

Atlas Travel Series

Health Coverage that Goes Far & Beyond



HCC Medical
Insurance Services
Lloyd's Coverholder

International travel involves risk. Risk can take many forms, including recreational accidents, food borne disease, and automobile accidents, among others. Oftentimes the insurance you rely on in your home country will not cover you while you are abroad. HCC Medical Insurance Services (HCCMIS) offers the Atlas Travel Series, one of the industry's leading international insurance products, to protect you while traveling outside of your home country.

The Atlas Series is appropriate for:

- Vacations
- Study Abroad
- Corporate Travel (short to mid-length)
- Extreme Sports Trips (with purchase of Hazardous Sports Rider)

If you are traveling outside your home country and are at least 14 days old, you are eligible for coverage. Coverage is available for periods of 5 days to 12 months!

Emergency Medical Evacuation and Emergency Reunion

Would you know what to do if you found yourself in a life-threatening situation far from home? HCCMIS is experienced in arranging Emergency Medical Evacuations. The Atlas Series will cover the necessary expenses to transport you to the nearest medical facility qualified to treat your life-threatening condition. We also understand the importance of family support in these difficult situations. The Atlas Travel Series will also cover the transportation, lodging and meal costs for a relative to join you after an Emergency Medical Evacuation.

Repatriation of Remains

What would your family do if disaster strikes while you are away from home? The death of a loved one is never easy, no matter the circumstances. In the unfortunate event of your death while traveling abroad, the Atlas Series will arrange for and cover the costs associated with the repatriation of your remains.

Hospital Indemnity

If you are hospitalized, the world around you does not stop. What's more, in some places hospitals do not provide their patients basic necessities like meals, toothpaste or soap. If you are hospitalized as an inpatient for treatment of a covered illness or injury, the Atlas Series will provide \$100 for each night you spend in the hospital.

Trip Interruption

One of a traveler's biggest worries is the safety of his or her home while away. If you learn that a catastrophic event like a tornado, hurricane or flood has caused severe damage to your home while traveling abroad, the Atlas Series will cover the cost of a one-way, economy class ticket to the airport nearest your home.

- Short Term Travel Medical Insurance
- Emergency Medical Evacuation
- Astonishing Travel Assistance Services

Corey Pulver
CDA Insurance LLC
PO Box 26540
Eugene, OR 97402
USA
Phone: 503.642.4646
Fax: 503.212.5599
E-mail: corey@insurancequest.com
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Other quality benefits offered by the Atlas Travel Series:

Return of Minor Children: If you are expected to be hospitalized for more than 36 hours due to a covered injury or illness and covered children under 18 years of age will be left unattended as a result, the Atlas Series will cover the transportation cost for the children to return home.

Complications of Pregnancy: The Atlas Series offers coverage for Complications of Pregnancy during the first 26 weeks of gestation.

Terrorism: In these turbulent times, the risk of a terrorist attack is a reality. If you are in the wrong place at the wrong time, the Atlas Travel Series offers coverage for injuries resulting from these acts.

Political Evacuation: If, during the coverage period and after your arrival, the United States government issues a travel warning for your destination country, the Atlas Series will coordinate your alternate departure arrangements from that country and cover the associated costs.

Optional Hazardous Sports Rider: If you plan to participate in hazardous sporting activities such as mountain climbing or whitewater rafting, you may consider our Sports Rider. This optional rider will provide medical coverage for injuries resulting from an accident during participation in one of these activities otherwise excluded from coverage.

Hospitalization & Outpatient Treatment: If a covered illness or injury requires hospitalization, the plan provides coverage for costs associated with hospitalization care, including intensive care, and outpatient treatment.

Natural Disaster Benefit: Natural disasters can happen anywhere and at anytime. If a natural disaster occurs while on your trip causing you to become displaced from your accommodations, the Atlas Series will provide relief of \$100 a day to help cover the costs of alternative accommodations.

Home Country Coverage

Incidental Visits: For each three month period of continuous coverage, you are entitled to 15 days of coverage against covered injuries or illnesses that occur during a temporary visit to your home country. The purpose of your trip home must not be for obtaining medical treatment for an injury or illness that began while traveling abroad, and you will be required to continue your international trip.

End of Trip: The Atlas Series offers optional 30-day medical coverage in your home country upon return from your international trip. You must have maintained coverage for at least six months to be eligible for this coverage.

Benefit Period: If you are treated for a covered injury or illness while traveling internationally, the Atlas Series will provide 180 days of coverage, beginning on the day of diagnosis or treatment, for that condition whether you are at home or abroad.

What Is Excluded?

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

- Treatment for or related to any congenital condition
- Pregnancy, including but not limited to pre-natal care, post-natal care, newborn care and childbirth, except for complications of pregnancy within the first 26 weeks after conception
- Mental health disorders; substance abuse; willfully self-inflicted conditions
- Charges for use of emergency room within the US for treatment of illness unless the patient is directly admitted to the hospital as inpatient for further treatment of that illness (does not apply to injuries)
- Venereal disease; treatment of individuals who are HIV+ or have AIDS or ARC
- Treatment by a chiropractor; diseases of the skin; expenses related to vision or hearing; immunizations and routine physical exams
- Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental Treatment due to covered accident
- Injury sustained while taking part in contact sports, non-recreational athletics, and thrill-seeking activities
- Charges for travel or accommodations, except as provided for in the local ambulance, emergency medical and political evacuations, repatriation of remains, emergency reunion, natural disaster and trip interruption benefits
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s)
- Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof

Pre-existing Conditions

Charges resulting directly or indirectly from any pre-existing condition are excluded from this insurance. A pre-existing condition is any illness, injury or medical condition or chronic or recurring illness or injury or medical condition, including any associated complications or consequences, which existed at or during the 2 years immediately preceding your effective date.

If you are under age 70, you are eligible for medical and emergency medical evacuation expenses resulting from an acute onset of a pre-existing condition. An acute onset is 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 recommendations or symptoms. Treatment must be obtained within 24 hours.

This is a partial list of exclusions and limitations. Limits apply to all benefits. Please see the Certificate of Insurance for detailed information about these and other plan exclusions, limitations, benefits and provisions. Contact HCC Medical Insurance Services for a copy of the Certificate of Insurance or for more information.

Enrollment

You may access the online quoting and purchasing system by visiting the website listed on the front of this brochure, or you may complete the attached application and mail or fax along with your payment to your agent or to HCCMIS.

Extensions and Renewals

Coverage under the Atlas Series may be extended up to 12 months. After 12 months of continuous coverage, Atlas International holders may renew their coverage, after which the deductible and coinsurance will need to be re-satisfied. A new plan must be purchased after 36 months of coverage under Atlas International and after 12 months of coverage under Atlas America. Extensions and renewals may be completed through Client Zone.

Pre-certification & Claim Filing

To receive full benefits, pre-certification is required for hospitalization, surgery, emergency medical and political evacuations, emergency reunions, trip interruptions, repatriation of remains, CAT Scans, and MRIs. Pre-certification may be done by contacting HCCMIS by phone, e-mail or live chat or through Client Zone. Please see the certificate for more details.

You may file a claim by submitting a Claimant's Statement and Authorization Form. This form may be found online or you may contact HCCMIS for a copy. Complete the form, attach all itemized invoices and payment receipts, and send them to the address shown on the Claimant's Statement.

HCCMIS's Client Zone and World Service Center

HCCMIS's Client Zone is an online account management and resource tool that allows you to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing, including downloading forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using our Travel Intelligence and Planning System (TIPS)

You may access Client Zone by logging in at <https://zone.hccmis.com/clientzone/>.

If you prefer to speak to one of our professional service representatives, you may contact our World Service Center by calling toll-free from various countries around the world or by calling collect. Our World Service Center can provide you with service in many different languages.

Atlas Series Travel Assistance Services

BagTrak®: We can help locate and return your lost checked baggage.

Cash Transfers and Lost Document Replacement: We can help you with cash transfers and give you instructions on replacing lost documents such as passports and visas.

LiveTravel® Services: Sometimes you don't have time to make last minute changes to your itinerary; let us do it for you!

Other Assistance Services: We can refer you to doctors and lawyers, aid in the replacement of lost prescriptions, and much, much more! Contact us or visit our website for more information on these excellent services.

Travel Assistance Services are not insurance benefits. Any assistance service provided is not a guarantee of any insurance benefit under Atlas Travel Series.

Hygeia/First Health PPO

The Hygeia/First Health Preferred Provider Organization offers an extensive network of providers throughout the United States. Hygeia/First Health and their participating providers work together to lower the cost of medical care. These savings are then passed on to you through a waiver of coinsurance when claims are submitted directly to HCCMIS by the provider.



The Atlas Travel Series is underwritten by Syndicate 4141 at Lloyd's, London. The Plan Administrator is HCC Medical Insurance Services.

HCC Medical Insurance Services (HCCMIS), headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (HCC), which is a leading international specialty insurance group headquartered in Houston, Texas. HCC has assets of more than \$8.6 billion, shareholders' equity in excess of \$2.7 billion and is rated AA (Very Strong) by Standard & Poor's, AA (Very Strong) by Fitch Ratings and A+ (Superior) by A.M. Best Company.



251 North Illinois Street, Suite 600
Indianapolis, Indiana 46204
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Fax: (317) 262-2140

Schedule of Benefits

| | |
|---|--|
| Deductibles: | \$0, \$100, \$250, \$500, \$1,000 or \$2,500 per Certificate Period |
| 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 will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider |
| 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 |
| Hospital Indemnity: | \$100 per day (not subject to Deductible or Coinsurance) This benefit is in addition to all other medical benefits provided. |
| Intensive Care Unit: | Usual, Reasonable and Customary charges |
| Outpatient Treatment: | Usual, Reasonable and Customary charges |
| Acute Onset of Pre-existing Condition: | \$15,000 limit per Certificate Period for Eligible Medical Expenses \$25,000 limit per Certificate Period for Emergency Medical Evacuation (Only available to Members under age 70) |
| Physical Therapy: | \$50 Maximum per visit |
| All Other Eligible Medical Expenses: | Usual, Reasonable and Customary charges |
| Emergency Dental: | Accident - Overall Maximum Limit Acute Onset of Pain - \$ 100 limit per Certificate Period |
| Emergency Medical Evacuation: | \$500,000 Maximum Lifetime Limit |
| Emergency Reunion: | \$15,000 limit per Certificate Period |
| Return of Minor Children: | \$ 5,000 limit per Certificate Period |
| Political Evacuation: | \$10,000 Maximum Lifetime Limit |
| Terrorism: | \$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only |
| Accidental Death and Dismemberment: | Principal Sum \$25,000 Adults age 18-69 \$12,500 Adults age 70-74 \$ 6,250 Adults age 75 and above \$ 5,000 Children age 17 and below |
| Common Carrier Accidental Death: | \$50,000 per adult, \$25,000 children under age 18; \$250,000 Maximum per family |
| Repatriation of Remains: | Overall Maximum Limit |
| Natural Disaster Benefit: | Maximum \$ 100 a day for 5 days |
| Trip Interruption: | \$5,000 limit per Certificate Period |
| Lost Checked Luggage: | \$250 limit per Certificate Period (not subject to Deductible or Coinsurance) |
| Hospital Pre-certification 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, Emergency Medical Evacuation and Common Carrier Accidental Death): | Age 14 days to 69 - \$50,000, \$100,000, \$250,000, \$500,000 or \$1,000,000; Age 70 to 79 - \$50,000; Age 80 or older - \$10,000 |

Acute Onset of Pre-existing Conditions

Acute Onset of a Pre-existing Condition: If you are under age 70, you are covered for an Acute Onset of a Pre-existing Condition. Coverage is available up to \$15,000 Maximum for Eligible Medical Expenses and up to \$25,000 for Emergency Medical Evacuation. An Acute Onset of a Pre-existing Condition is 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 recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Home Country Coverage

Incidental Home Country Coverage - The Atlas Series will provide you 15 days of incidental coverage for trips to your Home Country for every 3 months of coverage purchased. Incidental visit time must be used within the three-month period earned, and you must continue your international trip in order to be eligible for this benefit, which covers Medical expenses only. Return to your Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while traveling.

Benefit Period Medical Coverage - A Benefit Period begins on the first date you receive a diagnosis or treatment of a covered Illness or Injury while outside your Home Country and lasts for 180 days. If you started a Benefit Period while this insurance was in effect, you are covered only for Medical expenses for the duration of the Benefit Period, regardless of whether you are at home or abroad.

End of Trip Home Country Medical Coverage - If you are covered under the Atlas Series and outside of your Home Country continuously (except for covered Incidental Trips as described above) for six (6) months or more you may purchase an additional 30 days of End Trip Home Country Medical coverage.

Home Country Defined - If you are a US citizen, your Home Country is the United States, regardless of the location of your Principal Residence. If you are not a US citizen, your Home Country is the country where you principally reside and receive regular mail.

Optional Hazardous Sports Coverage

The Optional Hazardous Sports Rider is available for the adventurous traveler. For an additional 20% premium, this Rider adds coverage for the Amateur sports listed in the following exclusion.

Injury resulting from participation in the following activities:

- a. Amateur Athletics, Contact Sports, and professional sports or athletic activities. Non-contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by (b) through (j) of this provision; and
- b. mountaineering where ropes or guides are normally used; and
- c. aviation (except when traveling solely as a passenger in a commercial aircraft); and
- d. hang gliding, skydiving, 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; 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.

The maximum policy limit for Injuries under this Rider is the Overall Maximum Limit you select. The Accidental Death and Dismemberment benefit is deleted during participation in Hazardous Sports Activities. Purchase of the Rider does not include coverage for sports participated in for wage, reward or profit.

**ATLAS APPLICATION
HCC Medical Insurance Services
Lloyd's Coverholder**

Print all names as you would like them to appear on your Identification Cards.
Please print clearly and provide complete information.

| | | | | |
|---|--|-------------------------------------|----------------------------|---------------------------------|
| Last Name | | First Name | | MI |
| Complete Mailing Address for all correspondence: | | | | |
| Telephone #: | | Fax #: | | E-mail Address*: |
| Requested Effective Date (mm/dd/yy): | | Departure Date (from Home Country): | | Date of Return to Home Country: |
| Countries to be visited: | | | | |
| Name of Beneficiary: | | | Relationship to Applicant: | |
| (Note: You will be the Beneficiary for spouse and dependent children included on this Application.) | | | | |

***REQUIRED FOR EXTENSION OF COVERAGE NOTIFICATION**

OPTION(S) SELECTED: [] (Maximum of 2 options when there are multiple citizenships)

| Names of all individuals to be covered. List applicable rates for the option chosen: | | | | | Column <u>M</u> | Column <u>R</u> |
|--|--------------------|-----------------------|-------------|-----------------|-----------------|-----------------|
| # | Name (Last, First) | Birth Date (mm/dd/yy) | Citizenship | Passport Number | Monthly Rate | Daily Rate |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Florida Surplus Lines question (for all Atlas America applicants only): Are you traveling to Florida to work? Yes No

| | | | | |
|----------|---|----------|--|--|
| A | Subtotals (add lines 1 through 4 above) | A | | |
| B | Trip Duration (# of Months and/or # of Days) | B | | |
| C | Multiply Line A by Line B | C | | |
| D | Enter Deductible Factor (from Deductible Factor Table) | D | | |
| E | Multiply Line C by Line D | E | | |
| F | Enter Factor for Hazardous Sports Rider, if Selected (1.20), otherwise Enter 1.0 | F | | |
| G | Multiply Line E by Line F | G | | |
| H | Add Column <u>M</u> Line G to Column <u>R</u> Line G, (TOTAL Premium Due) | H | | |
| I | OPTIONAL Express Delivery Charge: Add \$20.00 for US Delivery, \$30.00 Non-US Delivery | I | | |
| J | Add Line H and Line I together (TOTAL Amount Due) | J | | |

| | | |
|--|---------------------------|--------------------------|
| Payment Mode: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express | Credit Card #: | Expiration Date (mm/yy): |
| Name as it appears on card: | Complete Billing Address: | |
| Daytime Phone #: | Signature: | |

Check or Money Orders should be made payable, in US dollars, to HCC Medical Insurance Services. If paying by credit card, I authorize HCC Medical Insurance Services to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-certification Penalty and other restrictions and exclusions. I understand that if I am eligible for extensions and renewals of this insurance, they may only be transacted online and will not be effective unless such transaction is confirmed in writing by HCC Medical Insurance Services, and I understand that renewals may be transacted only within the thirty (30) days immediately preceding my current coverage's expiration date. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to HCC Medical Insurance Services. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.

| | |
|-------------------------|--------------------|
| Signature of Applicant: | Date of Signature: |
| Signature of Spouse: | Date of Signature: |

For more information or for assistance completing this application, please contact:

Producer Number: 99123A

Corey Pulver / PO Box 26540 / Eugene, OR 97402 / USA
Phone: 503.642.4646 / Fax: 503.212.5599 / E-mail: corey@insurancequest.com

Atlas International – For travel outside of the US

| Option # | 1 | | 2 | | 3 | | 4 | | 5 | |
|---------------|----------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|
| Maximum Limit | \$50,000 | | \$100,000 | | \$250,000 | | \$500,000 | | \$1,000,000 | |
| Age | Monthly | Daily | Monthly | Daily | Monthly | Daily | Monthly | Daily | Monthly | Daily |
| 18-29 | 25.00 | 0.82 | 30.00 | 0.98 | 32.00 | 1.05 | 35.00 | 1.15 | 40.00 | 1.31 |
| 30-39 | 30.00 | 0.98 | 35.00 | 1.15 | 41.00 | 1.34 | 47.00 | 1.54 | 54.00 | 1.77 |
| 40-49 | 51.00 | 1.67 | 57.00 | 1.87 | 60.00 | 1.97 | 64.00 | 2.10 | 72.00 | 2.36 |
| 50-59 | 90.00 | 2.95 | 100.00 | 3.28 | 104.00 | 3.41 | 108.00 | 3.54 | 114.00 | 3.74 |
| 60-64 | 108.00 | 3.54 | 143.00 | 4.70 | 152.00 | 5.00 | 159.00 | 5.30 | 189.00 | 6.30 |
| 65-69 | 129.00 | 4.23 | 155.00 | 5.10 | 164.00 | 5.40 | 170.00 | 5.60 | 198.00 | 6.70 |
| 70-79 | 220.00 | 7.30 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 80+* | 500.00 | 16.70 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Dep. Child** | 17.00 | 0.60 | 23.00 | 0.80 | 24.00 | 0.85 | 26.00 | 0.90 | 27.00 | 1.00 |
| Child Alone | 25.00 | 0.82 | 30.00 | 0.98 | 32.00 | 1.05 | 35.00 | 1.15 | 40.00 | 1.31 |

Atlas America – For non-US citizens traveling to the US

| Option # | 6 | | 7 | | 8 | | 9 | | 10 | |
|---------------|----------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|
| Maximum Limit | \$50,000 | | \$100,000 | | \$250,000 | | \$500,000 | | \$1,000,000 | |
| Age | Monthly | Daily | Monthly | Daily | Monthly | Daily | Monthly | Daily | Monthly | Daily |
| 18-29 | 42.00 | 1.40 | 50.00 | 1.64 | 62.00 | 2.00 | 65.00 | 2.13 | 79.00 | 2.59 |
| 30-39 | 55.00 | 1.90 | 68.00 | 2.23 | 81.00 | 2.70 | 86.00 | 2.82 | 100.00 | 3.28 |
| 40-49 | 84.00 | 2.75 | 96.00 | 3.15 | 118.00 | 3.90 | 126.00 | 4.20 | 150.00 | 4.92 |
| 50-59 | 126.00 | 4.13 | 150.00 | 4.92 | 174.00 | 5.80 | 183.00 | 6.00 | 220.00 | 7.21 |
| 60-64 | 158.00 | 5.30 | 216.00 | 7.20 | 229.00 | 7.60 | 238.00 | 7.80 | 280.00 | 9.18 |
| 65-69 | 200.00 | 6.70 | 250.00 | 8.30 | 277.00 | 9.20 | 278.00 | 9.30 | 325.00 | 10.66 |
| 70-79 | 254.00 | 8.50 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 80+* | 500.00 | 16.70 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Dep. Child** | 25.00 | 0.90 | 27.00 | 0.95 | 33.00 | 1.10 | 34.00 | 1.10 | 41.00 | 1.34 |
| Child Alone | 38.00 | 1.30 | 50.00 | 1.64 | 53.00 | 1.80 | 65.00 | 2.13 | 79.00 | 2.59 |

Displayed rates are for \$250 Deductible Option (in USD) and are valid through 12/31/09. Rates include Surplus Lines taxes and fees when applicable.

*\$10,000 Maximum Limit

**First two children age 9 and under are free when two parents/guardians are insured under the Atlas Travel Series. One child age 9 or under is free when one parent/guardian is insured under the Atlas Travel Series.

| Deductible Factor Table | | Hazardous Sports Rider Factor: 1.20 |
|-------------------------|---------|--|
| Deductible: | Factor: | If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to HCC Medical Insurance Services in order to receive a refund of premium. To be eligible for a full refund, the request for cancellation must be received prior to your effective date. Cancellation requests received after the effective date will be subject to the following conditions: 1) a \$25 cancellation fee will apply; and 2) only the unused portion of the plan cost will be refunded; and 3) only members who have no claims are eligible for premium refund. |
| \$0 | 1.25 | |
| \$100 | 1.1 | |
| \$250 | 1.0 | |
| \$500 | 0.9 | |
| \$1,000 | 0.8 | |
| \$2,500 | 0.7 | |

Privacy Policy: HCCMIS respects individual privacy and values the confidence of its customers, employees, consumers, business associates and others. Please contact us or visit our website to obtain a full version of our Privacy Policy.



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