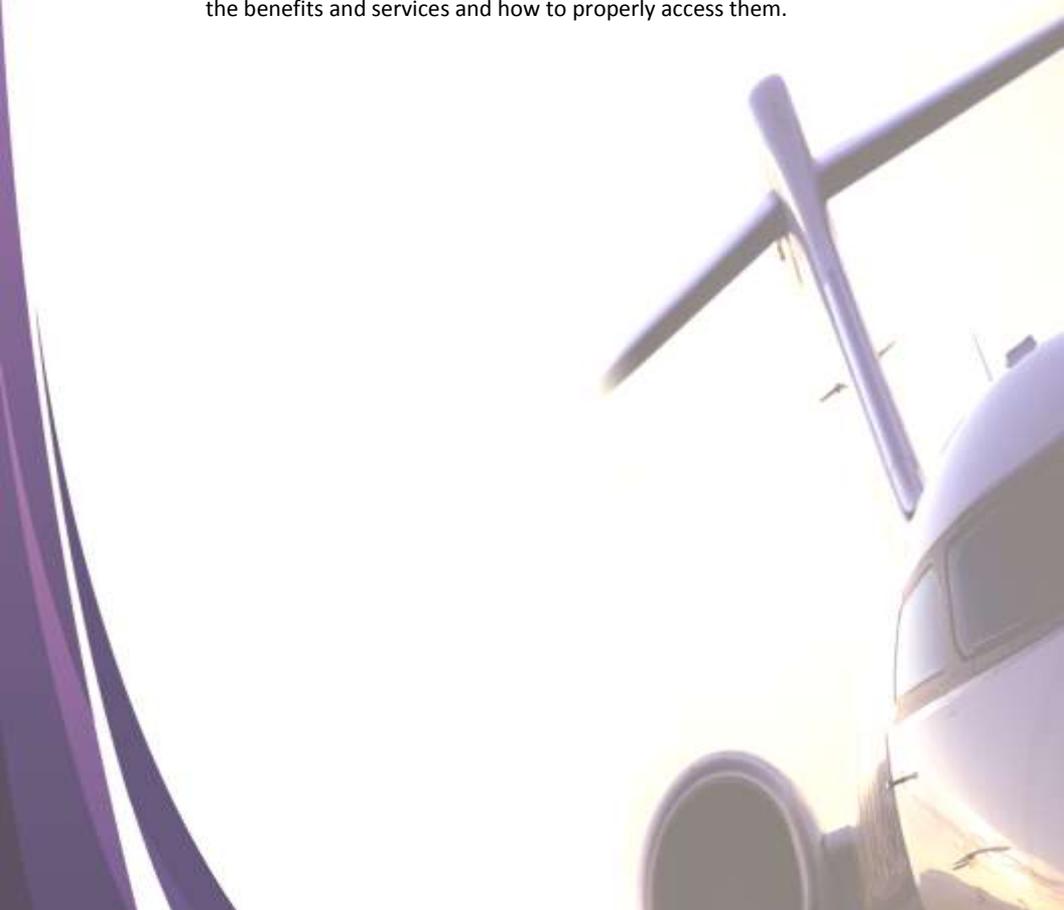




Member Services Agreement

Document: MSA300913INT

Please read this Member Services Agreement carefully and keep it with your travel papers in order to fully understand the benefits and services and how to properly access them.



MEMBER SERVICE AGREEMENT

Your SkyMed International, Inc. (referred to herein as “SkyMed”) membership is governed exclusively by the terms set forth in this Member Service Agreement (referred to herein as the “Agreement”). SkyMed's services are available to SkyMed *MEMBERS* throughout the *SKYMED AREA OF SERVICE*. *CAPITALIZED AND ITALICIZED* terms are defined in Section V – Definitions. Please completely read this Agreement and take it with you when you travel.

I. GENERAL INFORMATION

In the case of a ***CRITICAL ILLNESS OR INJURY***:

- Call 911 or have someone take you to a hospital.**
- Always** have a “designated” family member or friend to serve as your spokesperson should you or a loved one become ***CRITICALLY ILL OR INJURED***.
- Should you become hospitalized, it is **EXTREMELY important** that your spokesperson contact SkyMed **immediately** at one of the following numbers:

Inside the United States:

- Call toll-free 1-800-475-9633

Outside the United States:

- Call SkyMed collect at 480-946-5188; OR
- If you are in Mexico, you can call 001-866-805-9624.

- When calling, have the following information ready:
 - Name of *MEMBER* requiring services
 - Phone number(s) where you or your spokesperson, attending physician, and appropriate family members can be reached
 - Membership number
- DO NOT WAIT TO CALL!** Calls are answered 24-hours-a-day, 365 days a year.
- All Basic Membership flights **MUST** be pre-approved and arranged by SkyMed.* If not, you will be financially responsible for the entire cost of the air evacuation.
- SkyMed cannot approve any transportation without the written approval of the *MEMBER'S* attending physician.
- Never** assume a member of the medical staff will contact SkyMed for you.

- ☑ **Never** give your credit card number in order to make transport arrangements. If you are asked for a credit card, **you are not speaking to SkyMed.**

SkyMed does everything possible to evacuate its *CRITICALLY ILL OR INJURED MEMBERS* as quickly as possible given the circumstances and in accordance with the terms of this Agreement. SkyMed contracts with dozens of air ambulance providers, all of which must meet our strict requirements. The closest available air ambulance will respond to you as soon as possible.

When traveling in Mexico, please note that nearly all Mexican airports are closed to private aircraft from dusk to dawn. Therefore, the air transport may not be able to reach you until the following morning.

REMEMBER:

SkyMed Has No Claim Forms

SkyMed Never Asks For a Credit Card Number

Get Medical Attention First, And Then Call SkyMed Immediately

SkyMed Must Pre-Approve All Basic Membership Services*

* No pre-approval is necessary for services provided pursuant the Helicopter or Ground Ambulance Optional Riders – see Section VII: Optional Riders or call 1-800-475-9633 for more information or to add these services to your Basic Membership.

II. BASIC MEMBERSHIP SERVICES. All transportation must be pre-approved and arranged by SkyMed.

- A. Hospital-To-Hospital Emergency Air Transportation.** When traveling a member must be more than 100 air miles from home to be eligible for any SkyMed service unless the distance is otherwise designated. The Member's medical condition must be stabilized for air travel.

SkyMed's Member Services Director in consultation with the Member's attending physician will certify the need for emergency air evacuation or repatriation and SkyMed must make all arrangements except if otherwise designated. The attending physician's approval must be in writing.

When the decision has been made that emergency air transportation as a result of a critical illness or injury has been approved, the type of flight arrangements are then determined, and SkyMed will provide:

- By choice of the Member, emergency medical air transportation to the hospital nearest the Member's place of residence (home) as designated on the membership application form.

SkyMed's emergency medical air transportation is available throughout the United States, Canada, Mexico, the Bahamas, the Caribbean, Belize and Costa Rica. SkyMed reserves the right to combine services A), B), and G) to benefit the Member. Please refer to the section marked "Limitation".

All flights must be pre-approved and arranged by SkyMed.

- B. Transportation For Recuperation Near Home.** If a *MEMBER* suffers a *CRITICAL ILLNESS OR INJURY*, SkyMed will pay for the appropriate *MEDICAL TRANSPORTATION* to move the *MEMBER* from the hospital to a hospital, rehabilitation facility, convalescent home, or hospice near the *MEMBER'S TRANSPORT PREFERENCE*, provided such facility has pre-approved the *MEMBER'S* admittance.
- C. Commercial Airline Medical Escort Flight.** If a *MEMBER'S CRITICAL ILLNESS OR INJURY* does not, in the opinion of the *MEMBER'S* attending physician, warrant a private air ambulance, and the *MEMBER* is, according to the attending physician, not able or permitted to travel alone by commercial air carrier, SkyMed will pay for private in-flight care, to be provided by an appropriate medical attendant, for the *MEDICAL TRANSPORTATION* on a commercial airline to *MEMBER'S HOME*, including the cost of the medical attendant's return flight.
- D. Escort Transportation.** Provided space is available, SkyMed will allow one person selected by the *MEMBER* to escort the *MEMBER* on a *MEDICAL TRANSPORTATION* flight. If space is not available, SkyMed will pay for such person to fly on a separate commercial airline flight to a commercial airport near such *MEMBER'S* destination.
- E. Minor Children Return.** When a *MEMBER* is transported by *MEDICAL TRANSPORTATION*, SkyMed will pay for a one-way commercial airline ticket to return the *MEMBER'S ELIGIBLE FAMILY MEMBERS* who are left stranded and unaccompanied as a result of the *MEDICAL TRANSPORTATION*, to the airport nearest the children's residence. If needed, an attendant will be provided to ensure the safety of the children.
- F. Visitor Transportation.** In the event a *MEMBER* has suffered a *CRITICAL ILLNESS OR INJURY*, SkyMed will pay for one round-trip commercial airline ticket within the SkyMed Area of Service to send one person selected by the *MEMBER* from a commercial airport near such person's home to a commercial airport near the hospital where the *MEMBER* is being treated.
- G. Return Transportation After Recovery.** In the event a *MEMBER* suffers a *CRITICAL ILLNESS OR INJURY* and is subsequently discharged from a hospital more than one hundred (100) air miles from such *MEMBER'S HOME*, SkyMed will transport the *MEMBER* to the commercial airline nearest *MEMBER'S HOME* by commercial airline for up to thirty (30) days after such hospital discharge.
- H. Incidental Expense Allowance.** SkyMed will pay Two Hundred Dollars (\$200.00) for *DOCUMENTED EXPENSES* associated with a *MEMBER'S MEDICAL TRANSPORTATION*.
- I. Vehicle & Vessel Return.** When SkyMed provides *MEDICAL TRANSPORTATION* services to a *MEMBER*, SkyMed will pay to return the *MEMBER'S* highway operable vehicle to the *MEMBER'S TRANSPORT PREFERENCE* within the continental United States, Canada, or Alaska; provided, however, that SkyMed will not transport such vehicle over any body of water by boat or air. SkyMed will pay for a professional driver and the fuel and oil required to return a *MEMBER'S* car, motor home and pull vehicle, travel trailer, trailer, boat and trailer, or rental car. The *MEMBER* is responsible for paying for all repairs required to maintain the safe operation

of the vehicle(s) during the return. Neither SkyMed nor the transport company is responsible for road damage and other normal wear and tear (including, but not limited to, cracked windshields, pitting, etc.) that occurs during the course of the return transport.

For vessel return SkyMed will provide up to \$500 per day for a maximum of 10 days to return a vessel to its home marina.

For motorcycle return SkyMed will package and transport both road worthy and damaged vehicles to home repair shop.

- a. **Alternative Vehicle Return.** As an alternative to SkyMed providing a professional driver, the *MEMBER* may select one person to fly to the stranded vehicle(s) and drive it to the *MEMBER'S TRANSPORT PREFERENCE*. SkyMed will pay for such person's one-way flight on a commercial airline, plus up to One Hundred Dollars (\$100.00) a day towards such person's reasonable *DOCUMENTED EXPENSES*.
- b. **Commercial Vehicle Return.** In the event a *MEMBER* who is a commercial truck driver suffers a *CRITICAL ILLNESS OR INJURY*, SkyMed will pay for a single, one way commercial airline ticket to fly a replacement driver selected by the *MEMBER* to a commercial airport near the stranded commercial vehicle's location. SkyMed will pay up to a total of One Thousand Dollars (\$1,000.00) for fuel, oil, and other *DOCUMENTED EXPENSES* incurred during the transportation of the commercial vehicle.

J. **Organ Retrieval.** When a *MEMBER* is to receive an organ for organ transplant surgery, SkyMed will provide air transport of a heart, liver, kidney, lung, or pancreas to a hospital located anywhere within the SkyMed Area of Service, provided that the *MEMBER* has been a SkyMed *MEMBER* for at least nine (9) months and was not on a transplant recipient list at the time of application. SKYMED CANNOT WARRANT THE VIABILITY OF ORGANS BEING TRANSPORTED FOR TRANSPLANT PURPOSES. This service is only available on SkyMed annual membership plans.

K. **Organ Recipient Transportation.** SkyMed will transport a *MEMBER* requiring an organ transport by either *MEDICAL TRANSPORTATION* or commercial airline, whichever is appropriate, to a commercial airport near to the hospital performing the organ transplant, provided such hospital is located within the SkyMed Area of Service and that the *MEMBER* has been a SkyMed *MEMBER* for at least nine (9) months and was not on a transplant recipient list at the time of application. This service is only available on SkyMed annual membership plans.

L. **Physical Remains Return.** If a *MEMBER* dies more than one hundred (100) miles from his or her *HOME*, SkyMed will provide air transport to return the *MEMBER'S* remains to a commercial airport near the location the *MEMBER'S* family so designates. Ground transportation is not part of this service. SkyMed will pay for one person from the location of the deceased *MEMBER* to escort the remains.

III. **EXCLUSIONS AND LIMITATIONS.**

A. **Exclusions.** The following exclusions apply to all memberships:

Pre-Existing Conditions. Any condition, injury or illness diagnosed or being treated within the ninety (90) days immediately preceding the *MEMBER'S* effective SkyMed membership date. Subject to the other exclusions set forth herein, pre-existing conditions will be covered after the ninety (90) day period has elapsed

1. **Pregnancy.** Pregnancy or any condition immediately related to a pregnancy.
2. **Transplant Candidate.** Transplant candidates on a transplant recipient list at the time of application are ineligible for membership. Failure to disclose the fact that an applicant is on a transplant recipient list may result in the termination of such *MEMBER'S* membership.
3. **Military Duty.** Any condition, injury, or illness resulting from a *MEMBER'S* active duty in the military.
4. **Elective Surgery.** Any elective, non-emergency surgical procedures, including, but not limited to, elective cosmetic surgery. Non-elective cosmetic surgery resulting from a *CRITICAL ILLNESS OR INJURY* is covered.
5. **Private Aircraft.** Any condition, injury, or illness that results from a *MEMBER'S* air travel as a: (i) pilot of a private aircraft; (ii) passenger in a private aircraft; or (iii) passenger in an aircraft that is not operated by an airline that utilizes flight schedules routinely published in accordance with typical airline industry standards.
6. **Extreme Recreational Activities.** Any condition, injury, or illness resulting from any extreme recreational activity, including, but not limited to: (i) riding a three wheel all-terrain vehicle (ATV); (ii) bungee jumping; (iii) hang gliding; (iv) cliff diving; (v) scuba diving; (vi) motorcycle or car racing of any nature; (vii) helicopter skiing; (viii) any rodeo event; or (ix) any other activity that, in SkyMed's sole discretion, constitutes an extreme recreational activity.
7. **Non-Fixed Wing Aircraft.** Only flights that are by fixed-wing aircraft are covered by the Basic Membership. Helicopter flights are covered only by the optional Helicopter Rider. See Section VII. Optional Riders for more detail.
8. **Forbidden Countries.** SkyMed services cannot be rendered in any country in which the conducting of business is prohibited by United States federal law.
9. **Expatriates.** Anyone living in Mexico, the Caribbean, Costa Rica or Belize for more than six cumulative months in any 12 consecutive month period is not eligible to receive membership services unless they add the optional North American Transport Option (N.A.T.O.). If a *MEMBER* plans an extended stay in Mexico, they must identify a specific six-month coverage period at the time of application, or the coverage period automatically defaults to November 1st to April 30 and membership service will only be available during that time period. (see Section VIII., below, for more information on the optional North American Transport Option).

B. Limitations. The following limitations apply to all memberships:

1. SkyMed is not liable for any failure or inability to provide services due to factors beyond SkyMed's control, including, but not limited to: (i) labor disputes affecting service providers; (ii) civil disturbance; (iii) riot; (iv) war; (v) fire; (vi) flood; or (vii) an Act of God or nature.
2. SkyMed is not responsible for any liability resulting from flight delays, late arrivals, rescheduled flights, or any other issue, inconvenience, or damage that results from events beyond the control of SkyMed.
3. A maximum of two (2) *MEDICAL TRANSPORTS* will be provided to any one (1) *MEMBER* during any one (1) calendar year.
4. The services provided pursuant to this Agreement are not available in any jurisdiction where they are prohibited by law.
5. Air ambulance service will be provided only for the Hospital-To-Hospital Air Transportation service. All other air transportation shall be by commercial airline.
6. A *MEMBER* must have in his or her possession a current visa and/or passport in order to be transported out of a foreign country requiring such identification.
7. Any person who knowingly files a claim or application containing false, misleading, misrepresented, or incomplete information with the intent to injure, defraud, or deceive SkyMed (i) may be guilty of a felony; (ii) will have any claim denied; and (iii) will have his or her membership terminated and the premium paid for such membership refunded, less the amount of all damages incurred by SkyMed as a result of such deception.

IV. GENERAL PROVISIONS.

- A. **Grace Period.** For a period of one (1) month after expiration of a *MEMBER'S* annual membership, the *MEMBER* may renew his or her membership without termination of services by paying the renewal premium, provided that such *MEMBER* has not suffered a *CRITICAL ILLNESS OR INJURY* during such grace period. Contact SkyMed at toll free 1-800-475-9633 to renew your membership.
- B. **Right To Cancel.** For thirty (30) days after the *MEMBERSHIP EFFECTIVE DATE* a *MEMBER* may cancel his or her membership for any reason and receive a full refund by returning all materials together with a written request to cancel coverage to SkyMed. The refund will be sent within thirty (30) days of SkyMed's receipt of the written request to cancel.
- C. **Premium Rate Change.** SkyMed may adjust the premium charged to a *MEMBER* upon thirty (30) days' written notice to the *MEMBER*. All premium adjustments will be deemed accepted by the *MEMBER* unless written notice of non-acceptance is received prior to the effective date of the adjustment. If such written notice of non-acceptance is received prior to the effective date of the adjustment, the term of membership under this Agreement will terminate on the date the adjustment would have been effective.

- D. Termination Of Membership.** Except as set forth below, SkyMed will give at least forty-five (45) days' written notice of any cancellation, termination, or non-renewal of a *MEMBER'S* membership, and such notice shall set forth the reason for such action. SkyMed may terminate a membership immediately for the following reasons: (i) providing false, misleading, misrepresented, or incomplete information when applying for membership or making a request for services; (ii) misuse of the documents provided as evidence of membership; or (iii) non-payment of a premium. In the event SkyMed terminates a *MEMBER'S* membership for any of the reasons set forth in this paragraph, such *MEMBER* shall have no right to convert his or her membership under the provisions of paragraph E. below.
- E. Loss Of Eligibility; Conversion.** A *MEMBER'S* right to receive services pursuant this Agreement shall terminate upon his or her loss of eligibility, which may occur for any of the following reasons: (i) a *MEMBER* who is an *ELIGIBLE FAMILY MEMBER* reaches the limiting age for eligibility, as set forth in the definition of a "*ELIGIBLE FAMILY MEMBER*" (see – Section V. DEFINITIONS.); (ii) annulment or divorce; or (iii) dissolution of a domestic partner relationship. In the event a *MEMBER* loses the right to receive services pursuant this Agreement for such loss of eligibility, the *MEMBER* shall have the right to enter into a conversion contract with SkyMed that will be the same or similar to the original contract, without having to provide evidence of insurability and for the same premium rate, provided such *MEMBER* submits an application and the applicable premium within thirty-one (31) days after the loss of eligibility.
- F. Extension of Services.** In the event a *MEMBER* suffers a *CRITICAL ILLNESS OR INJURY* and requests services on or before the date such *MEMBER'S* membership expires, SkyMed will provide services for up to ninety (90) days after such expiration date.
- G. Non-Discrimination.** SkyMed does not discriminate on the basis of age, sex, race, handicap, sexual orientation, or economic status. SkyMed reserves the right to request and receive any previous medical history of an applicant.
- H. Mitigation.** Because the services offered by SkyMed are intended to be secondary to a *MEMBER'S* primary health and/or auto insurance coverage, and in order to mitigate any losses, the *MEMBER* agrees that SkyMed shall have the right to recover the cost of any services provided hereunder from the *MEMBER'S* primary insurance, or, if such insurance reimburses the *MEMBER*, to recover from the *MEMBER*.

V. DEFINITIONS. As used in this Agreement, the following terms shall have the meanings set forth below:

"*APPROPRIATE AIRPORT*" means a place where fixed-wing aircraft selected by the air ambulance carrier can safely land, takeoff, and have the use of needed, reputable maintenance and ground service facilities.

"*COMPANION MEMBER*" see "*MEMBER*".

"*CRITICAL ILLNESS OR INJURY*" means a sudden and unforeseen medical condition that occurs to a *MEMBER* more than one hundred (100) air miles from the *MEMBER'S TRANSPORT PREFERENCE* that causes a *MEMBER* to be hospitalized. SkyMed's services are provided ONLY after such hospitalization.

“DOCUMENTED EXPENSES” means any expense incurred incidental to an event whereby services are rendered pursuant to this Agreement, which are supported by copies of receipts.

“EFFECTIVE DATE” means, for membership applications approved on or before the tenth (10th) day of the month, the first day of that month, and, for membership applications approved after the tenth (10th) day of the month, the first day of the following month, provided, however, that, in the event the *EFFECTIVE DATE* is after the actual application approval date, services pursuant this Agreement will actually be rendered as of the date the application is approved.

“ELIGIBLE FAMILY MEMBER” means (i) an unmarried natural or adopted child of the *PRIMARY MEMBER* or *COMPANION MEMBER* who is either (a) under nineteen (19) years of age; (b) under twenty-four (24) years of age and a full-time student at an accredited college or university; or (c) mentally or physically handicapped, incapable of self-sustaining employment by reason of such handicap, and substantially dependent upon the *PRIMARY MEMBER* or *COMPANION MEMBER* for support and maintenance; or (ii) a grandchild of the *PRIMARY MEMBER* or *COMPANION MEMBER* who (a) is under eighteen (18) years of age; (b) is traveling with the *PRIMARY MEMBER* or *COMPANION MEMBER* grandparent(s); and (c) is NOT accompanied by his or her parents.

“HOME” means a *MEMBER’S* primary place of residence, which may or may not be the same as his or her mailing address or *TRANSPORT PREFERENCE*.

“MEDICAL TRANSPORTATION” means air transport by either a private, fixed-wing air ambulance or by commercial airline with a medical attendant, from an *APPROPRIATE AIRPORT* near where the *MEMBER* suffered the *CRITICAL ILLNESS OR INJURY* to an *APPROPRIATE AIRPORT* near the *MEMBER’S TRANSPORT PREFERENCE*. All *MEDICAL TRANSPORTATION* must be pre-approved in writing by the *MEMBER’S* attending physician; the facility receiving the *MEMBER* must have pre-approved the *MEMBER’S* admittance; and such transport must be pre-approved and arranged exclusively by SkyMed.

“MEDICALLY NECESSARY” (which applies only to the optional Helicopter and Ground Ambulance Riders) means a condition, injury, or illness of such severity that it requires immediate emergency medical treatment, where transporting the *MEMBER* in any other vehicle would endanger the *MEMBER’S* life and where such helicopter or ground ambulance transportation is to the closest appropriate facility that can provide the necessary emergency medical care.

“MEMBER” means the primary person covered by this Agreement (referred to herein as the *“PRIMARY MEMBER”*), his or her legal spouse or domestic partner (referred to herein as *“COMPANION MEMBER”*), and any *ELIGIBLE FAMILY MEMBERS*.

“PRIMARY MEMBER” see *“MEMBER”*.

“SKYMED AREA OF SERVICE” means the entire United States, Canada, Mexico, Costa Rica, Bermuda, Belize, the Bahamas, and the Caribbean (excluding Cuba).

“TRANSPORT PREFERENCE” means the location to which a *MEMBER* has indicated he or she wishes to be transported in the event he or she suffers a *CRITICAL ILLNESS OR INJURY*. A *MEMBER’S TRANSPORT PREFERENCE* is initially set forth on the *MEMBER’S* application, but a *MEMBER* may change by his or her *TRANSPORT PREFERENCE* by submitting a new *TRANSPORT*

PREFERENCE to SkyMed, in writing. Such change must be made at least thirty (30) days prior to a *MEMBER'S CRITICAL ILLNESS OR INJURY* to be effective.

VI. MEMBER GRIEVANCE PROCEDURES.

The following procedures apply in the event any *MEMBER* has a grievance of any nature in connection with the services provided pursuant to this Agreement. If any *MEMBER* has cause to be reasonably dissatisfied with his or her SkyMed membership, his or her annual premium will be refunded. Grievances must be submitted within one (1) year of the occurrence of the event(s) that gave rise to the grievance.

- A. Submission By Telephone.** In the event that a *MEMBER* is dissatisfied for any reason and desires to present the *MEMBER'S* grievance to SkyMed, the *MEMBER* may present his or her grievance directly to SkyMed by calling toll-free 800-475-9633 and asking for SkyMed's Grievance Coordinator. The *MEMBER* should be ready to give his or her membership number and a detailed description of the *MEMBER'S* grievance.
- B. Submission In Writing.** *MEMBERS* are urged to submit any grievances by telephone. However, in the event a *MEMBER* wishes to submit his or her grievance to SkyMed in writing, all such grievances should be sent to the following address:

Grievance Coordinator
SkyMed International, Inc
13840 N. Northsight Boulevard., Suite 109,
Scottsdale, AZ 85260-3665

In addition, in order to facilitate a prompt resolution, all such written grievances may be sent via facsimile to 480-946-3484, although it is requested that all such grievances sent via facsimile also be sent via U.S. mail. All grievances submitted in writing should include the *MEMBER'S* membership number and a detailed description of the facts underlying the *MEMBER'S* grievance.

- C. Evaluation By SkyMed.** The Grievance Coordinator shall evaluate all written grievances and perform such investigation as he or she shall deem necessary to such evaluation. A written summary will be submitted within ten (10) business days to the President of SkyMed that shall include the following information:
1. The name, address, and membership number of the aggrieved *MEMBER*;
 2. The name and address of all providers who have performed services for the aggrieved *MEMBER* on behalf of SkyMed pursuant to this Agreement;
 3. A summary of all information gathered from SkyMed's internal records and the investigation initiated by the submission of the *MEMBER'S* grievance; and

4. A detailed description of the *MEMBER'S* grievance.

D. **Processing Time.** Though all *MEMBERS* are encouraged to contact SkyMed by telephone to ensure a prompt resolution of grievances, SkyMed will strive to process all grievances, oral and written, within sixty (60) days of submission. In the event a full and proper investigation of a *MEMBER'S* grievance requires SkyMed to obtain information outside of its service area, SkyMed may require an additional thirty (30) days to process the *MEMBER'S* grievance.

E. **Jurisdiction.** This Agreement shall be governed by and constructed in accordance with the laws of the state of Arizona, the place of the making of this Agreement, without regard to conflict of laws principles. The parties hereto agree to consent to personal jurisdiction in Arizona. The exclusive venue of any action or counterclaim arising under or in connection with this Agreement shall be in the Superior Court situated in Maricopa County, Arizona. In the event it is necessary or proper for either party to bring an action arising under or in connection with this Agreement, the prevailing party shall be entitled to recoup all costs and reasonable attorney's fees, including post-judgment and costs related to appellate proceedings.

VII. **OPTIONAL RIDERS, WAIVERS, AND ADDITIONAL SERVICES.**

These optional riders, waivers, and additional services ONLY apply to a membership if so indicated on the membership card. These optional riders, waivers, and additional services are included in all SkyMed ULTIMATE memberships. These optional riders, waivers, and additional services are subject to all the exclusions, limitations and definitions as stated in above in the Member Service Agreement. If you would like to add any of these optional riders, waivers, or additional services to your membership, or would like to upgrade your membership to a SkyMed ULTIMATE membership, please call toll free 1-800-475-9633 for pricing and more information.

A. **Helicopter Rider.** SkyMed will cover the cost of a helicopter transport from the scene of a vehicle accident to a hospital and/or a *MEDICALLY NECESSARY* hospital-to-hospital transport by helicopter. When other insurers provide partial payment of helicopter service, SkyMed will pay any deductibles or co-payments. This optional rider is subject to all the exclusions, limitations and definitions as stated in the Member Service Agreement.

B. **Ground Ambulance Rider.** SkyMed will provide ground ambulance services for a *MEMBER* who suffers a *CRITICAL ILLNESS OR INJURY* and requires ground ambulance transport to the closest appropriate hospital, provided such transportation is *MEDICALLY NECESSARY*.

C. **Primary Driver Disability Rider.** This service is in addition to SkyMed's traditional vehicle return service, described above, and applies when a *MEMBER* who is the primary driver of a vehicle suffers a disabling illness or injury (not necessarily a *CRITICAL ILLNESS OR INJURY*) and is temporarily unable to operate his or her vehicle(s) for ten (10) days or more. In the event of such illness or injury, SkyMed will reimburse the *MEMBER* up to an additional Two Thousand Dollars (\$2,000.00) to cover *DOCUMENTED EXPENSES* incurred in returning the *MEMBER'S* vehicle(s) *HOME*, to the *TRANSPORT PREFERENCE* location, or in continuing on to the *MEMBER'S* original destination. The *MEMBER* has

the right to determine how the funds are expended, including for fuel and/or oil, or to pay a third party to drive the stranded vehicle(s). The *MEMBER* is responsible for paying for all travel repairs in the course of vehicle transport. The *MEMBER* must provide a copy of the medical records showing that the *MEMBER* received medical treatment for an illness or injury that, according to the attending physician, prevented him or her from operating a vehicle for at least ten (10) days. The services provided pursuant to this Primary Driver Disability Rider are limited to one (1) per contract year.

- D. **One Hundred (100) Mile Waiver.** SkyMed will waive the requirement that the *MEMBER* be more than one hundred (100) miles from the *TRANSPORT PREFERENCE* for Ground Ambulance and Helicopter transports provided pursuant to this Agreement. All other limitations still apply, including the requirement that any transport be *MEDICALLY NECESSARY* due to a *CRITICAL INJURY OR ILLNESS*. When it is medically necessary to do so, SkyMed will provide the *MEMBER* Ground Ambulance and/or Helicopter transport to an emergency medical facility within a 100 mile radius of the *MEMBER'S* home.
- E. **SkyMed PLUS Travel Services.** This service is available to you worldwide. To utilize this service please call one of the following numbers:
In the United States: 1-800-475-9633
Collect: 480-946-5188

When calling, have the following information ready:

- Name of *MEMBER* requiring services
- Phone number(s) where you or your spokesperson, attending physician, and appropriate family members can be reached
- Membership number

Below is a description of the SkyMed PLUS Travel Services (referred to simply as "Travel Services"), which are in addition to the Basic Membership services.

1. **Medical Assistance.** Travel Services will assist *MEMBERS* in locating medical care providers or local sources of medical care referral.
2. **General Trip Assistance.** Travel Services' general trip assistance is one of the most valuable resources available to *MEMBERS*. A *MEMBER* can easily plan his or her upcoming trip by calling the Travel Services Assistance Center twenty-four (24) hours a day, seven (7) days a week to obtain the following vital information prior to departure or while in route to his or her destination:
 - i. **Passport and Visa Information.** Advice regarding what documentation is required to enter and depart foreign destinations.
 - ii. **Health And Safety Advisories.** Up-to-date travel advisories regarding foreign countries.

- iii. **Inoculation Requirements.** Medical entry requirements for foreign countries.
 - iv. **Weather Information.** Current weather conditions for both domestic and international destinations.
 - v. **Currency Exchange Information.** Daily currency exchange rates.
 - vi. **Consulate and Embassy Locations.** Assistance in locating the nearest consulate and/or embassy.
 - vii. **Travel Locator Service.** Assistance in locating hotels, airports, sports facilities, campgrounds, tourist attractions, etc.
3. **Legal Assistance.** Travel Services will help a *MEMBER* contact a local attorney or appropriate consular office when a *MEMBER* is arrested, detained, in an auto accident, or otherwise needs legal assistance. Travel Services will maintain communications with the *MEMBER* and the *MEMBER'S* family and business associates until legal counsel has been retained by or for the *MEMBER*.
 4. **Pet Return Transportation Service.** In the event an pet accompanying a *MEMBER* is stranded anywhere in North America, SkyMed will provide commercial air flight transportation for the pet, subject to airline regulations, to a commercial airport near the *MEMBER'S TRANSPORT PREFERENCE*. The *MEMBER must* have a health certificate for their pet issued within the last thirty (30) days. It is the *MEMBER'S* responsibility to provide a travel cage, and to arrange to have pet transported to the airport and delivered to the airline. SkyMed will make the reservation for the pet's travel, but the *MEMBER* must pay the fare, which will be reimbursed by SkyMed. Pre-approval is required. Pet return service does not cover breeds that are in SkyMed's sole discretion considered aggressive. Pet return service is dependent upon airline regulations and the governing regulations where the pet is located. Pet return service does not cover certain breeds that are considered aggressive.
 5. **Exclusions.** SkyMed is not responsible for the quality or results of any services (including legal or medical) provided by independent practitioners or independent service centers referred to a *MEMBER*. In all cases, the *MEMBER* is responsible for obtaining, using, and paying for his or her own required services of all types not covered by any reimbursement program he or she may have.

VIII. North American Transport Option (N.A.T.O.).

N.A.T.O. is an *additional service available to expatriates living in Mexico, the Caribbean, Costa Rica or Belize (an additional fee may apply)*. If your membership includes the SkyMed N.A.T.O. service, it will be indicated on your membership card and on page one of this booklet. If you do not have N.A.T.O. as an optional service with your membership and would like to add it, please call 1-800-475-9633 for pricing and more information.

A Traditional Membership provides services for a *MEMBER* living in *Mexico, the Caribbean, Costa Rica or Belize less than six (6) cumulative months* in any twelve (12) consecutive months. The specific six-month coverage period must be identified at the time of application, or the coverage period automatically defaults to November 1st to April 30th. The N.A.T.O. service provides Basic Membership services to a *MEMBER* living *more than* six (6) cumulative months in any twelve (12) consecutive membership months in *Mexico, the Caribbean, Costa Rica or Belize*, plus SkyMed will provide the following additional services:

- A. A *MEMBER* suffering a *CRITICAL INJURY OR ILLNESS* will be transported by fixed-wing air ambulance, medical helicopter, or, if the *MEMBER* is not able to safely fly, ground ambulance to his or her *TRANSPORT PREFERENCE*.
- B. For a Vehicle Return under the Basic Membership, SkyMed will pay the airfare for two (2) persons (instead of only one (1) person) designated by the *MEMBER* to fly to an airport near the location of a stranded vehicle(s).
- C. Waiver of the one hundred (100) mile restriction as described in Section VII: *One Hundred (100) Mile Waiver Option*.
- D. SkyMed PLUS options for NATO ULTIMATE memberships include: Returning members to Mexico, the Caribbean, Costa Rica or Belize by commercial carrier coach class after hospitalization in US or Canada. This option also provides for the return of member's PETS by commercial carrier AND includes round trip coach class commercial air fare for a person to accompany the pets or the choice of a round trip commercial coach class ticket from a US or Canadian destination for family member or friend to pet sit while member is hospitalized. SkyMed PLUS also can help locating medical providers, emergency message service, travel warnings and weather information.

The N.A.T.O. service is subject to all of the other exclusions, limitations and definitions as stated in the Member Services.

MISSION STATEMENT

SkyMed.

provides its traveling
membership family with
life-saving medical air ambulance services and
financial peace of mind
whenever a member suffers
a critical illness or injury
while traveling.

