

GLOBAL CITIZEN HEALTH PLANS



**Renewable worldwide
major medical coverage for
individuals and families**

Fully complies with state
insurance department
standards

John K Arnold Insurance, Inc.

HTH Worldwide

HEALTHY SOLUTIONS FOR THE GLOBAL TRAVELER

**HTH Worldwide is an innovator and
leader in helping world travelers
and global citizens stay safe and
gain easy access to quality health-
care all around the world.**

**global
innovator**

What is Global Citizen?

TABLE OF CONTENTS

What is Global Citizen?	1
Global Health and Safety Services	2
Why Choose HTH Worldwide?	3
How the Plan Works	3
How to Apply	4

What is Global Citizen?

Worldwide health insurance and services for international living

The Global Citizen health plan is designed to support the international lifestyles of those who travel to or from the United States for extended periods of business, leisure and study. If you leave home for six months or more, your health and financial security are at serious risk because of significant gaps in most available insurance coverage and services. This risk is only heightened by limited knowledge of health and safety hazards around the world, including medical treatment from unfamiliar providers.

Global Citizen is the premier international health plan because it combines comprehensive worldwide benefits with a new generation of medical assistance services, which include an impressive array of online tools used to identify, access and pay for quality healthcare all around the world.

Global Citizen gives you the freedom to access care inside and outside the U.S. If you need benefits outside the U.S. only, explore the Global Citizen EXP plan.

HTH Worldwide's Global Health and Safety Services — Because Insurance Isn't Enough

What good is insurance if you can't find a doctor you can trust?

HTH Worldwide provides all the tools a Global Citizen needs to manage health and safety risks, including finding the right doctor and clearly communicating your medical condition.

Easy Access to an Elite International Provider Community

HTH's expanding International Provider Community has grown to nearly 5,000 carefully selected medical providers in almost every country of the world. Because of HTH's rigorous selection criteria, less than 2% of providers outside the U.S. qualify to participate. Covering 112 specialties and subspecialties, the Provider Community database is searchable online to review detailed profiles of each provider.

Participating doctors, dentists and behavioral health professionals are English-speaking and individually contracted to schedule outpatient visits via HTH's online request service and to accept payment directly from HTH.

Global Citizen members are always free to choose any medical provider outside the U.S. without incurring a financial penalty.

The Freedom to Access Care in the U.S.

Global Citizen members also gain access to a contracted nationwide network of over 700,000 preferred providers, including more than 4,000 hospitals. The plan also covers care delivered by non-contracted providers.

Personal Safety Intelligence

HTH maintains unsurpassed resources designed to promote personal safety by giving Global Citizen members convenient access to vitally important news, health and safety analysis and medical translation tools.

- Global Health and Safety news alerts published daily and delivered by email.
- City Health and Security Profiles for nearly 700 destinations in over 150 countries outside the U.S.
- Brand name equivalents for 300 common over-the-counter and prescription drugs in 24 of the most frequently visited countries.
- Translation of hundreds of medical terms and phrases into the 10 most widely spoken languages.

Around-the-Clock Assistance Call Center

HTH maintains a 24/7, toll-free call center to assist Global Citizen members with everything from routine requests to medical emergencies. The HTH staff has years of experience with international medical assistance and has close working relationships with its International Provider Community.

Emergency Evacuation and Centers of Excellence

HTH coordinates emergency services with a worldwide network of contracted Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world whenever possible.

Personalized Member Services

Informed ChoiceSM

When Global Citizen members experience an unanticipated medical problem, they can request a second opinion and referral through the Informed Choice service. An HTH International Physician Advisor is available to discuss the member's diagnosis and treatment plan directly with the attending physician.

Personalized Recruitment

If Global Citizen members need a physician in an area not currently covered by the HTH International Provider Community, HTH will make every effort to recruit and contract with an appropriate, qualified doctor.

Well PreparedSM

An important companion on international assignments, the Well Prepared profile is a personal web page used by Global Citizen members to search the HTH Health and Safety databases, store pertinent information and launch requests for doctor appointments, provider recruitment, direct pay services and second opinions.

Appointment Scheduling and Direct Pay

Using the web, a mobile device or the telephone, Global Citizen members can request appointments within the International Provider Community. When Direct Pay services outside the U.S. are available, the copay and deductible are waived, and HTH pays the participating physician directly.

Why Choose HTH Worldwides Global Citizen Plan?

A Recognized Leader

HTH Worldwide is a recognized leader in international health insurance and medical assistance services, serving hundreds of thousands of world travelers annually.

Highest Standards of Service

Global Citizen is administered by HTH Worldwide Insurance Services to meet the highest expectations. HTH has set new standards for international assistance services and for applying stringent criteria when contracting with doctors and hospitals outside the U.S.

Strength of a U.S. Regulated Insurer

- Global Citizen is underwritten by A-rated insurance companies licensed by state departments of insurance as admitted carriers.
- Global Citizen protects your rights by meeting the standards of state regulators and features benefits more generous than non-admitted "surplus coverage."

Global Citizen Advantages over Competing Plans

- No waiting periods associated with any preventive services.
- Administered using HIPAA guidelines — the pre-existing condition exclusion can be waived with proof of prior creditable insurance.
- Covers injuries or illnesses that are a result of a terrorist act.
- No precertification required except for transplants.
- Deductible is waived for office visits to HTH participating providers outside the U.S. and preferred providers inside the U.S.
- No limit on time spent in or out of the U.S.
- Direct billing arrangements with close to 900 facilities outside the U.S.

How the Plan Works

Global Citizen and Global Citizen EXP plans offer comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle. *For detailed benefit schedule and rates, please see inserts.* To calculate your total out-of-pocket expense, add the deductible and coinsurance maximum.

For families, the deductible and coinsurance maximum is a multiple of 2.5.

After 12 months of continuous coverage, Global Citizen members may renew their coverage or apply for a new plan that covers maternity costs in the same way as all other medical conditions.

To be eligible for the maternity benefit, a member must not be pregnant at the time of upgrade.

Global Citizen Options				
Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S. in Network	U.S. out of Network	
Elite	\$0	\$0	\$1,000	\$2,000
500	\$250	\$500	\$1,000	\$3,000
1000	\$500	\$1,000	\$2,000	\$4,000
2000	\$1,000	\$2,000	\$4,000	\$8,000
5000	\$2,500	\$5,000	\$10,000	\$10,000
10000	\$10,000	\$10,000	\$10,000	\$10,000
25000	\$25,000	\$25,000	\$25,000	\$10,000

Amounts paid to satisfy a deductible are credited to all other deductibles.

Global Citizen EXP Options				
Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S. in Network	U.S. out of Network	
Elite	\$0	n/a	n/a	\$2,000
250	\$250	n/a	n/a	\$3,000
500	\$500	n/a	n/a	\$4,000
1000	\$1,000	n/a	n/a	\$8,000
2500	\$2,500	n/a	n/a	\$10,000
5000	\$5,000	n/a	n/a	\$10,000
10000	\$10,000	n/a	n/a	\$10,000

Does not include U.S. benefits.

For detailed benefit schedule and rates, please see inserts.

How to Apply



Applications are available online or may be initiated by telephone or email. **See back cover for details.**

A personal check, money order or credit card number must accompany the application and must be sufficient to pay for one month of standard premium. HTH will hold the form of payment until an underwriting decision is made. If your application is accepted, the payment will be applied to your account. Quotes obtained online or by telephone are advisory only. Actual premium is determined by the medical underwriting process.

HTH Worldwide will review your medical history as provided on the application and may request an Attending Physician's Statement. HTH publishes standard premium rates for non-smokers. Smokers and other applicants with certain medical histories may be offered a policy at a higher rate. Not all applicants will be accepted. Your effective date of insurance will be on the 1st or 15th day of the month following underwriting approval.

Member Welcome Kit

When your application is accepted, HTH Worldwide will mail you and any family members covered under the plan a Welcome Kit with identification cards, a certificate of insurance and instructions on how to register online to use the Global Health and Safety Resources. Procedures for filing a claim or requesting direct payment of participating providers will also be included.

Renewals

Global Citizen is annually renewable and coverage is continuous when renewed. You must continue to meet the plan's eligibility requirements. There are no medical questions at renewal and premium rates do not change based on your individual claims history. Your renewal rate will be the same as all persons renewing in your rating class.

After 12 months of continuous coverage, Global Citizen members may apply for a new plan that covers maternity costs in the same way as all other medical conditions. Members must submit a simple Health Statement to supplement their original application.

How Coverage Ends

Your coverage ends on the earlier of:

1. The last day of the month after the date the Insured Person is no longer eligible;
2. The end of the last period for which premium has been paid;
3. The date the Policy terminates;
4. The date the Lifetime Maximum Benefit of the Plan has been exhausted;
5. The date of fraud or misrepresentation of a material fact by the Insured Person, except as indicated in the Time Limit on Certain Defenses provision.

Extension of Benefits

If an Insured Person is Totally Disabled on the date of termination of the Policy, coverage will be extended until the earlier of:

1. The date payment of the maximum benefit occurs;
2. The date the Insured person ceases to be Totally Disabled; or
3. The end of 90 days following the date of termination.

Pre-existing conditions

The Global Citizen plan does not cover services for treatment of a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during 180 days immediately preceding the member's eligibility date.

Creditable coverage

The 180-day pre-existing conditions period can be reduced or eliminated if you have been covered by a creditable group or individual health insurance plan.

Conforms to state requirements

If any provision of a Global Citizen plan is in conflict with the statutes of the state in which the member resides, it is amended to conform to the minimum requirements of those statutes.

For benefits, rates, exclusions, eligibility and other important information, please see inserts.

Global Citizen Benefit Schedule

Global Citizen has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All Global Citizen plans have a **\$5,000,000 lifetime maximum** and a \$100,000 maximum benefit for emergency medical evacuation.

The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together. Please refer to chart on page 3 of the Brochure.

Benefits	Outside U.S.	U.S. (In Network)	U.S. (Outside Network)
Preventive and Office Visits - Insurer Waives Deductible			
Physician Office Visits (Adult)	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Out-of-Pocket Maximum then 100%
Physician Office Visits (Children 0-18)	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Unlimited Well Baby Visits	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Child Immunizations, Lab and X-rays	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
PSA for Men	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
One Routine Physical Per Year	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Professional Services - Insurer Pays After Deductible is Met			
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met			
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
In-patient Medical Emergency	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
In-patient Drugs	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulatory and Therapeutic Services - Insurer Pays After Deductible is Met			
Ambulatory Surgical Center	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance Service	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Accidental Dental	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000	100% up to \$2,000	100% up to \$2,000
Durable Medical Equipment	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Infusion Therapy	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physical/Occupational Therapy	\$30/visit, 12 visits per year	\$30/visit, 12 visits per year	\$30/visit, 12 visits per year
Basic Prescription Drug Benefit	50% of actual charges up to \$500	\$0	\$0
Optional Prescription Drug Benefit - Insurer Waives Deductible			
Subject to \$5,000 Maximum	100% of actual charges	Generics: 100% after \$10 copay	Generics: 100% after \$10 copay
Benefit per Insured Person per Policy Period.		Brandname: 100% after \$25 copay Injectables: 70%	Brandname: 100% after \$25 copay Injectables: 70%
Global Travel Benefits - Insurer Waives Deductible			
Medical Evacuation	Up to \$100,000	n/a	n/a
Repatriation of Remains	Up to \$25,000	n/a	n/a
Accidental Death and Dismemberment	\$50,000	\$50,000	\$50,000

Maternity benefits are not covered under this plan. After 12 months of continuous coverage, Global Citizen members may apply for a new plan that covers maternity costs.

Participating and Non-Participating Providers	Inpatient Benefit	Outpatient Benefit
Mental Health	100% up to 20 days per year	80% up to 30 visits per year
Substance Abuse	100% up to 12 days of detox	80% up to 30 visits per year

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

See other side for Global Citizen EXP Benefit Schedule.

Global Citizen EXP Benefit Schedule

Global Citizen EXP covers most services outside the U.S. at 100%. All Global Citizen EXP plans have a **\$5,000,000 lifetime maximum** and a \$100,000 maximum benefit for emergency medical evacuation.

Benefits	Outside U.S. Only
Preventive and Office Visits - Insurer Waives Deductible	
Physician Office Visits (Adult)	All except a \$10 copay per visit
Physician Office Visits (Children 0-18)	100%
Unlimited Well Baby Visits	100%
Child Immunizations, Lab and X-rays	100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%
PSA for Men	100%
One Routine Physical Per Year	100%
Professional Services - Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
In-patient Medical Emergency	100%
In-patient Drugs	100%
Ambulatory and Therapeutic Services - Insurer Pays After Deductible is Met	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy	\$30/visit, 12 visits per year
Basic Prescription Drug Benefit	50% of actual charges up to \$500
Optional Prescription Drug Benefit - Insurer Waives Deductible	
Subject to \$3,000 Maximum Benefit per Insured Person per Policy Period.	80% of actual charges
Global Travel Benefits - Insurer Waives Deductible	
Medical Evacuation	Up to \$100,000
Repatriation of Remains	Up to \$25,000
Accidental Death and Dismemberment	\$50,000

Maternity benefits are not covered under this plan. After 12 months of continuous coverage, Global Citizen EXP members may apply for a new plan that covers maternity costs.

Participating and Non-Participating Providers	Inpatient Benefit	Outpatient Benefit
Mental Health	100% up to 20 days per year	80% up to 30 visits per year
Substance Abuse	100% up to 12 days of detox	80% up to 30 visits per year

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

See other side for Global Citizen Benefit Schedule.

Global Citizen Health Plan Prices
Effective March 1, 2010

Monthly Premium Rate Table

Optional Rx Plan premium is in addition to Medical Plan premium.

	Global Citizen Plan							No area factor Rx Plan
	Elite	500	1000	2000	5000	10000	25000	Optional
Male								
Under 30	\$301	\$259	\$216	\$191	\$162	\$133	\$77	\$66
30-34	\$334	\$286	\$237	\$209	\$175	\$145	\$84	\$74
35-39	\$398	\$338	\$281	\$249	\$205	\$171	\$99	\$89
40-44	\$493	\$420	\$343	\$304	\$250	\$206	\$120	\$113
45-49	\$629	\$534	\$433	\$383	\$312	\$256	\$152	\$147
50-54	\$763	\$646	\$524	\$461	\$376	\$308	\$180	\$182
55-59	\$988	\$832	\$674	\$591	\$479	\$432	\$252	\$238
60-64	\$1,284	\$1,081	\$873	\$766	\$618	\$508	\$298	\$312
65-69	\$2,281	\$1,917	\$1,542	\$1,346	\$1,080	\$890	\$520	\$562
70-74	\$3,278	\$2,751	\$2,212	\$1,927	\$1,546	\$1,274	\$745	\$814
Female								
Under 30	\$228	\$195	\$162	\$145	\$120	\$99	\$57	\$68
30-34	\$340	\$290	\$239	\$211	\$174	\$144	\$85	\$97
35-39	\$483	\$410	\$337	\$297	\$243	\$201	\$118	\$122
40-44	\$624	\$527	\$431	\$377	\$309	\$254	\$150	\$147
45-49	\$744	\$629	\$510	\$451	\$366	\$303	\$178	\$178
50-54	\$857	\$725	\$589	\$516	\$418	\$345	\$201	\$205
55-59	\$946	\$800	\$648	\$569	\$461	\$381	\$221	\$229
60-64	\$1,098	\$926	\$749	\$657	\$530	\$438	\$255	\$266
65-69	\$1,946	\$1,636	\$1,318	\$1,151	\$926	\$763	\$447	\$479
70-74	\$2,794	\$2,347	\$1,887	\$1,647	\$1,321	\$1,088	\$636	\$692
Child (when insured with their parent)								
One Child under Age 1	\$331	\$283	\$233	\$208	\$173	\$142	\$83	\$73
One Child 1-17	\$219	\$189	\$158	\$142	\$122	\$100	\$57	\$45
2 Children	\$382	\$325	\$268	\$238	\$197	\$163	\$95	\$85
3 Children	\$527	\$447	\$366	\$323	\$265	\$219	\$128	\$123

Prices are subject to change

Global Citizen EXP Health Plan Prices
 Monthly Premium Rate Table
 Effective March 1, 2010

		Global Citizen EXP						Rx Plan	
		Elite	250	500	1000	2500	5000	10000	
Male		Optional							
	Under 30	\$129	\$112	\$102	\$94	\$77	\$67	\$61	\$35
	30-34	\$144	\$125	\$116	\$102	\$85	\$75	\$66	\$39
	35-39	\$173	\$153	\$140	\$125	\$106	\$94	\$81	\$48
	40-44	\$220	\$193	\$179	\$161	\$133	\$118	\$102	\$63
	45-49	\$285	\$251	\$230	\$207	\$172	\$153	\$133	\$80
	50-54	\$351	\$307	\$284	\$254	\$209	\$187	\$163	\$99
	55-59	\$458	\$402	\$371	\$333	\$274	\$243	\$212	\$129
	60-64	\$603	\$527	\$488	\$436	\$363	\$320	\$281	\$169
	65-69	\$1,084	\$952	\$878	\$788	\$652	\$578	\$505	\$254
	70-74	\$1,568	\$1,373	\$1,268	\$1,134	\$942	\$836	\$727	\$366
Female									
	Under 30	\$97	\$85	\$79	\$70	\$59	\$52	\$46	\$37
	30-34	\$151	\$131	\$121	\$108	\$89	\$79	\$70	\$53
	35-39	\$218	\$190	\$175	\$157	\$130	\$116	\$100	\$66
	40-44	\$283	\$249	\$230	\$205	\$171	\$152	\$132	\$81
	45-49	\$342	\$299	\$278	\$248	\$206	\$182	\$157	\$97
	50-54	\$397	\$348	\$320	\$287	\$238	\$211	\$184	\$111
	55-59	\$439	\$385	\$355	\$318	\$265	\$235	\$204	\$123
	60-64	\$512	\$449	\$416	\$371	\$307	\$272	\$238	\$144
	65-69	\$923	\$809	\$746	\$670	\$554	\$491	\$428	\$217
	70-74	\$1,333	\$1,169	\$1,079	\$966	\$801	\$710	\$619	\$312
Child (when insured with parent)									
	One Child								
	under Age 1	\$142	\$124	\$116	\$101	\$85	\$75	\$66	\$39
	One Child 1-17	\$88	\$77	\$70	\$64	\$53	\$47	\$43	\$26
	2 Children	\$166	\$146	\$134	\$121	\$100	\$89	\$79	\$47
	3 Children	\$237	\$208	\$191	\$172	\$142	\$125	\$110	\$66

Global Citizen EXP

N.B. – Does not include coverage in the United States. If you would like U.S. coverage, please refer to the Global Citizen Health Plan.

Prices are subject to change



1. Who is eligible to buy a Global Citizen plan?

- A. All U.S. citizens living abroad who are 74 or younger at the time of application are eligible to apply for coverage or;
- B. All legal residents of the U.S. (citizens and foreign nationals) who are age 74 or younger at the time of application are eligible if they live in an approved state or;
- C. An employee of a U.S. company, whereby the company is domiciled in a approved state and the company pays the insurance premium.

If you live in a state not listed, please contact your agent directly or HTH Worldwide.
For the most current state list, please visit hthtravelinsurance.com/gl_citizen/eligibility.cfm.

2. How do I qualify for maternity benefits?

After 12 months of continuous coverage, Global Citizen members may apply for a new plan that covers maternity costs in the same way as all other medical conditions. Members must submit a simple Health Statement to supplement their original application indicating their pregnancy status.

3. Do all eligible family members have to apply for Global Citizen?

Yes. The Global Citizen plan is available to individuals and their dependents. All eligible family members must apply for coverage.

4. Will my policy automatically renew? At what rate?

Global Citizen is renewable up to age 84. Policies are renewed at prevailing rates based on age and residence. Your personal health history will not determine the renewal rate. Existing members must confirm their renewal rates in writing in order to be renewed. They will be notified approximately 30 days prior to renewal.

5. When does my coverage end?

We may terminate your policy if:

- a. You no longer meet the eligibility requirements
- b. You fail to pay your premium
- c. You exhaust the Lifetime Maximum Benefit of the plan
- d. We discover that you committed fraud or misrepresented a material fact to us, except as indicated in the time limit of certain defenses provision
- e. We terminate the plan in your state or geographic service area

6. Who is the insurer?

Strength in ratings, top industry support

Our international health insurance plans are backed by a U.S. Insurer, no matter how much time you spend in or out of the U.S.:

- HM Life Insurance Company of Pittsburgh, PA rated A- (Excellent) by A.M. Best
- UNICARE Life & Health, a WellPoint company rated A- (Excellent) by A.M. Best

7. Does my plan deductible apply to all services?

No. Your deductible is waived for office visits. You simply pay a small copay at time of service with the contracted provider. For non contracted providers, you pay the provider directly and submit a claim for reimbursement.

Questions? FAQs

FAQs? Answers?

8. Will my pre-existing condition be covered under a Global Citizen plan?

Global Citizen is administered using HIPAA guidelines. If you were previously covered by an annually renewable U.S. health plan that issues you a Certificate of Creditable Coverage, HTH Worldwide will credit you for this prior coverage. The number of months of coverage shown on the Certificate will reduce or eliminate the six-month pre-existing condition waiting period. If you have six or more months of creditable coverage, your waiting period will be eliminated. If you have less than six months creditable coverage, your waiting period will be reduced by the number of months you had creditable coverage. For example, if you have two months of creditable coverage, your waiting period will be reduced from six months to four months.

9. Am I guaranteed to be issued a Global Citizen policy if I apply?

No, Global Citizen is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.

10. Is the quote I receive binding?

No. The quote you receive may not apply if 1) you provided us with an inaccurate zip code, 2) you misstated a material fact on your application, or 3) we increase the rate due to your health status.

11. When determining a rate while overseas, what zip code should I use?

Policies for U.S. citizens residing overseas are issued through the Global Citizens Association office in Washington D.C. The zip code that applies is 20036.

12. What is the Global Citizens Association?

GCA is a not-for-profit association serving those who travel the world for business, study and leisure. GCA promotes health and safety around the world through online knowledge tools and email news alerts. GCA members also benefit from the Association's group purchasing programs for travel, insurance, entertainment and telecommunication services. GCA benefits are available through its Rewards Worldwide program at www.rewardsworldwide.com.

13. What about accessing participating providers?

HTH's Global Health and Safety services help members identify, access and pay for quality healthcare all over the world, including a contracted community of elite providers in 180 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to HTH Worldwide. Please note that in the U.S. a member can simply show his/her ID card at time of service and participating providers will only bill the member for any applicable deductible or copayment. Members have access to a U.S. PPO Network through Aetna. Whether overseas or in the U.S., members can choose to use any doctor or hospital. Members are never restricted to a network. Please see the benefit schedules to see how coinsurance may apply.

14. Where can I read the fine print?

To see plan definitions, limitations or to review a sample certificate visit:
hthtravelinsurance.com/gl_citizen/gl_ctzn_cert.cfm.

Global Citizen Exclusions: the services for which NO benefits are paid under the insurance plan

- Amounts in excess of maximum amounts of Covered Expenses stated in this Plan.
- Services not specifically listed in this Plan as Covered Services.
- Services or supplies that are not Medically Necessary as defined by the Insurer.
- Services or supplies that the Insurer considers to be Experimental or Investigative.
- Services received before the Effective Date of coverage or during an inpatient stay that began before the Effective Date of Coverage.
- Services received after coverage ends unless an extension of benefits applies under the Plan.
- Services for which the Insured Person has no legal obligation to pay or for which no charge would be made if he/she did not have a health policy or insurance coverage.
- Services for any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by or contributed by: (a) An act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) An Insured Person, age 19 or older, being under the influence of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a Physician.
- Any services provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law.
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption, or the Insured Person's employer.
- Inpatient or outpatient services of a private duty nurse.
- Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of Mental, Emotional or Functional Nervous Disorders (including nicotine use) or psychological testing except as specifically stated in this Plan. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
- Treatment of Drug, alcohol, or other substance addiction or abuse, except as specifically stated in this Plan.
- Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated in this Plan.
- Dental and orthodontic services for Temporomandibular Joint Dysfunction.
- Orthodontic Services, braces and other orthodontic appliances.
- Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
- Hearing aids.
- Routine hearing tests except as provided under Preventive and Primary Care.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Outpatient speech therapy.
- Any Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.
- Any intentionally self-inflicted Injury or Illness. This exclusion does not apply to the Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits.

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- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction or inadequacy.
- All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, except as specifically stated under this Plan.
- All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures unless stated otherwise.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
- Routine physical exams or tests that do not directly treat an actual illness, Injury or condition, including those required by employment or government authority except as specifically stated in this Plan.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for the Eligible Participant's personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
- Educational services except as specifically provided or arranged by the Insurer.
- Nutritional counseling or food supplements.
- Durable medical equipment not specifically listed as Covered Services in this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
- Any services received on or within 6 months after the Effective Date of coverage if they are related to a Pre-existing Condition.
- Physical and/or Occupational Therapy/Medicine, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
- All Infusion Therapy together with any associated supplies, Drugs or professional services are excluded except as specifically provided under this Plan.
- Growth Hormone Treatment.
- Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, Injury or symptoms involving the feet.
- Charges for which the Insurer is unable to determine the Insurer's liability because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to (a) authorize the Insurer to receive all the medical records and information the Insurer requested or, (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a standby Physician.
- Charges for animal to human organ transplants.

Pre-existing Conditions

Benefits are not available for any services received: (1) on or within 6 months after the Eligibility Date of an Insured Person who is not a Late Enrollee; or (2) on or within 6 months after the Effective Date of Coverage for a Late Enrollee, if those services are related to a Pre-existing Condition. This exclusion does not apply to a Newborn who is enrolled within 31 days of birth or a newly adopted child who is enrolled within 31 days from either the date of placement of the child in the home, or the date of the final decree of adoption. In addition, the Insurer will credit time an Insured Person was covered by Creditable Coverage that was in effect up to a date not more than 63 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period.

This limitation does not apply to the Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits.

To review a sample certificate visit:

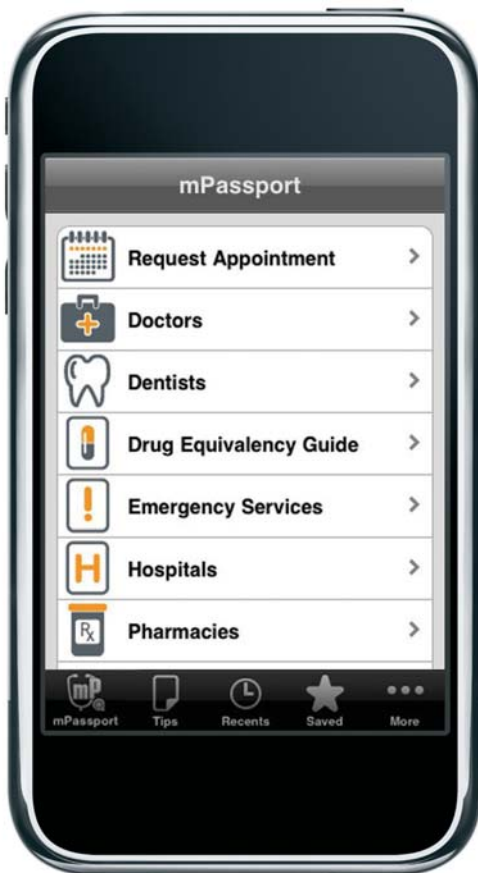
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