



International Emergency Medical Services (IEMS)



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Section A. Introduction

A.1. About this guide

This document is intended to be used as a guide for quick reference on the International Emergency Medical Services ("IEMS" or the "IEMS Program" or the "Program" or the "benefit(s)") offered to Visa cardholders and their beneficiaries, as defined in the terms and conditions. Here, the cardholder will find information on emergency medical services, including the complete terms and conditions in Section B, as well as a complete list of definitions in Section C. The IEMS Program is offered during an eligible trip, as defined in the Terms and conditions. AXA Assistance USA, Inc. ("AXA") is the service provider to Visa and Visa is a client of AXA and its services. AXA acts on behalf of Visa cardholders and their beneficiaries, with no obligation to make any payments in their favor.

A.2. General provisions of the IEMS Program

How do I submit a request for reimbursement?

The cardholder, the one designated by the cardholder or the cardholder's representative, as applicable, should contact customer service immediately after the incident. Even if not yet in possession of the documents that will support the claim, the case must be opened within the 30-day time limit after the incident.

A customer service operator will answer any pending question and will send a claim form to the cardholder, the beneficiary or any other person acting on behalf of the cardholder or beneficiary.

Upon receiving the claim form, the cardholder, the beneficiary or any other person acting on behalf of the cardholder or beneficiary must complete the claim form and return it to the address indicated below, along with the required documentation for each benefit. These documents must be submitted within 90 days from the initial contact with customer service to the address below:

AXA Assistance USA, Inc.

703 Waterford Way, Suite 390
Miami, FL 33126
USA

There are circumstances outside of AXA's control that could affect the provision of the services or benefits mentioned in this guide. When possible and if legally permitted, AXA will make reasonable efforts to provide services or benefits available to attend the beneficiary and resolve the emergency.

Important: benefits and services described herein are not available for travel or other services related to Cuba, Iran, Syria, North Korea and Sudan. AXA is a company based in the United States of America. Laws of the United States prohibit AXA from providing services or related benefits in violation of United States or other international sanctions laws. Services or benefits related to Cuba, Iran, Syria, North Korea and Sudan are not available, including but not limited to the payment of claims.

Existing restrictions in the countries of Cuba, Iran, Syria, North Korea and Sudan are strictly enforced and no exceptions are allowed. Please be aware of restrictions of services and benefits related to international sanctions laws before planning your trip. If you have any questions as to the availability of services prior to your trip, please contact us at our customer service center telephone numbers 1-800-396 9665 (USA and Canada) and 1-303-967-1098 (other countries) and calls can always be made by collect call.

Converting amounts into foreign currency

All amounts mentioned in this guide are presented in US dollars. Any payment made under the IEMS Program will be issued in the local currency of the individual/entity receiving payment. The currency exchange rate used will be the rate at the time the services are rendered.

Section B. International Emergency Medical Services Terms and Conditions

Introduction

We recommend that you read "Section A. Introduction" above before reading the section below. In addition, the reading of "Section C, Definitions for the benefits described in this guide" is fundamental for the understanding of the concepts used hereinbelow, as well as for knowledge of the exclusions that apply to this benefit. Please note the definitions below are applicable for the benefits described in the terms and conditions.

The international emergency medical services benefit will be offered to beneficiaries up to the limit of the benefit, during an eligible trip. The beneficiaries will use the benefit, either when traveling internationally together or separately.

In order to use this benefit, the beneficiaries must have purchased the international ticket with an eligible Visa card issued in Latin America and the Caribbean Region and must provide proof of purchase of the international ticket in order to use this benefit. In addition, the benefits provided in these Terms and Conditions are only valid for an eligible trip for up to sixty (60) consecutive days from the departure of country of residence or country of card issuance of such eligible trip.

In the event that the beneficiary can not provide a proof of purchase of the international ticket bought with an eligible Visa card issued in Latin America and the Caribbean Region or such other required documentation, customer service will only coordinate the medical assistance for the beneficiary and will not cover any expenses related to the IEMS.

B.1. What is covered under IEMS?

The IEMS benefit covers the following:

1. Medical assistance services

- a. Emergency medical expenses, which are incurred for treating an accident or medical emergency.
- b. Emergency dental treatment expense, which arises from an accidental injury to healthy and natural teeth incurred during an accident or medical emergency that requires immediate treatment for temporary relief of pain and acute suffering.
- c. Prescription expenses prescribed by a licensed physician which are incurred for treating an accident or medical emergency which is covered under IEMS.

2. Transportation and accommodation services

- a. **Emergency medical evacuation:** Should the beneficiary's medical emergency require an emergency medical evacuation, due to a lack of appropriate medical facilities at the site where the accident or medical emergency occurred, customer service will coordinate the emergency

medical evacuation and the appropriate benefits will be applied to the usual, reasonable and customary expenses incurred for the emergency medical evacuation to the nearest medical facility equipped to provide the adequate emergency treatment.

- b. **Repatriation of mortal remains:** In the event of the beneficiary's unexpected death during an eligible trip, our customer service will secure the proper governmental authorizations and pay for the usual, reasonable and customary expenses to preserve and bring the beneficiary's mortal remains and the required country of residence casket for repatriation of the mortal remains to the beneficiary's country of residence. The costs of a funeral are excluded.
- c. **Repatriation of beneficiary:** If it is determined by our customer service that it is medically necessary for the beneficiary to be admitted to a medical facility in the beneficiary's country of residence, customer service will coordinate and the appropriate benefits will be applied to the usual, reasonable and customary expenses incurred for the repatriation to a medical facility equipped to provide the adequate treatment to the beneficiary in the country of residence.
- d. **Early return or extended stay:** In the event there is an additional charge imposed by the transportation company for a ticket change requested for the early return or the extended stay of the beneficiary due to the death, medical emergency or accident of a different beneficiary when traveling together, this benefit will cover the cost of changing the international ticket to an international ticket comparable to the travel arrangements of the original itinerary. If there is no way to change the international ticket, this benefit will cover the costs of a new international ticket comparable to the travel arrangements of the original itinerary. This benefit only covers the return of the applicable beneficiary to the country of residence. Customer service must pre-approve or coordinate and make all the necessary arrangements to bring the beneficiary home.
- e. **Return of an elderly dependent or economic dependent:** In the event that the beneficiary is hospitalized in a foreign country, except the country of residence or country of card issuance, for more than five (05) days during an eligible trip, this benefit covers the cost of changing the ticket to a ticket comparable to the travel arrangements of the original itinerary of the elderly dependent or economic dependent and for a roundtrip ticket for another individual (escort) to accompany the elderly dependent or economic dependent back to the country of residence or country of card issuance. Travel arrangements for the escort will be made in the same class of service as the original itinerary of the elderly dependent or the economic dependent.
- f. **Convalescence:** In the event the beneficiary needs convalescence as a result of a covered hospitalization due to an accident or medical emergency, this benefit will cover the costs of up to a maximum five (5) nights of comparable accommodations where the beneficiary was staying during the eligible trip when the accident or medical emergency occurred. Customer service must pre-approve or coordinate and make all the necessary arrangements. If the beneficiary does not contact customer service prior to such convalescence, beneficiary will only be reimbursed for the usual, reasonable and customary charges of the comparable accommodations.
- g. **Companion to bedside:** In the event the beneficiary is hospitalized for more than five (5) days (and is covered under this benefit) and is traveling alone, this benefit will cover the costs of a ticket for an individual designated by the beneficiary to travel or stay with the beneficiary and the costs of accommodations up to a maximum five (5) nights of comparable accommodations where the beneficiary was staying during the eligible trip. Customer service must pre-approve or coordinate and make all the necessary arrangements. If the beneficiary does not contact customer service prior to such arrangements, the beneficiary will only be reimbursed for the usual, reasonable and customary charges of the comparable accommodations.

Please be aware that the benefit amounts for the IEMS are different and the specific amounts are set forth in Section B. 2 below.

There are circumstances outside of AXA's control that could affect the provision of the services or benefits mentioned in this guide. When possible and if legally permitted, AXA will make reasonable efforts to provide services or benefits available to attend the beneficiary and resolve the emergency.

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Existing restrictions in the countries of Cuba, Iran, Syria, North Korea and Sudan are strictly enforced and no exceptions are allowed. Please be aware of restrictions of services and benefits related to international sanctions laws before planning your trip. If you have any questions as to the availability of services prior to your trip, please contact us at our customer center telephone numbers 1-800-396 9665 (USA and Canada) and 1-303-967-1098 (other countries) and calls can always be made by collect call.

When are the IEMS benefits offered?

The benefit will be granted for incidents during an eligible trip which have occurred up to the 60th (sixtieth) day from the departure date of the country of residence or country of card issuance. Should the beneficiary be hospitalized, the benefit will be extended until the earlier of the following, whichever comes first:

- the maximum limits of the benefit are reached; or
- the BENEFICIARY is discharged from the hospital.

How do you access the IEMS?

The cardholder, the person designated by the cardholder or the cardholder's representative must contact customer service immediately or within no more than 30 days of the occurrence of the accident or medical emergency. Delayed communication with customer service may result in the loss of the benefit.

What are the main characteristics of the IEMS benefit?

- This benefit is available anywhere in the world, except for the country of residence of the beneficiary or the country of card issuance; and
- The benefit is valid for an eligible trip for up to sixty (60) consecutive days from the departure date of the country of residence or the country of card issuance.

What happens if the medical emergency is so severe that it results in death or requires an emergency medical evacuation?

In the event of the beneficiary's death during an eligible trip, our customer service will secure all of the necessary permits and the appropriate benefits will be applied to the costs of repatriation of the mortal remains and the necessary casket for the return of the beneficiary's remains to his/her country of residence. The costs of a funeral are excluded. In the event of an emergency medical evacuation, if a licensed physician certifies that the seriousness or nature of the beneficiary's illness or injury requires an emergency medical evacuation and provided that this emergency medical evacuation is approved and authorized by customer service upon consultation with the licensed physician, our customer service will secure all

of the necessary permits and arrangements and the appropriate benefits will be applied to the cost of an emergency medical evacuation.

Does the emergency medical evacuation need to be pre-approved?

Yes, the emergency medical evacuation must be approved and authorized by customer service upon consultation with the licensed physician in charge, who will certify that the accident or medical emergency requires the emergency medical evacuation. The beneficiary must obtain pre-approval from our customer service, who will then make arrangements for the emergency medical evacuation. The beneficiary's medical condition must require immediate evacuation from the place of accident or medical emergency to the nearest hospital equipped to provide the medical treatment he/she needs; and/or if after being treated at a local hospital, his/her medical condition requires transport to the nearest qualified medical facility or to his/her country of residence for further hospitalization.

What type of transportation will be provided in the event of an emergency medical evacuation?

Any means of air, land or sea needed to transport the beneficiary during an emergency medical evacuation will be provided. Special transportation includes, but is not limited to, air ambulances, land ambulances and/or private cars.

Does the repatriation of the beneficiary need to be pre-approved?

Yes, the repatriation must be approved and authorized by customer service upon consultation with the licensed physician in charge, who will certify that the accident or medical emergency requires the repatriation. The beneficiary must obtain pre-approval from our customer service, who will then make arrangements for the repatriation. The beneficiary's medical condition must require continued inpatient care at a hospital equipped to provide the medical treatment he/she needs in his/her country of residence.

What type of transportation will be provided in the event of repatriation?

Any means of air, land or sea needed to transport the beneficiary during an emergency medical evacuation will be provided. Special transportation includes, but is not limited to, air ambulances, land ambulances and/or private cars.

Is pre-approval required in the case of a Repatriation of Mortal Remains?

Yes, our customer service must be contacted and provided that the claim is approved, customer service will make all of the arrangements for the repatriation of mortal remains.

Is pre-approval required in the case of an early return?

Yes, our customer service must be contacted and provided that the claim is approved, customer service will make all of the arrangements for the transport of the beneficiary and the appropriate benefits will be applied to the costs incurred by the beneficiary.

How can the cardholder obtain a certificate of benefits (called "Schengen Certificate") during an eligible trip to European countries that participate in the Schengen Treaty?

The cardholder has two options to obtain a Schengen Certificate: (i) the cardholder may call our customer service to request a Schengen Certificate, which will be sent within 48 hours of the request by fax or email at no additional cost to the cardholder; or (ii) the cardholder may obtain a Schengen Certificate through the Visa product website with the registration of the cardholder. In this case, the Schengen Certificate will be emailed to the cardholder, when the cardholder completes the form. The IEMS Program meets all of the requirements of the decision of the Council of European Union for obtaining a Schengen visa.

Will the beneficiary have to pay for all of his/her medical expenses?

At the time the beneficiary contacts our customer service due to an accident or medical emergency, our customer service will coordinate the services provided and when possible, the appropriate benefits will be applied to all of the covered medical expenses.

Payment or reimbursement of covered medical expenses by our customer service on behalf of the beneficiary is only possible when all of the following requirements are met:

- the beneficiary paid for his/her international ticket with an eligible Visa card issued in Latin America and the Caribbean Region
- customer service is notified when the medical services are rendered or within thirty (30) days of the accident or medical emergency if prior approval from customer service is not required under the terms and conditions of this benefit; and
- all required documentation is provided to customer service within ninety (90) days from the date medical services were rendered.

Certain restrictions may apply based upon the location of the accident or medical emergency and/or the requirements of the medical provider.

In the event the beneficiary is unable to or chooses not to, contact customer service, he/she should contact a licensed physician or a licensed and authorized hospital, pay for the medical services provided and submit the itemized bill to customer service for consideration for reimbursement.

What hospitals are approved to provide the IEMS benefit?

Hospitals approved to provide the IEMS benefit are those that:

- hold a valid license (if required by law);
- have as their primary business the treatment and care of ill or injured people;
- maintain a staff of one or more physicians available at all hours;
- provide 24-hour nursing services and have at least one registered nurse at all hours;
- have organized facilities for diagnostics and surgery, whether on location or in facilities made available to the hospital as a result of a previous negotiation; and
- are not, except incidentally, a clinic nursing home, retirement home or place of convalescence for the elderly or a facility operated as a center for treating drug and/or alcohol addiction.

B.2 What is the amount of the IEMS benefit?

In the event of a medical emergency or accident during the course of an eligible trip, a beneficiary has access to the benefit amounts for the applicable services set forth below:

Medical assistance services

- a. Emergency medical expenses
- b. Emergency dental treatment
- c. Prescription expenses

Visa Platinum	Visa Signature / Visa Infinite
Medical assistance service will have a maximum benefit amount not to exceed USD 50,000 per beneficiary	Medical assistance service will have a maximum benefit amount not to exceed USD 100,000 per beneficiary

Transportation and accommodation services

- a. Emergency medical evacuation
- b. Repatriation of mortal remains
- c. Repatriation of beneficiary
- d. Early return or extended stay of the beneficiary
- e. Early return of elderly dependent or economic dependent
- f. Convalescence
- g. Companion to bedside

Visa Platinum	Visa Signature / Visa Infinite
Transportation or accommodation service will have a maximum benefit amount not to exceed the aggregate amount of USD 100,000 per medical emergency or accident	Transportation or accommodation service will have a maximum benefit amount not to exceed the aggregate amount of USD 100,000 per medical emergency or accident

In the event the beneficiary has valid insurance or any other coverage under another program, all of the beneficiary's expenses must be paid by his/her insurance or any other coverage under another program before the beneficiary can use the IEMS benefit. The treatment must be received upon the recommendation of a licensed physician. In addition, the IEMS benefits are subject to the limitations and exclusions set forth below in Section B.3.

B.3 What is not included in the IEMS?

Limitations and exclusions:

1. Any chronic illness known by the individual at the time of the accident or medical emergency or a related consequence of a chronic illness.
2. Any pre-existing condition known by the individual at the time of the accident or medical emergency or a related consequence of a pre-existing condition.
3. Any medical emergency resulting from an eligible trip undertaken against medical advice or occurring while a pre-existing condition was being treated outside of the beneficiary's country of residence or country of card issuance.
4. Treatment, complications or side effects resulting from the ingestion of drugs for a psychological illness; treatment of a psychological illness; consultation and treatment determined by a psychiatrist or psychologist; illness, injuries and expenses arising from the use of narcotics, drugs or medication taken without a prescription; and treatment of alcoholism or any type of drug addiction and any complications arising therefrom including, but not limited to, services or programs for treating alcoholism and drug addiction.
5. Any complication due to pregnancy, childbirth, miscarriage or abortion, including those that occur during the first trimester of pregnancy.
6. Treatment of any self-inflicted illness or injury, such as suicide or attempted suicide and any consequences thereof, which occurred when the beneficiary was in a sound or unsound state of mind.
7. Being under the influence of illegal drugs, medication that is not taken as directed or narcotics, except when they have been prescribed by a licensed physician.
8. Treatment and/or complications due to the Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) and AIDS Related Complex (ARC). Treatment of sexually transmitted diseases.
9. Any chiropractic treatment; homeopathic treatment; acupuncture, occupational therapy, physical therapy.
10. Any treatment or service provided by rehabilitation institutions or treatment centers, geriatric institutions or treatment centers and by institutions that are not hospitals including, but not limited to, thermal baths, spas and hydrotherapy clinics.
11. Any dental or orthodontic treatment, except in the event of emergency dental care.
12. Diagnostic exams or tests that are part of a routine physical examination or scheduled treatment, including, but not limited to: vaccines; routine eye and ear exams; optometry and vision correction; eyeglasses; contact lenses; hearing aids and any kind of maintenance or adjustment thereof; prosthetics; purchase or rental of humidifiers, atomizers, walkers or canes, inhalers, exercise equipment or similar equipment.
13. Cosmetic plastic surgery, except for reconstruction surgery performed as a result of an accident or medical emergency.
14. Organ transplants or the transport thereof.
15. Foot treatments including, but not limited to, calluses, corns, flat feet, weak arches, congenital disease and any type of prosthesis.
16. Treatment of sexual dysfunction or sexual issues. Services or care related to male or female sterilization. Services or care related to birth control.
17. Any treatment that is not related to an accident or a medical emergency.
18. Any kind of service or care received by the beneficiary related to weight control or the treatment of obesity, whether in the form of diet, liquid injection, medication or surgery of any kind.
19. Treatment of any medical emergency, accident or incidental expenses resulting directly or indirectly from the beneficiary's involvement in wars, revolutions, civil unrest, conspiracies, riots, public disturbances, force majeure, strikes, acts of sabotage, civil or international wars, riots, terrorism or any criminal or illegal activity, whether as a principal, aid or in any other capacity, including, but not limited to, physical fights initiated by the beneficiary.
20. Any type of hotel, restaurant, taxi, cellular or any other telephone or data charges related or not with a medical emergency or accident.
21. Bank fees and taxes assessed on bank wire transactions.
22. Any costs of medical care and/or medical treatment incurred by the beneficiary after the end of the eligible trip, related or unrelated to an accident or medical emergency, that appeared or were diagnosed while the beneficiary was traveling.
23. Work-related diseases or their consequences.
24. Any treatment or service that is not specifically provided for under this benefit.
25. Medical records fees.
26. The costs of a funeral.
27. Any medical treatment, medical check or medical service known prior to the commencement of the eligible trip or medical expenses incurred where

travel has been undertaken for the specific purpose of securing medical treatment.

28. Treatment of a medical emergency or accident resulting from the practice of either a sport or activity, whether professional or amateur or any other sport or activity that may pose a risk to the beneficiary's life, whether or not resulting from the beneficiary's own irresponsibility, lack of skill or lack of experience, including, but not limited to:
- a. Skydiving
 - b. Paragliding
 - c. Hang-gliding
 - d. Driving off-road vehicles
 - e. Mountaineering
 - f. Winter sports not practiced in a resort and under normal safety conditions
 - g. Car racing
 - h. Motorcycle racing and any type of races except for footraces
 - i. Hot air balloon riding
29. Treatment of a medical emergency or accident resulting from the failure to abide by the laws, rules, regulations or normal safety standards applicable where the medical services were rendered.

There are circumstances outside of AXA's control that could affect the provision of the services or benefits mentioned in this guide. When possible and if legally permitted, AXA will make reasonable efforts to provide services or benefits available to attend the beneficiary and resolve the emergency.

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Existing restrictions in the countries of Cuba, Iran, Syria, North Korea and Sudan are strictly enforced and no exceptions are allowed. Please be aware of restrictions of services and benefits related to international sanctions laws before planning your trip. If you have any questions as to the availability of services prior to your trip, please contact us at our customer center telephone numbers 1-800-396 9665 (USA and Canada) and 1-303-967-1098 (other countries) and calls can always be made by collect call.

B.4 What documents do I need to request a reimbursement?

The documents required for compensation of the emergency medical services benefit are:

- Copy of your eligible Visa card statement, copy of the international ticket for air, sea or land transportation related to the eligible trip and proof that it was paid for in its entirety with the cardholder's eligible Visa card issued in Latin America and the Caribbean Region.
- Copy of all itemized invoices provided by your medical service provider or any other provider.
- Copy of receipts provided by your medical service provider.
- Proof of travel dates.
- Proof of payment from valid primary insurance or any other coverage under another program.
- Copy of all medical reports, including the name and address of the medical facilities used and the physicians who provided the services.
- Claim form, duly completed.
- In the case of repatriation of mortal remains, a notarized copy of the death certificate.

Please submit electronic copies of all the above mentioned documentation to the Customer Service Visa Assistance Center at visa_iemsclaims@axa-assistance.us. Or, if you prefer, send the documentation via courier to the address below:

AXA Assistance USA, Inc.

703 Waterford Way, Suite 390
Miami, FL 33126
USA

Account and Billing Information

Important: the cardholder must contact the financial institution that issued his/her eligible Visa card directly for questions related to his/her account, such as account balance, line of credit, billing information (including exchange rates used to calculate transactions), commercial disputes or information on any other services or benefits not described in this guide. The telephone number for your financial institution can be found on the back of your Visa card or located on your monthly statement.

General program provisions

All of the IEMS benefits described herein are subject to change or cancellation. Therefore, this document may be altered from time to time and you must contact customer service or your financial institution to ensure that you have the most current information. The IEMS benefits are effective at the commencement of the eligible trip and will cease in sixty (60) days from the date of the eligible trip or at such time the eligible trip is completed.

The IEMS benefit is not an insurance contract or insurance policy and is intended to be a general informative statement of the IEMS benefits made available by Visa International Service Association throughout Latin America and the Caribbean Region. No legal action may be brought after one (1) year from the time AXA Assistance USA has notified the beneficiary of the decision regarding the application of the IEMS benefits.

The IEMS benefits are administered by: AXA Assistance USA, Inc.

If you need to submit a claim or have questions regarding this program, call the Visa Assistance Center, 24 hours a day, 365 days a year, at (800)-396-9665 (USA and Canada) and (303) 967-1098 (other countries) and can always be made by collect call.

PLEASE NOTE: the IEMS benefits described above do not apply to all international Visa cards in Latin America and the Caribbean Region. Please check with your financial institution to determine if the IEMS benefit applies to your international Visa card.

Section C. Definitions for the benefits described in this guide

Accident: means a sudden, unexpected, uncontrollable and unexpected physical event that happens to the beneficiary during an eligible trip.

Airline company: company listed in the Official Airline Guide (OAG) or in the ABC World Airways Guide and that has a license, certificate or similar authorization for the regular air transportation issued by the competent authorities of the country in which the aircraft is registered and, in accordance with such authorization, maintains and publishes flight schedules and service fees to passengers for flights between airports at regular and specific schedules.

Beneficiary: the cardholder, his/her spouse and children considered economically dependent.

Cardholder: individual who holds an active and eligible Visa card, issued in his/her name in Latin America and the Caribbean Region, as holder or additional holder.

Chronic illness: means any condition, medical encounter or incident that either (i) exists over time and is unresolved or recurrent; or (ii) is thought to be resolved or cured; or (iii) is known to the patient; or (iv) for which a condition has been diagnosed, treated or required a change of medication or dosage; and, which occurred at any time prior to an eligible trip and has been clinically documented by a licensed physician. Chronic illness includes any relapse or periods of convalescence. Examples of chronic illnesses include, but are not limited to, heart attacks with a history of hypertension or high cholesterol or diabetes; bowel obstructions with a history of previous abdominal surgeries, such as ruptured appendix; acute bronchitis or pneumonia in a patient with chronic bronchitis or COPD; Stroke in a patient with a history of atrial fibrillation; stroke in a patient with a history of hypertension, high cholesterol or diabetes; brain or other internal bleeding in a patient being treated with anti-coagulants; Fractures involving an old fracture site or prosthesis; osteopenia or osteoporosis; COPD; Asthma; Kidney stones in a patient with a history of kidney stones; colitis; gout; diverticulitis in a patient with a history of diverticulosis or diverticulitis; sciatica; cardiac stroke; peripheral vascular disease in a patient with a history of atherosclerosis; arthritis; gallstones; severe infections in patients with impaired immune conditions or on immunosuppressive drugs; Recurrence of any cancer including in remission; Deep vein thrombosis or pulmonary embolism in a patient with a condition known to predispose to thromboembolism, such as cancer, recent major surgery, lower extremity or hip fracture.

Claim form: document to be supplied by customer service, upon notification of an incident or request for benefit, which must be completed and returned together with all required documents within the deadlines for each of the benefits presented.

Consequence(s) or related consequence: means any complication(s) or effect(s) related to a pre-existing condition or chronic illness that may have any contribution to the medical emergency.

Convalescence: means when a beneficiary is hospitalized up to 5 (five) days and must remain, under medical advice in a hotel (outside of their country of residence) before medically released from his/her licensed physician).

Country of card issuance: means the country in Latin America and the Caribbean Region where a beneficiary had his/her eligible Visa card issued by a financial institution.

Country of residence: means the country in which the beneficiary keeps his/her effective, fixed and permanent home and main place of residence and to which the beneficiary intends to return.

Customer service: communication channel and available facilities (equipment, systems and staff) whose purpose is to provide an interface between Visa and customers. Customer service can be accessed through the following telephone numbers: 1-800-396 9665 (USA and Canada) and 1-303-967-1098 (other countries) and can always be made by collect call.

Economic dependents: cardholder's unmarried children who are under 23 years of age and who both: (a) reside with the cardholder or are under his/her responsibility; and (b) are financially supported by the cardholder. This definition includes the cardholder's stepchildren.

Elderly dependent: cardholder's parent(s) who is at least 70 years of age and who is financially supported by the cardholder.

Eligible trip: means an itinerary, outside of the beneficiary's country of residence and country of card issuance, which is international and which satisfies one of the following characteristics:

- Full amount of the international ticket were paid to a transportation company with an eligible Visa card; or
- The international tickets were purchased by redeeming points from a loyalty program, provided that the boarding fee and possible taxes due have been paid with an eligible Visa card; or
- If no boarding fee or taxes are levied, the tickets were purchased by redeeming points obtained through utilization of a valid Visa rewards program.

In addition, the benefits provided in this terms and conditions are only valid for an eligible trip for up to sixty (60) consecutive days from the departure date of country of residence or country of card issuance of such eligible trip.

Eligible Visa card: For the IEMS benefit the following cards are eligible: Visa Platinum, Signature or Infinite card issued by a financial institution in Latin America and the Caribbean Region; any other Visa card where a financial institution in Latin America and the Caribbean Region has purchased the IEMS benefit.

IEMS: International Emergency Medical Services.

Latin America and the Caribbean Region: means the region comprised of the following countries: Antigua, Argentina, Aruba, Bahamas, Barbados, Bermuda, Bolivia, Brazil, Belize, Cayman Islands, Chile, Colombia, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St. Kitts-Nevis, St. Lucia, Trinidad and Tobago, Uruguay and Venezuela.

Licensed physician: means a professional with a degree in medicine or doctor of osteopathy qualified to provide medical services or perform surgeries in accordance with the laws of the country where these professional services are performed. This definition excludes chiropractors, physical therapists and homeopathic and naturopathic therapists.

Means of transportation: any means of transport operated by a transportation company under a valid license for paid transportation of passengers, including:

- **Air:** aircraft operated by an airline company, duly authorized by the competent authorities to operate regular scheduled flights; and
- **Land and sea:** all those included in this definition, with the exclusion of (i) rental vehicles, except those that have been rented by a transportation company for paid transportation of passengers; (ii) taxis, (iii) car rental companies' transfers, hotels or parking outside the boundaries of the airport.

Medical emergency: a sudden, unforeseen and urgent medical condition that requires immediate medical services or treatment or surgical treatment to relieve acute pain and suffering during an eligible trip and which may prevent the eligible trip's completion, for which the beneficiary seeks treatment and for which eligible medical services are paid for in accordance with the terms and conditions of these benefits.

Pre-existing condition: means any condition or other medical encounter or incident that is known to the patient and that has been clinically documented, diagnosed or treated by a licensed physician or a condition which required a change of medication or dosage within 180 days prior to the commencement of an eligible trip.

Rewards program: means a program developed/offered by an any Visa card and its issuing bank from Latin America and the Caribbean Region allowing the cardholder to obtain value (mileage points, cash, etc.) and redeem rewards (goods, trips, etc.) under an any Visa rewards program or any frequent traveler's rewards program or additional tickets on which all taxes and fees have been charged at the time of issuance of a ticket paid with any Visa card.

Spouse: person related to the cardholder by marriage or common-law marriage, under the applicable local laws in the cardholder's country of residence or country of card issuance.

Transportation company: company that operates a means of transportation, including an airline company.

Usual, reasonable and customary charges: means that the benefit to the beneficiary will include medical emergency treatments, supplies and services that are medically necessary, provided that they do not exceed the typical or standard charges for similar medical emergency treatments, supplies or services in the community or the locality where the medical emergency treatment is provided.

Important notice

The description of these programs and benefits is only a tool for guidance on coverage for certain cardholders in Latin America and the Caribbean and is updated to April 2015. Please check with your Visa representative the validity of this information before communicating such benefits to customers and/or cardholders. Cardholders should consult their issuer to verify that coverage applies to their Visa card. These benefits only apply to Visa cards with international use capability.

This document is a summary of the policy intended to be distributed in full to cardholders. If a Visa issuer uses excerpts or portions of this material for distribution to cardholders, it does so at its own risk.

These descriptions are not insurance policies. Described insurances are subject to the terms and conditions in the applicable policies, which include certain restrictions, limitations and exclusions; and all coverages are subject to change or cancellation without notice.

Services and insurance coverage are provided by third parties. Visa is not an insurance company. The detail of all the provisions concerning the insurance plans is detailed in the policies. If there is any difference between the descriptions in this document and the policy signed by the cardholder at the local level, the policy in force locally will govern (in the jurisdiction where the Visa card was issued).

It is the sole responsibility of the issuer to ensure that its card program, customer agreement, card benefits and features, and other disclosures and issuer practices are in full compliance with all applicable federal, state, and local laws, regulations, and other legal requirements. Issuers should review the card benefits program with their legal counsel to ensure that the card benefits program and disclosures and customer agreements related to such card benefits or features, comply with all applicable legal requirements. Visa makes no representations or warranties as to the information contained herein. This material does not constitute legal advice or opinion.

Coverage and benefits provided by this program, including any such programs provided by insurance company affiliates of AIG and AXA, shall be null and void if they violate U.S. economic or trade sanctions such as, but not limited to, the sanctions administered and enforced by the Office of Foreign Assets Control (OFAC) of the U.S. Treasury Department.

Benefit amounts are identified in US Dollars. Payment of claims will be made in local currency where required by law, with the official Foreign Exchange Rate published on the date the claim is paid.

The terms and conditions described in this document do not apply to Visa cards issued in Brazil.