



GROUP BLANKET TRAVEL INSURANCE PROGRAM

PLEASE READ THIS DOCUMENT CAREFULLY!

This document describes the insurance benefits underwritten by Atlantic Medical Insurance Limited trading as CG Atlantic Medical & Life herein referred to as the Company and also referred to as We, Us and Our.

You and Your refer to Eligible Visitors who are Certificate Holders under Policy 880000-00 issued to **The Bahamas Ministry of Tourism & Aviation.**

Please refer to the Schedule of Benefits, which provides You with specific information about the program You purchased.

Currency for all amounts contained herein is United States Dollars.

All premiums paid for this Policy are Non-Refundable.



SCHEDULE OF BENEFITS

Travel Arrangement Protection

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Trip Interruption due to COVID-19 Quarantine <ul style="list-style-type: none"> Up to \$500 per day 	up to \$7,000

Travel Insurance Benefits

Medical Expense/Emergency Assistance	
COVID-19 Emergency Sickness Medical Expense	up to \$50,000
COVID-19 Emergency Medical Evacuation, Medical Repatriation, and Return of Remains	up to \$50,000

ELIGIBILITY

You are eligible for coverage if at the time of application

1. You are not travelling against a medical practioner's advise; and,
2. You have not been diagnosed with COVID-19 in the 30 days prior to departure; and,
3. You have not shown symptoms of COVID-19 in the 14 days prior to departure; and,
4. You have not been diagnosed with a terminal condition; and
5. You are not receiving palliative care or palliative care has not been recommended; and,
6. You are normally a resident of the United States or Canada; and,
7. You are not otherwise excluded from cover under the **GENERAL EXCLUSIONS AND LIMITATIONS** section.

Atlantic Medical Insurance Limited Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas
 PO Box SS-5915, Nassau, Bahamas | Tel 242 326 8191 | Fax 242 326 8189 | www.CGCoralisle.com

Health Insurance and Employee Benefits

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.



COVERAGES

Trip Interruption

If Your Trip is Interrupted by Quarantine due to testing positive for COVID-19 while in The Bahamas or while on board a cruise ship originating in The Bahamas, We will pay a benefit of up to \$500.00 per day. Benefits are paid starting the first day that You receive a positive COVID-19 rapid antigen test followed by a positive COVID-19 PCR test and will be paid for each day You remain in The Bahamas for up to a maximum of fourteen (14) days.

If You are sharing accommodation with another Eligible Visitor whose Trip is Interrupted by Quarantine due to testing positive for COVID-19 while in The Bahamas, We will pay You a benefit of \$250 per Quarantine Day.

If You are sharing accommodation with another Eligible Visitor who does not receive a COVID-19 positive test while in the Bahamas, We will pay You a benefit of \$500 per Quarantine Day.

If You are not sharing accommodation with another Eligible Visitor, We will pay You a benefit of \$500 per Quarantine Day.

Emergency Sickness Medical Expense due to COVID-19

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, as a result of a Covered Sickness, which first occurs during Your Trip of a duration of thirty-one (31) days or less. Only Covered Expenses incurred while in The Bahamas and due to infection with the virus that causes COVID-19 will be paid. Expenses incurred after Your Trip are not covered.

Benefits will not be paid in excess of the Usual and Customary Charges.

For the purpose of this benefit:

“Covered Expense” means expense incurred only for the following:

1. The medical services, prescription drugs, therapeutic services and supplies ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a Hospital room for recovery from a Covered Sickness);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy.



Emergency Medical Evacuation, Medical Repatriation, and Return of Remains

IF You suffer loss of life while in The Bahamas or while on board a cruise ship originating in The Bahamas due to infection with the virus that causes COVID-19, or receive a positive COVID-19 rapid antigen test followed by a positive COVID-19 PCR test during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that transportation to a Hospital or medical facility is Medically Necessary Sickness due to infection with the virus that causes COVID-19, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.
2. **Medical Repatriation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that it is Medically Necessary for You to return to Your primary place of residence because your age, symptoms of COVID-19 and comorbidities that put you at high risk of severe complications of COVID-19, the Transportation Expense incurred will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via a transportation method as approved, in writing, by the Program Medical Advisor, including , but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the Program Medical Advisor. Transportation must be via the most direct and economical route.
3. **Return of Remains:** In the event of Your death during a Trip, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the territory in which this Policy is issued.

If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall:

- (a) notify the Company of any other insurance;
- (b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- (c) not do anything after the loss to prejudice the Company's rights; and
- (d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.



DEFINITIONS

“Arrival Date” means the date on which You arrive in The Bahamas.

“Bahamas Travel Health Visa Program” means the mandatory set of protocols implemented by the Insured that govern the admission of all International Visitors, the details of which are attached hereto in Appendix I.

“Competent Authority” means the Prime Minister of The Commonwealth of The Bahamas.

“COVID-19” means an acute respiratory illness in humans caused by the novel Coronavirus (2019-nCoV), capable of producing severe symptoms and in some cases death, especially in older people and those with underlying health conditions.

“Departure Date” means the date on which You depart The Bahamas.

“Eligible Visitor” means a person(s) who is booked to travel on a Trip to The Bahamas, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your. Visitors under the age of ten (10) years old who are traveling with an adult are not required to pay premium but are considered Eligible Visitors.

“Home” means Your primary place of residence.

“Hospital” means (a) a place which is licensed or recognized as a general Hospital by the proper authority of the territory in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general Hospital by the Joint Commission on the Accreditation of Hospitals; (d) other than a residence, a place where treatment in a Hyperbaric chamber can be received. Not included is a Hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“Legally Qualified Physician” means a physician: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

“Medical Treatment” means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care or treatment.

“Medically Necessary” means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

“Partial Hospitalization” means an outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement or when



it is necessary to maintain a patient's functional level and prevent relapse or full hospitalization. Partial Hospital programs are usually furnished by a Hospital as distinct and organized intensive ambulatory treatment service of less than 24-hour daily care.

“Payments or Deposits” means the cash, check, or credit card amounts actually paid for Your Trip.

“Program Medical Advisor” means COVAC Global, Inc.

“Quarantined” means You are forced into medical isolation by a recognized government authority, their authorized deputies, medical examiners or Physician to prevent the spread of the disease due to You either having, or being suspected of having a contagious disease, infection or contamination while traveling in The Bahamas.

“Quarantine Day” means each 24-hour period Your Trip is Interrupted by Quarantine due to testing positive for COVID-19 whilst in The Bahamas.

“Sickness” means a COVID-19 related illness of the body which: 1) requires examination and treatment by a Legally Qualified Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness and is considered a Pre-Existing Condition as defined herein and is not covered by the Policy.

“Third Party” means a person or entity other than You or the Company.

“Transportation Expense” means the cost of Medically Necessary conveyance, personnel, and services.

“Trip” means a scheduled trip for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip.

“Us”, “We”, “Our” means Atlantic Medical Insurance Limited.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

“You” and “Your” mean Eligible Visitors who are Certificate Holders under the Policy.

GENERAL EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any loss due to, arising or resulting from:

1. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits
2. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Policy is not in effect for You;
3. pilots and crew of commercial airlines who remain overnight in The Bahamas;

Atlantic Medical Insurance Limited Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas
PO Box SS-5915, Nassau, Bahamas | Tel 242 326 8191 | Fax 242 326 8189 | www.CGCoralisle.com

Health Insurance and Employee Benefits

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.



4. cruise ship crew members in all instances, and passengers arriving via cruise ship except where the passenger originally boarded a cruise ship in The Bahamas with a scheduled itinerary not to exceed seven (7) days.;
5. persons who otherwise do not meet the Eligibility requirements of this Policy;
6. claims due to a positive COVID-19 test first received more than thirty-one (31) days after your Arrival Date; or
7. Injury or Sickness not related to infection with the virus that causes COVID-19.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: Notice of claim must be reported within twenty (20) days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

Claim Procedures: Claim Forms: When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within fifteen (15) days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Claim Procedures: Proof of Loss: Proof of loss must be provided within ninety (90) days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than twelve (12) months from the time it is otherwise required, except in the absence of legal capacity. If requested by Us, You must furnish or consent to the release of Your medical records.

Payment of Claims: When Paid: We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

Payment of Claims: To Whom Paid: Benefits for Trip Interruption will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with Us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy for Emergency Sickness Medical Expense, Emergency Evacuation, Medical Repatriation or Return of Remains may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) a Certificate Holder who is a minor or otherwise not able to give a valid release; or (b) to Your estate, We may pay any amount due under the Policy to any relative of Yours whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.



Subrogation: If the Company has made a payment for a loss under this Policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: and You shall not do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

END OF DOCUMENT