

WHO IS ELIGIBLE?

Non-U.S. residents are protected for injuries while participating in a covered Underwater Recreational Activity and/or traveling to and from a sanctioned World Underwater Federation Event. They are eligible for coverage through two plans:

- CMAS Pool Sport Plan
- CMAS Pool & Open Water Sport.

YOUR BENEFITS

Medical Expenses: The plan pays Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the Medical Maximum, due to an Accidental Injury which occurred during the Period of Coverage while participating in a covered Underwater Recreational Activity and/or traveling to and from a sanctioned World Underwater Federation Event. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury must occur within 30 days of the date of Injury. Only such expenses which are specifically enumerated in the following list of charges and are incurred within 180 days from the date of accident and which are not excluded shall be considered Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/ examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to the amount stated in the Schedule of Benefits, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
11. Charges made for hyperbaric chamber Treatment resulting from a covered diving incident.

YOUR BENEFITS (CONTINUED)

Emergency Medical Evacuation/Repatriation* – The plan will pay Covered Expenses up to the maximum in the Schedule of Benefits for a covered Injury that begins during the Period of Coverage and results in Your Medically Necessary Emergency Medical Evacuation or Repatriation. Emergency Medical Evacuation or Repatriation means: a) Your medical condition warrants immediate transportation from the medical facility where You are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility as a result of a covered Emergency Medical Evacuation, Your medical condition warrants transportation with a qualified medical attendant to Your Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route.

The Emergency Medical Evacuation or Repatriation must be arranged by Seven Corners Assist in consultation with the Insured Person's local attending Physician. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.

Return of Mortal Remains* – The plan will pay reasonable Covered Expenses incurred up to the maximum stated in the Schedule of Benefits to return Your remains to Your Home Country if You should die. Covered Expenses include expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

Emergency Medical Reunion* – When an Emergency Medical Evacuation/Repatriation is ordered, and the attending Physician recommend a family member travel with You, the plan will arrange and pay up to the maximum in the Schedule of Benefits for roundtrip economy-class transportation for one person of Your choice from Your Home Country to be at Your side while You are hospitalized. The benefits payable include: (1) The cost of round-trip economy airfare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day); (3) The period of Emergency Medical Reunion cannot exceed 10 days, including travel.

*These benefits must be approved and arranged by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

Accidental Death & Dismemberment – Benefits will be paid if You sustain an Accidental Injury during the Period of Coverage which results in death or dismemberment within 365 days from the date of Accident. Benefits paid will be according to the table shown in the plan document. If You incur more than one Loss, only the largest amount will be paid.

Loss of Checked Scuba Diving Equipment – The plan will reimburse You for lost scuba diving equipment checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The scuba diving equipment must be owned by and accompany You at all times. Benefits will be paid to the maximum stated in the Schedule of Benefits. The plan will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss);
2. The cost to repair or replace the article with material of a like kind and quality

This coverage is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Underwriter that full reimbursement has been obtained from the airline.

SCHEDULE OF BENEFITS

All coverages are in U.S. Dollar amounts. Except as indicated otherwise, all benefits are subject to deductible and coinsurance and are per person per period of coverage.

| Coverage Territory | Worldwide |
|--|--|
| Medical Maximums | \$40,000 Medical Maximum for injuries incurred while participating in covered Underwater Recreational Activities. (age 80+, maximum limited to \$2,500) |
| Deductible | \$50 per person per Occurrence |
| Coinsurance | After You pay the Deductible, the plan pays 100% to the selected Medical Maximum |
| Emergency Medical Evacuation/Repatriation | \$50,000 |
| Return of Mortal Remains | \$50,000 |
| Emergency Medical Reunion | \$50,000 |
| Local Ambulance Benefit | \$5,000 |
| Accidental Death & Dismemberment (AD&D) | \$50,000 principal sum for Insured |
| Loss of Scuba Equipment | \$500 |
| Hospital Room & Board | Usual, Reasonable and Customary to the selected Medical Maximum |
| Intensive Care | Usual, Reasonable and Customary to the selected Medical Maximum |
| Outpatient Medical Expenses | Usual, Reasonable and Customary to the selected Medical Maximum |
| Hazardous Sports Coverage | Included |
| Underwater Recreational Activities Coverage | Covered activities: apnoea, aquathlon, finswimming, underwater hockey, orienteering, underwater rugby, spearfishing, sport diving (excluding solo diving), visual and target shooting. |
| Personal Liability | \$10,000 |
| 24 hour Travel Assistance Services | Included |
| Benefit Period | 180 days |

ASSISTANCE SERVICES

Upon enrollment into CMAS Pool Sport Plan or CMAS Pool and Open Water Sport Plan, you are eligible to use any of the assistance services provided by Seven Corners.

- Open 24 hours/day, 365 days a year
- Multi-lingual personnel
- Physicians / Nurses on staff
- Help locating medical facilities

For emergency and other assistance services call Seven Corners Assist 24/7:

1-844-878-2785 (toll free) or
0-317-582-2600 (collect)

For claims and benefit questions:
1-844-878-2785 (toll free)
0-317-582-2600 (collect)
assist@sevencorners.com

To find a provider:
www.sevencorners.com/network

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EXCLUSIONS

The following is a list of exclusions from the plan. No Benefit shall be payable for Accident Medical, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, as the result of:

- Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.
- Injury which is not presented to the Underwriter for payment within 90 days of receiving Treatment;
- Charges for Treatment of an Illness;
- Charges for Treatment which is not Medically Necessary;
- Charges provided at no cost to You;
- Charges for Treatment which exceeds Reasonable and Customary charges;
- Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes;
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
- War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not. For the purpose of this Exclusion:
 - i. Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
 - ii. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
 - iii. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

CMAS I.D. CARD

Plan Name: CMAS Pool Sport

Policy Number: ATR18-180101-02TA

CMAS License Number # _____



CMAS I.D. CARD

Plan Name: CMAS Pool and Open Water Sport

Policy Number: ATR18-180101-01TA

CMAS License Number # _____



EXCLUSIONS (CONTINUED)

- Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
- Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics.
 - Injury sustained while participating in any amateur athletics, which are not, listed in the Underwater Recreational Activities and sanctioned by CMAS.
 - Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
 - Treatment of the temporomandibular joint;
 - Vocational, speech, recreational or music therapy;
 - Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
 - Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
 - Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
 - Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
 - Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
 - Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
 - Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
 - Any Mental and Nervous disorders or rest cures;
 - Congenital abnormalities and conditions arising out of or resulting there from;
 - Expenses which are non-medical in nature;
 - Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
 - Expenses as a result of or in connection with the commission of a felony offense;
 - Injury sustained while taking part in Mountaineering, paragliding, zip lining, parasailing, racing by any animal or motor vehicle or motorcycle, scuba diving involving underwater breathing apparatus (unless CMAS, SSI, PADI or NAUI certified or diving with person whom is CMAS, SSI, PADI or NAUI certified), solo diving, snow skiing and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding). No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body; and any sport or athletic activity which is undertaken for thrill seeking and exposes the Plan Participant to abnormal or extreme risk of injury.
 - Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;
 - Treatment of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
 - Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
 - Routine Dental Treatment;
 - For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
 - For miscarriage resulting from Accident or complications of Pregnancy;
 - Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
 - Treatment for human organ tissue transplants and their related treatment;
 - Expenses incurred while in Your Home Country;
 - Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
 - Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
 - Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
 - This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
 - Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
 - Weight reduction programs or the surgical treatment of obesity;
 - Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
 - Treatment for learning disabilities, attitudinal disorders, or disciplinary problems;
 - Expenses for Durable medical equipment;
 - The activities of open water sport (this exclusion applies only to the CMAS Pool Sport plan).

ADMINISTERED BY:



SEVEN CORNERS

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Carmel, IN 46032
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Disclaimer: This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.

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v. 4/18/18



Pool Sport & Pool and Open Water Sport