_citizen/gl_ctzn_cert.cfm.

Global Citizen Excluded Services

The plan does not provide benefits for:

1. Hospitalization, services and supplies that are not Medically Necessary.
2. Services or supplies that are not specifically mentioned in this Certificate
3. Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits.
4. Services or supplies that are furnished to you by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government whether or not that payment or benefits are received.
5. Conditions caused by or contributed by: (a) An act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) An Insured Person voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
6. Services or supplies that do not meet accepted standards of medical and/or dental practice.
7. Investigational Services and Supplies and all related services and supplies.
8. Custodial Care Service.
9. Routine physical examinations, unless otherwise specified in this Certificate.
10. Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions that are not specifically the result of Mental Illness.
11. Cosmetic Surgery and related services and supplies, whether or not for psychological purposes, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases that occur after your Coverage Date.
12. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
13. Charges for failure to keep a scheduled visit or charges for completion of a Claim form.
14. Personal hygiene, comfort or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions and telephones.
15. Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery implants, except as specifically mentioned in this Certificate.
16. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
17. Blood derivatives that are not classified as drugs in the official formularies.
18. Eyeglasses, contact lenses or cataract lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Certificate.
19. Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
20. Vision care services unless elected by your Group
21. Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot.
22. Routine foot care, except for persons diagnosed with diabetes, including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
23. Immunizations, unless otherwise specified in this Certificate.
24. Maintenance Occupational Therapy, Maintenance Physical Therapy and Maintenance Speech Therapy.
25. Hearing aids or examinations for the prescription or fitting of hearing aids unless otherwise specified in this Certificate.
26. Services and supplies to the extent benefits are duplicated because the spouse, parent and/or child are employees of the Group and each is covered separately under this Certificate.

27. Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, casefinding, research studies, screening, or similar procedures and studies, or tests which are Investigational unless otherwise specified in this Certificate.
28. Procurement or use of prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of the patient, or unrelated to the treatment of a disease or injury.
29. Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Certificate.
30. Investigational or experimental organ transplantation including animal to human organ transplants.
31. Consultations performed by you, your spouse, parents or children.
32. Charges for the services of a standby Physician.
33. Treatment for overweight conditions other than for morbid obesity.
34. Treatment for hair loss.
35. Growth Hormone treatment.
36. Dental treatment, dental surgery, dental prostheses and orthodontic treatment unless otherwise specified in this Certificate.
37. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
38. Medical aids unless otherwise specified in this Certificate.
39. Services and treatment related to elective abortions.
40. Sterilization or the reversal of sterilization, unless otherwise specified in this Certificate.
41. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures unless stated otherwise.
42. Cryopreservation of sperm or eggs.
43. Sex change operations.
44. Treatment of sexual dysfunction or inadequacy.
45. Non-prescription drugs.
46. Educational services except as specifically provided or arranged by the Insurer.
47. Nutritional counseling or food supplements, except for treatment of Phenylketonuria (PKU) and other inherited metabolic diseases and diabetes.
48. Charges by a provider for telephone consultations.

Pre-Existing Conditions

Benefits are not available for any services received (1) on or within 6 months after the Eligibility Date of an Insured Person who is not a Late Enrollee; or (2) on or within 6 months after the Effective Date of Coverage for a Late Enrollee, if those services are related to a Pre-existing Condition. This exclusion does not apply to a Newborn who is enrolled within 31 days of birth or a newly adopted child who is enrolled within 31 days from either the date of placement of the child in the home, or the date of the final decree of adoption. In addition, the Insurer will credit time an Insured Person was covered by Credible Coverage that was in effect up to a date not more than 63 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period.

This limitation does not apply to the Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits.

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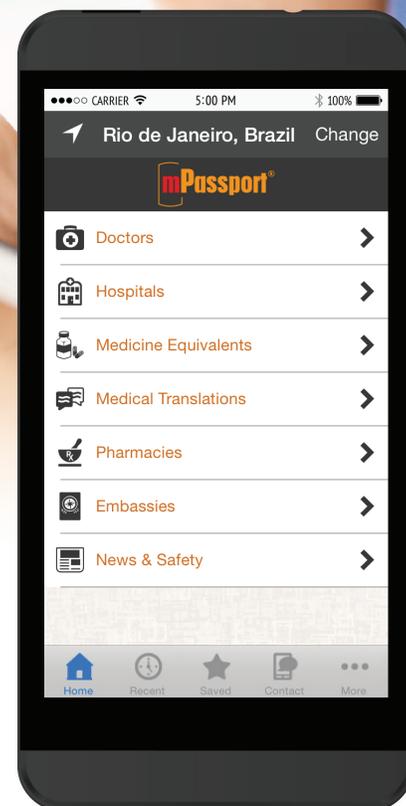
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