

General Conditions for Hop Mindoro

Hop! (Hereinafter identified as Hop) is a provider of international assistance products for travelers worldwide. All services provided by the assistance plan, are provided through Hop, a company whose principal purpose is to provide, among others, health care services, legal assistance, and personal assistance during an international trip. These general conditions define the way of obtaining the assistance to which the Member of a Hop plan will be able to request in cases while abroad during the period of validity of the plan. Note: This Hop! Product is a travel assistance membership program, not an insurance plan.

Hop! is a travel assistance membership program arranging worldwide legal, health, personal, and other assistance and emergency consultation services. Members are provided with access to a 24 x 7 x 365 Assistance team which provides arrangements for medical treatment in emergencies, legal assistance, and other personal or travel assistance needs when visiting away from the member's home country. In addition, Hop! provides Members with access to medical professionals for consultations and other Member services.

There is no waiting period to access the assistance provided by this membership if the membership is enrolled in before the trip start date. This membership should be purchased before the trip start date. If membership is purchased after the trip start date, the membership is not valid, and the membership fees paid will be returned in full.

If in need of assistance, regardless of their geographical location, the Member should contact the Hop Assist. All assistance is provided by and administered by Hop Assist. Hop Assist must be informed before any assistance can be provided to the Member, and can be contacted via email, phone call, or through WhatsApp. Hop Assist is open 24/7/365, and operates in any country across the globe not sanctioned by the United States.

The Member is advised to access Hop Assist for assistance services in order to access benefits. Expenses rendered outside of Hop Assist are not eligible for benefits. It is the obligation of the Member to always call to report the emergency. In case the Member cannot do it personally, any companion, friend or relative can do it, but the call or notice must be made to the assistance service after the emergency or encumbrance has occurred. For cases in which the Member is at open seas, and therefore prevented from communicating with the Assistance Center, they must report the medical encumbrance after disembarking at the first port they arrive at. **NOTE: Non-Emergencies must be reported within 7 days for assistance, Emergencies must be reported within 48 hours to be eligible for assistance, and Travel Assistance requests must be reported within 24 hours.** Failure to comply with this rule entails automatic loss of any right to assistance by the Member.

Eligibility for Assistance Service Membership

Hop provides travel assistance services to Members under various membership plans depending on the length chosen by the member. This assistance membership program is available to any person traveling outside their home country. This membership is not available to US-Residents, and only available for non-US residents. Hop memberships are nontransferable and are nonrefundable after the membership's effective date. By enrolling as a Member, you accept and agree to the terms and conditions of membership. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person. The eligible person does not have the right to continue in the program if they have used any of the services within the first period of the voucher validity.

A Hop! membership provides access to Hop! authorized affiliates only. All arrangements for medical transport and repatriation, travel, medical, legal, and personal assistance will be made by Hop!

Hop! Mindoro is a membership program and not an insurance plan; Hop! will not reimburse Members for expenses they incur on their own and not arranged by the Hop 24/7 concierge service. Members should also maintain appropriate health insurance in their Home Country that will provide for inpatient admission, if available to the member.

Hop! Mindoro Membership Benefits

Travel Assistance while Traveling Outside Your Home Country	
Trip Cancellation	\$10,000 (Optional)
Trip Delay	\$600 (Optional)
Missed Connection / Coordination	\$500 (Optional)
Baggage Delay / Lost Bag Search	\$500 (Optional)
Lost Baggage / Lost Bag Search	\$1000 (Optional)
Flight Rebooking	Available

Hotel Rebooking	Available		
Rental vehicle booking	Available		
Lost Passport & Travel Docs	\$75 \$100 \$125		
Up-to-the-minute Travel Delay Reports	Available		
Security Assistance while Traveling Outside Your Home Country			
General travel risk and travel security	Available		
Assistance in mass public disturbances, violent terrorist, or extremist incidents	Available		
24/7 point of contact to report emergencies and get security and safety advice from duty managers	Available		
Assistance in cases of major disasters	Available		
Emergency political and security evacuations (Optional)	Available		
Hijacking (any form of conveyance) (Optional)	\$20,000		
Illegal detention and arrest (Optional)	\$1,000		
Kidnap for ransom (Optional)	\$2,000		
Monitoring and telephone advice throughout the crisis	Available		
Medical Assistance while Traveling Outside Your Home Country			
Air Ambulance (Optional)	\$50,000		
Commercial Airline (including medical stretcher)	\$20,000		
Medical clearances & Fit-to-Fly Assessments	Available		
Physician, hospital, dental, and vision referrals via Hop Assist	Available		
Medical Cost containment, expense recovery, and overseas investigation	Available		
Medical Payment Arrangements	Available		
Medical Bill Audit	Available		
Shipment of Medical Records	\$75		
In-Patient / Out-Patient Care Management	INCLUDED		
Medical Assistance			
	Option 1	Option 2	Option 3
Total Maximum for all Accident or Sickness Expense Benefits:	\$25,000	\$50,000	\$75,000
Medical Access Expense	\$0, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000		
Assistance for Hospitalization			
Room & Board Charges:	\$2,700	\$3,900	\$4,575
ICU Room & Board Charges:	\$2,100	\$2,650	\$3,300
Doctor Surgical Expenses:	\$2,000	\$3,000	\$4,000
Anesthetics:	\$500	\$1,500	\$2,500
Assistant Surgeon Expenses:	\$1,250	\$1,500	\$2,500
Doctor Office Visits (Non-Surgical)	\$40 per visit, 1 visit per day, a maximum of 10 visits	\$60 per visit, 1 visit per day, a maximum of 10 visits	\$80 per visit, 1 visit per day, a maximum of 10 visits

Pre-admission tests within 14 days before Hospital Admission:	\$950	\$1,000	\$1,050
Admission:	\$950	\$1,000	\$1,050
Assistance for Non-Hospitalization			
Surgical Room and Supply Expenses:	\$950	\$1,000	\$1,050
Urgent Care	\$25 Urgent Care Medical Access Expense		
Doctor Surgical Expenses:	\$2,000	\$3,000	\$4,000
Anesthetics:	\$500	\$750	\$1,000
Assistant Surgeon Expenses:	\$500	\$750	\$1,000
Doctor Office Visits (Non-Surgical)	\$40 per visit, 1 visit per day, a maximum of 10 visits	\$60 per visit, 1 visit per day, a maximum of 10 visits	\$80 per visit, 1 visit per day, a maximum of 10 visits
X-rays, laboratory procedures:	\$275	\$400	\$525
CAT Scan, PET Scan or MRI:	an additional \$275	an additional \$400	an additional \$525
Hospital Emergency Room:	\$275	\$350	\$425
Prescription Drug Expenses:	\$75	\$100	\$125
Other Medical Assistance			
Ambulance Expenses:	\$375	\$400	\$425
Rehabilitative braces or appliances:	\$500	\$550	\$600
Dental Treatment (Injury Only):	\$500	\$550	\$550
Pre-existing Conditions:	\$1,750	\$2,500	\$4,500
Assistance Payment Rate	100% of the Usual and Customary Charges		
Incurral Period:	90 days after the date of Covered Accident or Sickness		
Maximum Period of Membership:	364 days		
Accidental Death and Dismemberment Benefit:	\$10,000	\$25,000	
Emergency Medical Evacuation Benefit:	\$20,000		
Repatriation of Remains	\$15,000		

Purchase of Consecutive Travel Assistance Memberships

Notwithstanding the foregoing, if the Member needs to extend their membership term unexpectedly, they may request an extension of a new voucher. **HOP!** reserves the right to accept or deny this extension without explanations on a case-by-case basis, under the following conditions:

- a. The Member may have used any of the services of **HOP!** during the period of validity of the first voucher.
- b. The Member must request authorization of the new voucher exclusively to the issuing agent, in which the original assistance was acquired or in case it was purchased directly on the web-site, through "Contact Us", and must indicate the amount of days they want to obtain. The issuing agent is obliged to inform **HOP!**, that the new voucher is an extension and will ask for authorization for the new period.
- c. The application for this new Plan should be submitted prior to the end of the previous Plan, with the new Plan becoming effective immediately after the end of the previous one.
- d. The Member must designate the person who will make the corresponding payment in the offices of the agent, and will receive the new voucher which will be created and delivered in the same act.

The new plan of your travel assistance membership and its corresponding membership documents issued in the conditions referred to in this clause may not be used under any circumstances, to initiate or continue the treatment and / or assistance of problems that have already arisen during the term of the original and / or previous vouchers or before the validity of the new plan and / or voucher, regardless of the procedures or treatments in progress have been authorized by **HOP!** or by third parties. All medical assistance treated during the validity of the first voucher will automatically be considered as pre-existing during the validity of the second voucher.

When the validity of the previous membership has ended at the time of purchase or the member purchases at the destination, the voucher will be issued with 5 (five) days for any other contemplated expenses within the coverage chart. The above, only after having received the issuing agency / tour operator and others, express authorization from the Assistance Services Center.

Definitions

Accident: An unexpected event which generates bodily damage to the Member caused by a situation that is out of control, in motion, external, violent and visible. Every time the term "accident" is used it is understood that the wound or injury resulting from such event has been provoked directly by those agents besides any other cause. Accidents whose origin is due to negligence, provocation or the lack of preventive measures on the part of the Member are excluded from all assistance. Nevertheless, if the body damage has been produced as a consequence of different causes of the before mentioned, then the maximum amount of the "Medical Assistance in case of Accident", will be automatically reduced up to the amount determined in the respective purchased plan in cases of "Medical Assistance in case of Illness". **Acute illness or acute medical condition:** Sudden, unexpected sickness which makes a material impact on the health and wellbeing of the member, and a relatively severe alteration of the body condition or any of its organs that could interfere with the vital functions, generating pain, weakness or any other strange symptom to its normal functioning state. **Accidental Death:** If during the period of the travel assist membership the member sustains bodily injury which is caused by accident and results in death of the insured person, the company will pay the legal heirs the corresponding benefit, **Ambulatory Day Surgery:** members who are able to leave the hospital the same day as the surgery, without being admitted to the hospital. Ambulatory surgery is referred to by other names, commonly called minimally invasive surgery, outpatient surgery or same-day surgery. **Assistance Center:** The department (at the sole discretion of **HOP!**), which coordinates the services to be provided to the Member in case of an Emergency. It is also the department of professionals that provides supervision, control and coordination services that intervene and decide all those matters and / or benefits to be provided or provided by virtue of these general conditions that are related to medical issues. **Amateur Sports:** It is practiced by amateurs, for leisure and / or recreational activities. **Catastrophe:** Unfortunate event that seriously alters the normal order of things, where many people are involved. **Chronic illness or chronic medical condition:** Any continuous and persistent pathological process lasting more than 30 days. **Congenital illness:** Pathology present or existing since before birth. **COVID-19:** It is understood by the infectious disease known as CORONA VIRUS and which has been defined by the World Health Organization as a worldwide pandemic. **Expenses of first necessity:** costs incurred for the purchase of personal and non-transferable items. Understood solely as: clothing (outerwear, underwear), shoes, personal care items (shampoo, conditioner, soap-liquid, stick in dust-, toothbrush, toothpaste, deodorant, shaving cream,

razor, and feminine hygiene products). Any other items not considered in the list given above, shall be construed as excluded from any coverage. **Emergency Room:** emergency department as a hospital facility that is staffed 24 hours a day, 7 days a week, and provides unscheduled outpatient services to patients whose condition requires immediate care, and emergency services provided under the "hospital as landlord" arrangement, in which the hospital rents space to a physician group. An emergency department is in scope for the survey if it was staffed 24 hours a day. If an in-scope emergency department had an emergency service area that was open less than 24 hours a day, that area is included under the emergency department. If an emergency department is staffed less than 24 hours a day, that department is considered an emergency department. **Force majeure:** Events, which cannot be anticipated or resisted, and exempts from any obligation a third party. **Full Vaccination of COVID-19:** people are considered fully vaccinated: 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. **Hospital Room & Board:** Room and board mean the cost of staying in a hospital room including the meals that are provided, the room itself, and the essential supplies. This charge does not usually include fees for drugs or medical devices, procedures that take place during the inpatient stay (for example, surgery, lab work, or x-rays), or non-routine supplies. **Medical Access Expense:** A non-refundable deposit to be paid by the member to access medical assistance based on the level selected in the membership. **Maximum coverage:** Maximum coverage amounts given by HOP!, indicated in the membership for each of the benefits and according to the contracted assistance plan. **Medical department:** Group of professionals from HOP! that intervene and make decisions in every issue and/or benefits given or that will be given according to the present general conditions. **Miscellaneous Hospital Expenses:** Normal and Customary Medical Expenses required for laboratory tests, images, prescribed medicines; professional fee, blood and plasma, wheelchair rentals, surgical appliances and devices, intra-operative standard prosthetic, and any other expenses incurred during an in-patient hospitalization outside the cost of Hospital Room & Board. **"Pre-existing Condition"** means an illness, disease, or other condition of the Member that in the 12-month period before the Member's assistance became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor. **Professional Sports:** It is practiced with or without profit, performed in any type of competition such as intercollegiate, tournaments, championships, sports that pose a high risk, among others. **Recurrent illness or medical condition:** Return of the same treated illness usually over 3 or more times in a year. **Serious Accident:** One that results in amputation of any body segment; fracture of long bones (femur, tibia, fibula, humerus, radius and ulna); head trauma; second and third degree burns; severe hand injuries, such as crushing or burns; severe spinal cord injuries with spinal cord involvement; eye injuries that compromise acuity or visual field or injuries that compromise hearing ability. In general, any accident in which the patient's life is at risk. **Serious Disease:** It is an alteration or deviation of the physiological state in one or several parts of the body, manifested by symptoms and characteristic signs, and whose evolution is more or less foreseeable, that is, any disease or injury with permanent or non-permanent sequels that partially limit or totally prevent the usual occupation or activity of the affected person, or incapacitate them for any activity and require or not the assistance of other people for the most essential activities of life. **Stable Patient:** Patient that does not have any variation in his health status and usually refers to symptoms and signs changing recently. **Sudden or unpredicted sickness (disease, illness):** None predicted sickness, acquired after the effective date of validity of the plan. **Treating physician:** Medical professional provided or authorized by the HOP! Assistance Center that assists the Member in the area the before mentioned is located. **Upgrade:** Improve or optional increase on the product chosen, subject to contract (additional). **Valid Membership:** Membership document validly assigned by the company which indicates the contracted membership. **World Health Organization (WHO):** Is a specialized agency of the United Nations responsible for international public health.

MEMBER/AGE LIMITATION

The Member is the person whose name appears on the HOP! Plan and is the sole Member of the benefits and services that occur during the eligible membership period, inclusive up to the anniversary day of their age limitation according to the acquired plan, date after which coverage ceases and the Member loses all rights to the benefits and services contained herein, as well as those that may otherwise be valid including any right to reimbursement or claim.

The benefits and services contained herein are for the exclusive use of the Member and are nontransferable. The Member may be asked to show proper identification as well as their **HOP!** Plan as well the necessary travel documents in order to verify eligibility when services are required.

GEOGRAPHICAL VALIDITY

This membership entitles the member for the ability to avail travel assistance services worldwide anywhere outside their home country, per the terms and conditions of the membership. Regardless of where the Member is, coverage will be given if assistance is required according to the respective plan purchased. In any case, the country of habitual residence of the Member or country where the Assistance Plan was issued is excluded. This membership not eligible to US residents and is only available to non-US residents.

HOW TO REQUEST ASSISTANCE FROM HOP ASSIST

Members are **required to notify Hop! Assist within 7 days for non-emergency situations, 48 hours for emergency situations, and 24 hours to travel assistance requests. Failure to do results in automatic loss of benefits.** If in need of assistance, regardless of their geographical location, the Member should contact the Assistance Center HOP! as described under this section.

Hop Assist can be reached via WhatsApp, Phone, and Email per the contact details below:

Contact Method	Contact Details
Email	Hop@robinassist.com
WhatsApp / US	+1 (380) 234 2040
Toll Free	+1 (888) 207 1694
International	+86-108-524-1236

It is the obligation of the Member to always call to report the emergency. In case the Member cannot do it personally, any companion, friend or relative can do it, but the call or notice must be made no later than within 7 days for non-emergency situations, 48 hours for emergency situations, and 24 hours to travel assistance requests. For cases in which the Member is at open seas, and therefore prevented from communicating with the Assistance Center, he must report the medical fact up to 24 hours after disembarking at the first port he arrives at. Failure to comply with this rule entails automatic loss of any right to claim by the Member.

MEMBER'S OBLIGATIONS

In all cases, the Member must:

1. Request and obtain authorization from the Assistance Center before taking any step or incurring any expenses in relation to the benefits provided by the assistance membership. In cases where authorization has not been obtained by the Assistance Center, there is an automatic loss in benefits and no possible for payment of any kind.
2. It is clearly understood that the notification to the Assistance Center is essential and required, even if the issue is completely resolved, as **HOP!** cannot take over the cost of any assistance without previous knowledge and authorization to the Assistance Center.
3. The Member accepts that **HOP!** reserves the right to record and audit telephone conversations as needed for the proper development of the provision of services, as well as email threads and textual communications. The Member expressly accepts the established procedure and agrees on the eventual use of the records as evidence in case of existence of disputes concerning the assistance provided.
4. If the Member or a third person could not communicate by any circumstance or involuntary reason with the Assistance Center before being assisted, the Member or a third party, with the inescapable obligation, shall inform the latest within 7 days for non-emergency situations, 48 hours for emergency situations, and 24 hours to travel assistance requests. Failure to notify within 24 hours leads to the automatic loss of the rights of the Member to claim or request compensation.

5. Agree to abide the solutions indicated and recommended by the Assistance Center and, if necessary, consent to repatriation to their country of origin when, according to medical opinion, if the Member's health condition allows it and requires it.
6. Provide documentation that confirms the merits of the case and all original receipts for expenses to be evaluated for possible reimbursement by **HOP!** and all medical information (including prior to departure), which allows the an assessment of the case.
7. Provide all necessary authorizations and releases to **HOP!** in order to obtain the Member's medical history, The Member authorizes in an absolute and irrevocable manner **HOP!** to request on their behalf, any medical records and information from professional overseas and in their country of residence, in order to evaluate and eventually decide about the applicability of the restrictions in case of chronic or preexistence illness, affections or diseases that could derive in the request of assistance.

HOP! OBLIGATIONS

Comply with the benefits and services described herein in events within coverage in the obtained plan during the valid period of the voucher.

HOP! is expressly released, extent and excused of any obligations and responsibility in any case that the holder suffers any harm or requests assistance as a result of a major force or fortuitous event, the following events are an example and are not a limitation: catastrophes, earthquakes, floods, storms, International or civil war declared or not, rebellions, disturbances, civil insurrections, guerrilla or anti-guerrilla acts, hostilities, retaliation, conflicts, embargoes, constraints, strikes, popular movements, lockouts, acts of sabotage or terrorism, labor disturbances, acts of governmental authorities, etc.; as well as delay that may result in the termination, interruption or suspension of communication services. When elements of this nature intervene and once overcome, **HOP!** agrees to comply its commitments and obligations within the shortest possible time.

HOP! agrees to analyze each reimbursement request to determine whether it is appropriate and thus repay the amounts that may correspond in accordance with these terms and amounts of coverage of the contracted Plan. All compensation and/or reimbursement and/or other costs to be assumed by **HOP!**, under this contract, shall be paid in local currency.

Established timeframes for processing a reimbursement are:

- a. The Member has up to thirty (30) calendar days from the day end of the term of the voucher to present documentation and support necessary to start the reimbursement study. After that time, no documents will be accepted for processing any claim.
- b. With all the necessary documents in hand, **HOP!** shall within thirty (30) working days to review the case and issue a letter of approval or denial of reimbursement.
- c. If approved, **HOP!** will proceed to make the payment after the date of receipt of complete bank information by written for the completion of the transfer.

description of Assistance

Medical Assistance

Some benefits are included only in some **HOP!** plans. Check your travel assistance membership benefits and amounts. If any item is not listed in the travel assistance documents, it is because the chosen product doesn't have this benefit. Benefits cover eligible medical assistance are on a per membership enrollment period.

Covered Medical Assistance

- Hospital semi-private room and board (or room and board in an intensive care unit);
- Hospital ancillary
- Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor until benefit is exhausted. For pre-existing conditions, doctor visitors are covered until the pre-existing maximum is satisfied

- Doctor's Surgical Expenses (as shown in the Assistance Schedule). If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Assistance Schedule for the most expensive procedure and 50% of Covered Expenses for the additional surgeries
- Assistant Surgeon Expenses when Medically Necessary
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Outpatient diagnostic X-rays, laboratory procedures and tests
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Inpatient Physiotherapy;
- Expenses include treatment and office visits connected with such treatment when prescribed or performed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, or manipulation.
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Rental of mechanical equipment for treatment of respiratory paralysis
- Pre-admission testing
- Outpatient injections when administered in a Doctor's office
- Consultation visits

Medical Assistance for Pre-existing conditions

In those cases in which the Member specifically contracts the coverage for emergencies and acute, unpredictable manifestations suffered by a pre-existing and / or chronic condition, it will be covered up to the amount that is clearly specified in your voucher. The coverage provided for chronic and / or pre-existing diseases includes the following eventualities:

Acute episode or unpredictable event, decompensation of chronic and / or pre-existing diseases known or previously asymptomatic. This coverage is provided exclusively for primary medical care in the acute episode, or case not predictable, and specialist visits if only recommended by the treating physician and authorized by the assistance team until the member is stabilized. Repatriation will be a solution in cases in which treatments require long-term care, scheduled surgeries or non-urgent surgeries, the Member is obliged to accept this solution, losing in case of rejection of the solution of all the benefits offered by the patient. assistance plan. Primary medical care which does not require hospitalization is capped at the pre-existing assistance level shown in the membership documents. Catastrophic, life-threatening emergencies which may be the result of a manifestation of a pre-existing condition may be eligible for medical assistance to level shown in the membership documents.

Excluded from this benefit is the initiation or continuation of treatments, diagnostic procedures, research, or diagnostic and therapeutic behavior, which are not related to the acute and unpredictable episode.

Excluded from this coverage are all diseases related to sexual transmission, including but not limited to syphilis, gonorrhea, genital herpes, chlamydia, human papillomavirus trichomonas vaginalis, trichomoniasis, human immunodeficiency virus (HIV), the acquired immunodeficiency syndrome (AIDS), among others.

It is not treated in any of our plans, dialysis procedures, transplants, oncology treatment nor psychiatric treatment, hearing aids, eyeglasses, contact lenses, dental bridges, pacemakers, implantable defibrillators, external respirators, implantable devices, specific disposable equipment, etc. diseases caused by the ingestion of drugs, narcotics, medicines that are taken unreliably without a prescription, alcoholism, etc.

Injuries sustained during an illegal act are not covered by our coverage. Obligations of the Member:

1. The Member must follow all medical instructions given by the treating physician assigned by **HOP!** and take all medications in the prescribed manner and as required.

2. If the Member interested in hiring a plan that includes emergency assistance coverage for pre-existing conditions, suffer from any of the following conditions: any type of cancer, heart disease, chronic lung disease and / or chronic liver disease, the Member should consult their primary physician before traveling and take a copy of their medical records with them.

Prescribed medication

Within the coverage limits, **HOP!** will bear the costs of prescription given to the Member by the medical department of the Assistance Center. Expenditures incurred by the Member for the purchase of drugs previously approved by the Assistance Center will be reimbursed within the limits of coverage once returned to the country of origin, and the prior presentation of the original proof of purchase or invoice, the original copy of the medical report which describes the name of the medicine and refers to the name of the illness suffered by the Member. We encourage Beneficiaries do not forget to apply for these documents to the treating physician, the failure to submit these documents may result in non-reimbursement of expenses.

It is noted and reported that drug costs in respect of maintenance of pre-existing conditions will not be assumed by **HOP!**. Drugs for treatment of mental or psychological or emotional illnesses even in cases where the medical consultation has been authorized by the medical department of **HOP!** are excluded as well. Neither birth control pills, injections, intrauterine devices, or any other method of family planning are covered.

NOTE: Medical prescriptions for the initial recovery of symptoms will only be authorized for the first 30 days of treatment.

Dental emergency

Within the coverage limits, **HOP!** will be responsible for the dental care expenses derived from an emergency, due or caused by trauma, accident or infection, limiting itself only to the treatment of pain and / or the extraction of the tooth resulting from infection, or trauma only. The benefit is limited to the treatment of pain and/or extraction of the affected teeth. Root canals, change of fillings, crowns, dentures, sealings, cleanings, smile designs or any other treatment not clearly specified in these conditions are excluded from coverage.

Repatriation of mortal remains.

In the event of death of the Member while traveling, **HOP!** will make the necessary arrangements and pay, up to the amount specified in the contracted plan for the transportation of the remains to the country of origin, including a provisional casket suitable for international transportation and the necessary paperwork. Specifically excluded are costs and expenses related to transportation and cremation within the country of residence, funeral home costs and any casket other than that used in the repatriation.

If the entitled wishes so, they may choose to cremate the remains and the paperwork for this decision will be included, like the transportation of the remains to the place of residence of the Member. **HOP!** is exempted from providing services and bear the costs relating to this benefit if the death of the Member was caused by suicide, death because of ingestion of alcohol or any type of drugs or a preexisting, chronic or recurrent condition. This benefit doesn't, under any circumstances include costs of return of accompanying relatives of the deceased.

Accidental Death

This benefit applies to all persons up to the age of 84 who have a travel assistance plan in force, whose benefit is the payment of the insured sum to legal heirs once the corresponding legal documentation of their country of origin has been presented.

HOP! will be exempted from providing the services and from assuming the costs related to the present benefit in case the death of the Member originates because of a suicide or death due to the ingestion of alcohol or any type of drugs.

If the reason for the trip was determined was the treatment abroad for a chronic or pre-existing condition, the Assistance Center will deny coverage.

Lost Passport and Travel Docs

HOP! will advise the Member for reporting the loss or theft of baggage and personal effects, for which it will make available the services of the Assistance Center. **HOP!** will also assist the Member in case of loss of travel documents, credit cards by giving them directions to make respective denouncements, recovery and process them.

Return due to death or serious illness of an immediate family member (1st. Degree of blood kinship)

If the Member has to interrupt their trip and return home due to death of a family member (parent, spouse, children or sibling) in the place of residence, **HOP!** will reimburse the Member the penalty of the change of date on the original ticket, or the purchase of a new one as long as the original ticket is unusable due to restrictions (same airline). This assistance must be accredited with the death certificate of the family member and a document that acknowledges family relationship.

Early return due to serious disaster at home

In case of fire, explosion, flood or theft with damages and violence in the home of a Member, while traveling, if there was no one who can take care of the situation and if the original return ticket does not allow free date change, **HOP!** will cover the change penalty or the cost of a new ticket in economy class from the place where the Member is to the closes airport to the Member's home in the country of residence. This request for assistance must be certified by the presentation of the original police report issued in the following twenty-four hours to the occurrence of the event to the Assistance Center. The Member must unfailingly contact the Assistance Center to be authorized to proceed.

Trip cancellation

HOP! will cover the penalties for canceling in advance a trip known as a tour, tour package, excursion, air tickets and cruises organized by a recognized professional tour operator in the trips destination. To be eligible to these benefits the holder must:

1. Acquire the plan a maximum of 72 hours after the first payment of the tour services that could be canceled.
2. Notify **HOP!** in a maximum of 24 hours after the event of the cancelation occurs.
3. Present all documentation that **HOP!** considers to evaluate the coverage of this benefit including but not limited to: Documents that clearly show the motive of cancelation, respective paperwork of the service contracted, invoices and payment receipts.
4. The Member has up to thirty (30) days from the date of the event to present the complete documentation and backups necessary to initiate the reimbursement process. After that period, documents will not be accepted to process any refund.

Cancellation of a cruise before beginning

In this case, the Member must immediately:

- Notify their decision to the shipping company and obtain written proof of this unequivocally indicating the date of the formal notification of the inability to start the cruise trip on the boat and date originally contracted.
- The Member shall also obtain from the shipping company the General Conditions of cruise, where the application, procedure, penalties or penalty clauses for early termination of a contract and fully paid cruise are clearly indicated.
- The Member must obtain proof of the shipping company showing the amount of the penalty applicable to their particular cruise contract and the amount of the refund if applicable.

Once the above documentation must demonstrate in writing to **HOP!** clearly and authoritatively as the cause or causes that led to the cancellation of travel and send to the Assistance Center such documentation for eventual verification by **HOP!** and eventual refund if appropriate.

The causes are justified for the purposes of the present benefit:

1. Death, accident or serious (non-preexistent) illness of the Member or immediate family member (spouse, children, parents, siblings). A serious illness is defined as a sudden alteration of health that requires hospitalization or total rest, and that according to the **HOP!** Medical Department of the Assistance Center, prevents the initiation of the trip on the designated travel date.
2. Being summoned to testify in a court or selected for Jury duty.
3. Damages to the Beneficiaries primary residence or professional place of work caused by fire, burglary, vandalism or Force of Nature causing damage to such an extent as to render them uninhabitable and consequently requires the presence of the Member.
4. Medical quarantine which prohibits the Member from leaving the country.
5. Proven job dismissal of the Member, dated after the acquisition of the voucher.
6. Emergency call to provide military, medical or public service.
7. For epidemic, natural disaster or volcanic ashes. In the cases of cruise products, the emission of volcanic ashes will not be a valid reason to access this benefit.
8. When the traveling companion of the Member who shares the same hotel room or the cruise cabin or first degree of consanguinity (spouse, parents, children, brothers and sisters), also a Member of a Plan issued under the same conditions as the Member, has to cancel their trip for any of the previously mentioned circumstances.

The validity of this benefit starts as soon as the Member purchases the plan and ends with the date of initiation of the voucher.

Note: Any event that occurs prior to the issuance of the Assistance Plan is excluded from coverage. In the case that an event involves more than one reservation and whatever the number of beneficiaries involved in it, the maximum indemnity responsibility of HOP! for all affected beneficiaries, will not be greater than **FOURTY THOUSAND NORTH AMERICAN DOLLARS US \$ 40,000.00** as global maximum amount for the same incident. In the event that the sum of the compensation to be paid exceeds the aforementioned amount, each individual compensation will be made prorated of the maximum liability defined in the Voucher.

Trip cancellation by COVID-19

If contemplated within the voucher, the Member may cancel the trip in advance for the following reasons:

In case of hospitalization for positive diagnosis of COVID-19 of the Member, Travel Companion or Family Member in the first degree of consanguinity.

In any case, the Voucher must be issued at least 14 days before the date of departure, or effective date, whichever comes first.

Note: Does not apply to Beneficiaries over 70 years of age. Travel Cancellation requests will not be covered, if it were to occur due to a closure of borders by the Government of origin or destination. Additionally, if the hotel provider, airline or any other tour operator offers the Member the option of leaving the dates open, reschedule, credit in favor, and among other solutions, even if the Member rejects said option, there will be no refund for expenses incurred.

Emergency cash transfer for bail bond

If the Member were imprisoned as a result of a traffic accident, **HOP!** will cover the expenses (fee) of the money transfer to the Member up to the sum specified in the Benefits, in order to pay the bail bond. The money must be previously deposited in the **HOP!** offices by the Member's family. This coverage will apply only once, regardless of the period of validity of the Assistance Plan.

Total and definitive loss of baggage

HOP! will indemnify the Member of a plan that includes this complementary benefit up to the maximum amount

specified in the Schedule of Benefits. In order to be compensated for lost baggage, the following conditions must be met:

- That the airline and the Assistance Center have been formally notified of such loss before the Member leaves the airport where the baggage was supposed to be delivered.
- The baggage has been lost during its transportation on a regularly scheduled international flight, this benefit does not apply when the loss originates on a domestic flight, charter flight, private or military aircraft, or any flight that does not have a fixed itinerary published and operates regularly, nor when the loss arises from domestic flights abroad.
- That the baggage has been duly registered, labeled and shipped in the hold of the aircraft and has been duly presented and delivered to the airline staff at the airport. **HOP!**, won't compensate the Beneficiaries for the loss of baggage considered as hand baggage or transported in the cabin of the aircraft or any other package that has not been properly registered with the airline.
- That the loss of the baggage occurred between the moment that it was delivered to the authorized personnel to be shipped and the time the baggage was supposed to be delivered to the Member.
- That the airline has taken responsibility for the loss of the mentioned baggage, and has paid the Member the indemnity intended for it.
- Losses occurred during land transportation of any kind is not included.
- The compensation will be limited to one completely missing bag and to a single Member. In case the baggage is in the name of several Beneficiaries, the compensation will be prorated between each of ticket holders.
- If the airline offered as compensation to the Member the opportunity to choose between receiving a cash value or one or more tickets, **HOP!** will proceed to pay the Member the economic compensation, once the option is taken.

It is important to note that in the case of lost baggage, the direct responsible are the airlines or transportation companies, therefore **HOP!** will act as a facilitator between the airline and/or Transportation Company and the Member, and therefore shall not be considered or taken as directly responsible for the loss or baggage search. The airlines reserve the right to accept or not **HOP!** claims and in general terms they may require that the claims are brought directly by the Beneficiaries, not allowing any interference from **HOP!**.

The compensation, if approved, will only be paid once the Member is back in their country of origin and where the plan was purchased. Upon returning, the Member must present to **HOP!**, the following documentation:

- The Property Irregularity Report (P.I.R)
- Identification document
- Voucher
- Original copy of receipt proving payment by the airline/ Airline Tickets

HOP! may proceed with the compensation only after the airline responsible for the loss duly compensates the Member. **HOP!** won't be able to compensate the Member without proof of payment of the airline.

NOTE: The compensation to the Member will be complementary to that paid by the airline as indicated in the voucher corresponding to the acquired **HOP!** plan. In case of supplementary compensation, the amount of the same shall be determined as the difference between the amount paid by the airline and the amount determined in accordance with the stipulated in the acquired plan, and always up to the maximum limit indicated by this concept in the voucher. No compensation will be valid if the compensation of the airline equals or exceeds the maximum limit established in the voucher for this concept. Besides, compensation for loss of baggage applies per package or load and not per person.

Expenses for delay in returning the luggage

HOP! will reimburse the Member whose plan so provides, by presenting the original proof of purchase, for expenses for the purchase of first necessities during the period of the delay in delivering their luggage. This service will be provided only if the baggage is not located within six (6) hours from the arrival of the flight. "Within

6 hours” refers only to the period up to the location of the baggage. The subsequent period to the physical delivery of the baggage by is out of **HOP!** responsibility and therefore will not be taken into account in computing the 6 hours.

If the delay or loss of luggage occurs in the flight back to the country where the ticket was issued, a connecting flight or the country of habitual residence of the Member, no compensation will be awarded.

In the event that it was finally declared a total loss of luggage by the airline responsible for its management and considers appropriate to indemnify the Member, if used, this benefit shall be deducted from the amount to compensate by **HOP!** on “Total and definitive loss of baggage” benefit, the amount that would have been paid to cover for expenses for delay in returning the baggage.

This service operates on reimbursement prior approval of the Assistance Center and governed under the times established in the procedures for reimbursement.

In case of luggage delay, follow these instructions:

1. Immediately after noticing the baggage delay, contact the airline or responsible person within the same premises where the luggage arrives. Request and complete the P.I.R Property Irregularity Report form.
2. Before leaving the airport, contact the Assistance Center by phone to notify you of lost luggage or within 24 hours of lost baggage notification.

Delayed or cancelled flight

If the Member’s flight is delayed for at least 6 consecutive hours of the original scheduled departure time, and there is no other alternative form of transportation during this period **HOP!** will reimburse up to the maximum benefit indicated in the voucher for reasonable accommodations, traveling expenses, food and communication charges incurred during the hours of delay and until travel becomes possible. Prior authorization from **HOP!**, presentation of valid original receipts and a report from the transporting airline indicating the reason for the delay is required. Beneficiaries with stand-by tickets are not eligible for this benefit nor does this benefit apply in the Member’s country of residence.

This benefit will not be provided if the flight was at an airport located in the vicinity of the city of habitual residence so that the distance is greater than 100 km or within the city of the Member’s habitual residence; nor if the Member travels with a ticket subject to availability of space. This service does not apply if the cancellation is due to bankruptcy and / or cessation of airline services.

Continuation of trip/cruise

HOP! will bear the cost of a ticket in economy class, one-way, from the port of embarkation until the next port of call of the contracted cruise, if the Member initially missed the scheduled departure of the cruise due to a delayed connecting flight for more than (6) hours of the scheduled time. This benefit is paid as a reimbursement upon presentation of proper receipts and report from the airline (PIR).

Late arrival

If the Member suffers loss of connection flight or direct flight for any reason different than cancellation or delay of the Member’s scheduled flight on the part of the airline, **HOP!** will take up the maximum limited of the contracted plan, the payment of penalties, purchase of new tickets, food, calls and hotel.

This coverage applies even for flights within the country of residence, excluding flights in the city of habitual residence of the passenger or originating within 100 kms away. This service operates by reimbursement, prior approval of the Assistance Center.

Exclusions and Limitations

We will not pay assistance for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while you are on active duty service in the military, naval or air force of any

country or international organization. Upon receipt of proof of service, we will refund any Membership Fee paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.

- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
- commission of, or attempt to commit, a felony.
- Amputations caused by eligible sickness are not eligible for accidental death and dismemberment benefit, but may be eligible for sickness benefit
- you being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Assistance for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- Continuing and ongoing treatment beyond stabilization
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the your household. "Immediate Family Member" means your spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- medical expenses for which you would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, you are eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care
- services or expenses incurred in your Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile assistance policy without regard to fault.
- organ or tissue transplants and related services.
- Any expense paid or payable by any other valid and collectible group assistance plan.
- Injury or Sickness for which assistance are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- expenses incurred for birth control including surgical procedures and devices.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
- group or blanket assistance, whether on an Member or self-funded basis;
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Mental and nervous disorders.

- expenses incurred for any condition directly or indirectly related to or caused by cancer, dialysis, on-going and preventive care
- expenses incurred for cataract surgeries, eye sickness or treatments
- Pre-existing Conditions, unless otherwise provided in the Policy
- On-going and continuing treatment of Chronic or existing illnesses suffered before the commencement of the term of the Plan, known or not by the Member, as well as its complications and consequences even when they appear during the trip. Unless plans that include this benefit
- Disease, injury, illness or complications resulting from treatments performed by people or professionals not authorized by the Medical Department or the Assistance Center.
- Homeopathic treatments, acupuncture, physical therapy, spa treatments, podiatry, etc.
- Criminal intent or criminal action of the Member, directly or indirectly
- Illness treatment or pathological states as a consequence of consumption or intentional administration of toxics, drugs, narcotics or non-prescribed medicines.
- Expenses incurred in any kind of orthosis, prosthesis, including artificial teeth, eyeglasses, contact lenses, hearing aids, etc.
- Conditions, illnesses or injuries resulting from the consumption of alcoholic beverages of any kind.
- Event derived from natural disasters, tsunamis, tremors, earthquakes, storms, hurricanes, cyclones, floods, nuclear radiation or radioactivity, as well any other phenomenon with extraordinary character or event that due to its proportions or seriousness it will be considered as a national disaster or catastrophe.
- Suicide or intent of suicide or wounds self-inflicted by the Member and or their family, as well as any other act of obvious irresponsibility or imprudence by the Member.
- Events as a consequence of acts of war, invasion, acts committed by foreign or national enemies, terrorism, hostilities or war operations (whether or not war has been declared) civil war, rebellion, insurrection or military, naval power or usurped, the intervention of the Member in riots, demonstrations or riots that may or may not have the character of civil war, that is, the intervention is personal or as a member of a civil or military organization; terrorism or other serious disturbance of public order.
- Intentional acts or caused by bad faith by the Member or its representatives.
- Routine check-ups, lab tests, tests of controls diagnosis, laboratory tests or radiological or other means, aimed to establish whether the disease is a pre-existence, such as examinations radiology, Doppler, MRI, CT, ultrasound images, scanner of all kinds, etc. The medical examinations to establish whether the condition corresponds to a pre-existing disease or not.
- Expenditure on public and private transport paid by the Member from their hotel or location to a hospital, medical center or doctor's office. Unless these expenses have been expressly authorized in writing or orally by the Assistance Center.
- Congenital diseases and their derivatives or consequences, known or unknown to the Member.
- Injuries or accidents arising from aircrafts not authorized for public transportation, including private charter flights.
- Illness, disease or injury arising directly or indirectly from quarrels or fights (unless it were a proven self-defense with police report), strike, acts of vandalism or popular tumult that the Member has participated as an active member. Or the attempt to commit an illegal act and, in general, any criminal or fraudulent action, including providing information that is different from the reality.
- Treatment for endemic, epidemic or pandemic disease in countries with and without health emergency if the Member has not followed the suggestions and/or information on travel restrictions and mandatory vaccinations issued by respective health authorities in each country.
- Any expense or care that has not been consulted and approved by HOP! Assistance Center.
- Liver diseases such as cirrhosis, abscesses, and others, unless approved on a case-by-case basis
- Exams and/or hospitalization for stress tests and all types of preventive checkups.
- Any type of hernia and its consequences.
- Kidnapping or attempted kidnap.
- Professional Risks: If the reason for the trip was Member perform work or tasks that involve a professional risk. Illness or work related accidents when performing highly specialized tasks where life is exposed or being exposed to hazardous substances or handling of heavy machinery, or manipulation of gas, air pressure or hydro fluids, or requiring special physical skills.

- Driver or passenger injuries by the use of any type of vehicles, including bicycles, motorcycles and mopeds without a license or without a helmet, or without insurance policies.
- Excluded are accidents and illnesses that occur while the Member is in countries where civil or foreign war. Example: Afghanistan, Iraq, Sudan, Somalia, North Korea, etc.
- No assistance will be provided to any Member in illegal immigration or employment status (including undeclared work in the country where attendance, or shocked students working in a foreign country without the appropriate permission from local authorities is required).
- HOP! will not be responsible for costs for physiotherapies referred to the treatment of ailments related to work accidents, repetitive tasks or chronic and / or degenerative diseases of the bones or muscles. The physiotherapies will be covered only in case the ailment has been caused by a non-work accident with prior authorization from the Medical Department of the Assistance Services Center in case it is determined that with them the passenger can improve their current condition and under no circumstances, may exceed ten (10) sessions.
- No COVID-19 benefit will be provided to any Member who is not Fully Vaccinated.

If We determine the assistance paid under the Policy are eligible assistance under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that you are eligible for reimbursement. This assistance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing assistance, including, but not limited to, the payment of claims.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Participating Organization, and the Policy Number.

Assistance Administrator:

This Assistance program is administered by Hop!, located at 7065 Westpointe Blvd, #209, Orlando, FL 32835

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact:

Robin Assist, 45 East Lincoln Street, Columbus, OH 43215. Phone number: 1-888-207-1694; or email: Claims@robinassist.com. A claim form may also be found at: www.infplans.com/claims or in the MyINFPlans portal.