BUSINESS TRAVEL ACCIDENT INSURANCE BENEFIT GUIDE

Berkley Accident and Health
a Berkley Company

THE FULLER CENTER FOR HOUSING | Policy Number: BTA L019200012406

This is a brief summary of benefits included in your Business Travel Accident Insurance Policy and must be reviewed in conjunction with your Policy and/or Description of Coverage document for full details. There are specific parameters for coverage and also exclusions and limitations which should be reviewed in order to understand the coverage provided under the policy.

ACCIDENT BENEFITS	BENEFIT AMOUNT / DETAILS
Accidental Death and Dismemberment (AD&D)	Principal Sum: $25,000 Time Period for Loss: 365 days
Aggregate Limit of Liability	$250,000 benefit maximum per Covered Accident *(Applies to AD&D and Permanent Total Disability benefits only)*
ADDITIONAL ACCIDENT BENEFITS	**BENEFIT AMOUNT / DETAILS**
Emergency Family Travel	Emergency Reunion Benefit • Overall Reunion Benefit Maximum: $10,000 per Covered Accident • Lodging & Meal Benefit Daily Maximum Amount: Up to $500 per day • Maximum Number of Days: 10 days
Emergency Medical Evacuation	Maximum Benefit Amount: Up to 100% of Usual and Customary Charges
Home Alteration and Vehicle Modification	20% of the Principal Sum subject to a maximum of $5,000
Permanent and Total Disability	Up to $250,000 of the Covered Person's Principal Sum less any Accidental Death and Dismemberment Benefits or other benefits payable under the Policy for any other losses incurred as a result of the same Accident Benefit payments will end on the first of the following dates: 1. the date the Covered Person is no longer Permanently Totally Disabled; 2. the date the Covered Person dies; 3. the date the Covered Person fails to submit satisfactory proof of continuing Permanent Totally Disability; 4. the date the total amount of all benefits payable under the Policy, including Permanent and Total Disability Benefits paid for all Injuries caused by the same Covered Accident equals 100% of the Principal Sum in the Schedule of Benefits.
Rehabilitation Expense	20% of Principal Sum subject to a maximum of $10,000
Repatriation	Up to 100% of Usual and Customary Charges
Security Evacuation	Maximum Amount: $100,000 per person per occurrence Aggregate Limit of Liability: $1,000,000 per occurrence
Supplemental Out of Country Medical Expense (Supplemental Out of Country Medical Expense benefits may be available on an allocated or unallocated basis. If specific limits or coinsurance rates are to apply to certain covered medical expenses, these are considered allocated expenses. Allocated expenses will be itemized within this Schedule of Benefits. If all covered medical expenses incurred are subject to the same maximum limit and coinsurance factor, these are considered unallocated expenses. Allocated and unallocated covered medical expenses incurred are subject to	Overall Medical Expense Benefit Maximum: $250,000 per person per Accident/Sickness Deductible (Corridor): $250 per person per Accident/Sickness Coinsurance: 100% of Usual and Customary Charges Loss Period (first covered medical expenses must be incurred within): 90 days Maximum Benefit Period (max. period that benefits are payable): 52 weeks Maximum Period of Coverage: 364 days Mental or Nervous Disorders/Psychotherapy: $10,000 per Accident/Sickness Home Country Extension Benefit* • Benefit Maximum Amount: $10,000 for all extensions • Maximum Period of Coverage: 30 days

the Overall Medical Expense Benefit Maximum Amount, unless otherwise noted within an allocated expense.)

Medical Emergency Guarantee Charge Expense Benefit*

- Benefit Maximum Amount: $10,000 per Accident/Sickness

Terms of Payment: Primary

**Subject to the Overall Medical Expense Benefit Maximum stated above.*

TRAVEL BENEFITS	BENEFIT AMOUNT / DETAILS
Baggage Delay	Maximum Benefit Amount: $700 per Trip Daily Benefit Amount: $100 per Day Maximum Number of Days: 7 Days Checked Baggage Delivery Charge Benefit Maximum: $0 per Trip
Baggage and Personal Effects	Benefit Maximum: $1,500 per Trip Deductible: $50 per Trip Per Item/Per Set of Items Benefit Maximum: $1,000 Combined Limit (for all designated items): $1,500
Trip Cancellation	Benefit Maximum: $1,000 per Covered Trip
Trip Interruption	Benefit Maximum: $5,000 per Covered Trip Maximum Benefit Period: 10 days

NON-INSURANCE TRAVEL ASSISTANCE SERVICES

PROVIDED BY: HEALIX INTERNATIONAL (HX GLOBAL IS THE US DIVISION OF HEALIX)

Healix is here to help you get the care and attention you need in case of an emergency while traveling. In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact Healix at the Berkley AH Assistance Helpline.

Toll-free in the US and Canada: (800) 344-2500
Collect outside the US: (202) 659-7786
Email: BerkleyAH@healix.com

When you call, please be ready to provide:

- The name of your company
- Insurance Policy Number: BTA L019200012406

Download on the App Store or GET IT ON Google Play

Scan the QR code to download the Healix Travel Oracle App on the go.

MEDICAL ASSISTANCE SERVICES

- Emergency Medical Payment
- Medical Search and Referral
- Replacement of Medication and Eyeglasses
- Medical Monitoring
- Visit by Family Member or Friend
- Dependent Children Assistance
- Traveling Companion Assistance
- Emergency Medical Evacuation/Medically-
- Necessary Repatriation
- Repatriation of Mortal Remains
- Trip Interruption

SECURITY ASSISTANCE SERVICES

- Political, Natural Disaster or Security Evacuation

PERSONAL ASSISTANCE SERVICES

- Pre-Trip Information
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash
- Emergency Travel Arrangements
- Legal Assistance/Bail
- Emergency Message Relay
- Vehicle Return
- Pet Return

TRAVEL ORACLE PORTAL AND MOBILE APP

- Member portal that provides destination travel risk intelligence, alerts and useful travel tools
- Download the mobile app to use pre-trip and during your travels

These services are not insured benefits. All services must be arranged by and approved by Healix. To the extent these services or any advanced payments are not included in the program, you will be responsible for payment.

CLAIMS PROCEDURES

Written notice of death or injury must be given to the Company within 30 days after a covered loss begins or as soon as reasonably possible. Notice can be given to the Company at:

CAMBRIDGE ADMINISTRATORS
5832 South 142nd St, Suite A
Omaha, NE 68137
Toll Free: (855) 868-7554
Fax: (402) 504-6447
Email: info@CambridgeAdministrators.com

Notice should include the Covered Person's name and address as well as the Policy Number. Always keep a copy of all documents submitted for claims.

IMPORTANT INFORMATION

This brochure provides a brief description of the accident only coverage provided under policy form series AH52051, and AH-52200, AH-52202, AH-52204, AH-52205 and AH-52206, Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states. For complete details, please contact us at SpecialRiskSolutions@BerkleyAH.com. Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

The coverage provided is Accident Only.

Travel non-insurance assistance services are not insurance and are provided by a third party vendor.