

This coverage and description supersedes any coverage and description you may have received earlier.
Please read and retain for your records.

Your Visa Card Guide to Benefit

Emergency Medical and Dental Coverage

Effective 3/1/04 For questions about your **balance**, call the customer service number on your Visa statement.

Whenever You use your eligible Visa card to pay for a Trip in excess of 100¹ miles from your place of Residence, You will be eligible to receive up to \$2,500 (subject to a \$50 deductible) for medical expenses not paid or payable by your medical insurance incurred as a result of Emergency Treatment of a sickness or accidental injury occurring during the course of your Trip. You must receive the treatment during the course of the Trip and upon recommendation of the attending physician. The Trip may not exceed sixty (60) consecutive days.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending physician. They include:

- The services of a legally qualified physician, surgeon, graduate nurse, dentist, or osteopath.
- Charges for hospital confinement and use of operating rooms.
- Charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests.
- Ambulance services.
- Drugs, medicines, and therapeutic services and supplies.

Benefits will not be paid in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by providers of medical care in the locality in which care is furnished.

Hotel Convalescence

In the event You require hospitalization as a result of a covered accident or illness during a Trip paid for with your eligible Visa card, You will be eligible to receive a daily benefit of \$75 per day up to a maximum of five (5) days towards the cost of a hotel room if the attending physician determines that immediately upon your release from the hospital You should convalesce in a hotel before your return home.

Exclusions

These benefits do not cover any expense resulting from the following:

- Travel for the purpose of obtaining medical treatment.
- Non-emergency services, supplies, or charges.
- Services, supplies, or charges rendered by an Eligible Person's Immediate Family Member.
- Care not prescribed by or performed by or upon the direction of a physician or dentist.
- Care not medically necessary as determined by the Program Administrator.
- Care rendered by other than hospitals and physicians or dentists.
- Care that is experimental/investigative in nature.
- Care for any illness or bodily injury that occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any legislation of any governmental unit. This exclusion applies whether or not the Eligible Person claims the benefits or compensation and whether or not the Eligible Person recovers losses from a third party.
- Payments to the extent benefits are provided by any governmental agency or unit (except Medicare).

- Care for any illness or injury suffered due to self-inflicted harm; attempted suicide; mental health issues; alcoholism or substance abuse; war; military duty; civil disorder; air travel except as a passenger on a licensed aircraft operated by an airline or air charter company; routine physical examinations; hearing aids; eyeglasses or contact lenses; routine dental care, including dentures and false teeth; hernia, unless it results from a covered accident; elective abortion; participation in a felonious act or attempt thereof; skydiving, scuba, skin, or deep sea diving; hang gliding; parachuting; rock climbing; and contests of speed.
- Care received for which an Eligible Person would have no legal obligation to pay in the absence of this or any similar coverage.
- Care received in Afghanistan, Burma, El Salvador, Iran, Iraq, Kampuchea, Laos, Lebanon, Nicaragua, North Korea, Yemen, Vietnam, and any other countries which may be determined by the U.S. Government from time to time to be unsafe for travel.

Definitions

Eligible Person means a valid Visa cardholder who pays for the specific occasions covered by using the eligible Visa card.

Emergency Accident or **Sickness** means any injury, disease, or illness occurring suddenly and unexpectedly which requires immediate medical treatment due to its serious and acute nature.

Emergency Treatment means necessary medical treatment that must be performed immediately due to the serious and acute nature of the bodily injuries.

Excess means that this coverage will pay benefits for charges that are not covered by your own insurance (for example, your deductible or co-payments). If You have no insurance, the full amount of charges will be considered.

Immediate Family Member means your spouse or legally dependent children under age 25 (18 if not a full-time student at an accredited institution).

Residence means the cardholder's home address as listed in the respective bank's file or address reflected on cardholder's billing statement. The home address from the bank's records will take precedence over billing statement address in determining the eligibility of coverage.

Trip means arrangements that are made by a commercial licensed travel establishment consisting of travel agencies and/or common carrier organizations.

You means an Eligible Person (as defined above) or your Immediate Family Members who charged their Trip to your eligible Visa card.

If You have an accident/illness or any other type of loss, immediately call the Program Administrator at 1-800-434-1280, or call collect at 0-804-673-6498. Notification must be made within ninety (90) days from the date of occurrence. The representative will answer any questions You may have and send You a special claim form.

How do I file a claim?

Complete the claim form You receive from your call to the Program Administrator. Mail the following items within 180 days from the date of occurrence to:

Enhancement Services
P.O. Box 72034
Richmond, VA 23255

1. The completed claim form.
2. A copy of your charge slip, as proof that the Trip was charged and paid for by your eligible Visa card.
3. A statement from your insurance carrier (and/or your employer, or employer's insurance carrier) showing any amounts they may have paid toward the claim cost. Or, if You have no other applicable insurance, please provide a notarized statement to that effect.
4. A copy of any other valid and collectible insurance available to You.
5. Any other documentation deemed necessary by the Program Administrator to substantiate the claim.

Transference of Claims

After the Provider has paid your claim of loss or damage, all your rights and remedies against any party in respect of this loss

or damage will be transferred to the Provider to the extent of the cost of the Provider's payment to You. The Provider shall be entitled at its own expense to sue in your name. You shall give the Provider all assistance as the Provider may reasonably require to secure its rights and remedies, including the execution of all documents necessary to enable the Provider to bring suit in your name.

Program Provisions for Emergency Medical and Dental Coverage: You shall use due diligence and do all things reasonable to avoid or diminish any injury or illness for which coverage is provided under this Program. The Provider will not unreasonably apply this provision to avoid claims.

If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and your benefits may be canceled.

This coverage is subject to the terms and conditions outlined and includes certain restrictions, limitations, and exclusions. This Program Guide is not a policy of insurance. In the event of any conflict between this description of coverage and the policy, the policy will govern. The policy is on file at the offices of Visa U.S.A.

Emergency Medical and Dental Coverage is a service provided to eligible Visa cardholders in accordance with the policy underwritten by Indemnity Insurance Company of North America (herein referred to as "Provider").

The program described in this Guide will not apply to Visa cardholders whose accounts have been suspended or cancelled.

This service is provided to eligible Visa cardholders at no additional cost. The terms and conditions contained in this Program Guide may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Program Guide mailings, statement inserts, or statement messages. Visa and/or your Financial Institution can cancel or non-renew the coverage, and if we do, we will notify You at least thirty (30) days in advance. If the insurer non-renews or cancels any coverages provided to eligible Visa cardholders, You will be notified within 30–120 days before the expiration date of the policy. In the event substantially similar coverage takes effect without interruption, no such notice is necessary.

For general questions regarding this benefit, call the Program Administrator at 1-800-434-1280, or call collect at 0-804-673-6498.

¹ Under New York laws, when a cardholder's mailing address is in the State of New York, the requirement that you must be 100 or more miles from your residence does not apply.

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