



# Welcome

## Business Travel Member Guide

Rakuten USA, Inc.

United  
Healthcare  
Global

# Thank you for being a member



We're here to help make each step of your experience easier. Take a look at this guide to help you better understand your benefits, find care options, locate travel resources and get more out of your plan.

If you do not have computer access, need assistance, or have questions after reading this guide, please call the number on your ID card. Be prepared to provide a description of the situation.

If this is a medical emergency follow the “first call” protocol for the country you are in. [Click here](#) for a complete listing of international emergency contact numbers by country.



## Contact us

**Toll Free: +1-866-870-3475**

**International: +1-763-274-7364**



[businesstravel@assistance.uhcglobal.com](mailto:businesstravel@assistance.uhcglobal.com)

# It's easy to connect to your plan

## Activate your Global Intelligence Center account

The Global Intelligence Center (GIC) provides on-demand access to real-time health care and security destination intelligence, tools and resources. After you activate your account, you can log in to the GIC to view your ID card, access Virtual Visits, submit claims online and more.

Access to the Global Intelligence Center requires all users to register using a One Healthcare ID. Before you travel, activate your GIC account:

- 1. Visit [worldwatch.uhcglobal.com](http://worldwatch.uhcglobal.com)
- 2. Select Login/Register
- 3. Create your One Healthcare ID
- 4. Enter the required information on the registration page and select "I Agree"
- 5. Enter the UnitedHealthcare Global (UHCG) ID located on the front of the ID card



## What is a One Healthcare ID?


One Healthcare ID delivers a secure, centralized identity management solution that enables a single sign-on to all integrated applications. Once registered, One Healthcare ID offers access to all associated applications seamlessly.

## Your UnitedHealthcare Global ID card

Always carry your UnitedHealthcare Global ID card when traveling in a foreign country. Some countries may require a paper copy of your ID card to access services. The ID card is also available in the [Global Intelligence Center](#).



Please cut your ID card along the dotted line and fold in the center.

<div> <b>UnitedHealthcare</b> Global</div> <div><b>BUSINESS TRAVEL INSURANCE</b></div> <div><b>Client Name:</b> Rakuten USA, Inc.</div> <div><b>Group ID #:</b> 941099 <i>(Provide this number when calling UHCG)</i></div> <div><b>UHCG ID #:</b> 902948759 <i>(Use this number when creating your Intelligence Center account)</i></div> <div>UnitedHealthcare Global Business Travel Insurance Underwritten by UnitedHealthcare Insurance Company</div>	<p>This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.</p> <p><b>Business Travel Toll Free:</b> +1 866-870-3475 <b>Business Travel International:</b> +1-763-274-7364 <a href="mailto:businesstravel@assistance.uhcglobal.com">businesstravel@assistance.uhcglobal.com</a> <a href="http://worldwatch.uhcglobal.com">worldwatch.uhcglobal.com</a></p> <p><b>Claim Submission:</b> UnitedHealthcare Global PO Box 740836 Atlanta, GA 30374-0836 USA Fax: +1-248-524-5729 <a href="mailto:businesstravel@assistance.uhcglobal.com">businesstravel@assistance.uhcglobal.com</a></p> <p><b>Notice to Physicians/Hospitals:</b> Call immediately for benefits verification and procedures. Call 24 hours a day (multilingual). If you do not have access to a phone, email <a href="mailto:businesstravel@assistance.uhcglobal.com">businesstravel@assistance.uhcglobal.com</a></p>
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# Get to know your plan

You have access to a global network of providers, available 24/7, that provides medical and travel assistance, and health care and security intelligence, along with tools and resources to minimize risks and help you get the care you need.



## Insurance benefits<sup>1,3</sup>

- Medical treatment and prescriptions due to accidents or unexpected illnesses
- Dental emergencies due to injury or pain
- Medical evacuations and repatriations
- Virtual visits

## Additional benefits may include:

- Dependent coverage
- Security and natural disaster evacuations and repatriations
- Accidental Death and Dismemberment (AD&D)
- Mental health/substance use disorder coverage
- Coverage 100 miles or more within home country \*
- Personal (sojourn) travel for 14 to 180 days
- Travel vaccinations and immunizations

Please refer to your Benefit Summary for specific conditions and limitations of your plan.

## Non-insurance assistance services<sup>2,3</sup>

### Travel assistance

- Transfer of funds
- Lost document replacement assistance
- Legal referrals
- Translation facilitation and referral
- Help with emergency travel arrangements

### Medical assistance

- Medication and vaccine support
- Medical provider and dental referrals
- Treatment monitoring
- Hospital payment facilitation
- Medical and insurance information relay

- Family and employer updates
- Corrective lens and medical device replacements

### Intelligence

- Health care and security intelligence
- Alerts and notifications



As part of your benefits, you have access to additional services and support at no additional cost to you. Please check your Benefit Summary for details about services and available coverage, as benefits vary depending on your organization. Some benefits are not available in all states.

### Dependent Coverage:

The plan will cover up to 5 dependents.

### Sojourn Travel:

Available to business travelers and dependents for trips up 14 days immediately adjacent to a business trip.

### Home Country Coverage:

100 miles or more away from home (services/benefits are not applicable for U.S. residents traveling within the U.S.).

\*Except in the United States

<sup>1</sup> Benefits vary depending on your organization's program. Some benefits are not available in all states. Check your Benefit Summary for details.

<sup>2</sup> Non-insurance assistance services are offered as part of a group business travel program. Some services may be at an additional cost. Additional optional assistance services may be available.

<sup>3</sup> Some assistance services are delivered by third-party providers, coordinated by UnitedHealthcare Global.

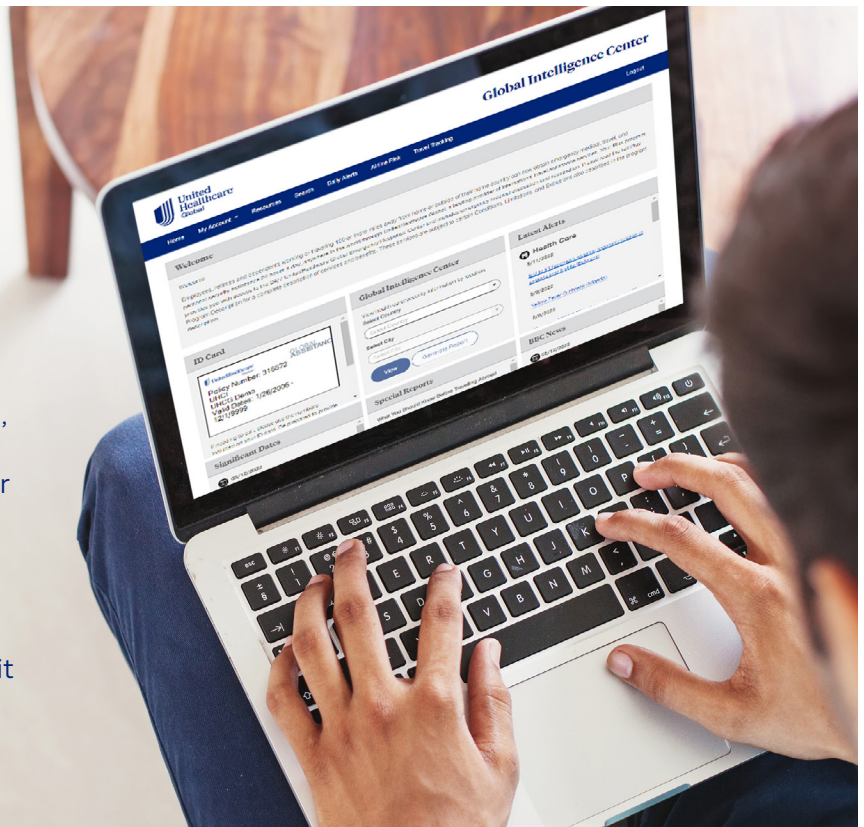


## Try a virtual visit

Seeing a doctor while you travel should be simple. From treating colds and fevers, to caring for migraines and allergies—a virtual visit can be a convenient option for general health care needs and eliminates the need to locate and travel to the appropriate provider.

Sign into [Global Intelligence Center](#), scan the QR code and download the virtual visit app to get started.

[Learn more about virtual visits](#)



## What to do if you need care

### Finding the right care

Follow one of the steps below, depending on the nature of your need.

- If your medical need is an emergency, go to the nearest hospital or medical facility so as to not delay care.
- If not an emergency, call the number on your ID card and connect with a Global Care Consultant (GCC) who can help you locate appropriate care at a qualified facility near you.
- If you are hospitalized, call the number on your ID card. Our Clinical Care team will contact the treating physician to assess your treatment plan. If it is determined that local facility is inappropriate for the treatment you need, we will coordinate a medically safe evacuation to a facility capable of providing the necessary care. We will contact the individuals you have identified as your emergency contacts as well as your employer. We will stay with you and assist until you return home or receive your final treatment.

There may be some circumstances when you need care from a provider who does not have a direct payment agreement with UnitedHealthcare Global. In this instance, the provider may require a Guarantee of Payment (GOP) from us before providing services. If a GOP is required, we can issue a GOP and arrange a direct payment for services.



# Submit a claim

When you receive medical care, the provider may require you to pay for your care at the time of service. This is called an out-of-pocket expense and should be submitted for reimbursement.

## Getting reimbursed for medical services is easy.

1. Visit the [Global Intelligence Center](#)
2. Download and complete the claim form and submit it via email, fax or mail  
... or
3. Simply complete the online claim form

Each claim is different and processing times vary, but most claims are processed for payment within 14 business days. Payment processing times vary by payment method and banking institution, but in general should take no longer than 7 additional business days.



**Claims assistance is  
available 24/7**

**Toll Free: +1-866-870-3475**

**International: +1-763-274-7364**













[businesstravel@assistance.uhcglobal.com](mailto:businesstravel@assistance.uhcglobal.com)



# Global Travel plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits and how you may get more out of this health plan. This policy is supplemental to a group health plan. It is not a major medical or comprehensive medical policy.

Check out what's included in the plan		Global Travel
	<b>International benefits</b> Coverage is available no matter what doctor or hospital you use. You can use any doctor, clinic, hospital or health care facility outside your home country.	
	<b>Virtual Visits</b> Talk to a doctor 24/7 who can diagnose and treat a wide range of non-emergency medical conditions, such as colds and rashes.	
	<b>Pharmacy benefits</b> With this plan, you have coverage that helps pay for prescription drugs and medications.	
	<b>Evacuation &amp; Repatriation</b> With our program, you are covered for certain assistance benefits and services, including medical evacuations and repatriations.	
	<b>Intelligence</b> The Global Intelligence Center provides real-time, country-specific medical and security details, risks, quality of care assessments, threats and immunizations requirements.	

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

# Here's a more in-depth look at how Global Travel works.

## Medical Benefits

### Your cost for all Benefits

Annual Medical Deductible	
Individual	You do not have to pay a medical deductible.
<i>You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.</i>	
Annual Out-of-Pocket Limit	
Individual	You do not have an out-of-pocket limit.
<i>Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.</i>	
Annual Medical Maximum Benefit	
The maximum amount we will pay for medical benefits during the year.	\$500,000 per Covered Person for Medical Benefits.
<i>Annual Medical Maximum Benefit is calculated on a Policy Year basis.</i>	

### What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Your cost for all Benefits
Office Services - Sickness & Injury	
Primary Care Physician	No copay
Specialist	No copay
Urgent Care Center Services	No copay
Virtual Visits	No copay
<i>Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card.</i>	
Emergency Care	
Ambulance Services - Emergency Ambulance	No copay
<i>Benefits under this section do not include Emergency Evacuation. See Emergency Medical Evacuation described under Evacuation and Repatriation Benefits in this Benefit Summary.</i>	
<i>Ground or helicopter ambulance.</i>	
Ambulance Services - Non-Emergency Ambulance <sup>1</sup>	No copay
<i>Benefits under this section do not include Emergency Evacuation. See Emergency Medical Evacuation described under Evacuation and Repatriation Benefits in this Benefit Summary.</i>	
<i>Ground or air ambulance, as determined to be appropriate.</i>	

<sup>\*</sup>After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.



## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Dental Services - Accident Only

No copay

*Limited to \$2500 per year.*

Emergency Health Care Services - Outpatient

No copay

#### Inpatient Care

Hospital - Inpatient Stay

No copay

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services

No copay

#### Outpatient Care

Lab, X-Ray and Diagnostic - Outpatient - Lab Testing

No copay

Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing

No copay

Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient

No copay

Physician Fees for Surgical and Medical Services

No copay

Scopic Procedures - Outpatient Diagnostic and Therapeutic

No copay

*Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.*

Surgery - Outpatient

No copay

Therapeutic Treatments - Outpatient

No copay

*Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.*

#### Supplies and Services

Durable Medical Equipment (DME), Orthotics and Supplies

No copay

Pharmaceutical Products - Outpatient

No copay

*This includes medications administered in an outpatient setting or in the Physician's Office.*

Prosthetic Devices

No copay

#### Pregnancy

Pregnancy - Complications of Pregnancy in the first or second trimester only

The amount you pay is based on where the covered health care service is provided.

#### Other Services

Culturally Based Services

No copay

Dental Pain Relief

No copay

*Limited to \$250 per year.*

\*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

#### Mental Health and Substance-Use Disorder Services

Inpatient No copay

Outpatient No copay

*Benefits for any combination of Inpatient Mental Health and Substance Use Disorder Services are limited to 30 days per year.*

*Benefits for any combination of Outpatient Mental Health and Substance Use Disorder Services are limited to 20 visits per year.*

#### Reconstructive Procedures

The amount you pay is based on where the covered health care service is provided.

### Evacuation and Repatriation Services

Annual Evacuation & Repatriation Maximum \$250,000 per Covered Person for Evacuation and Repatriation Benefits.

*The maximum amount we will pay for evacuation and repatriation benefits during the year.*

Emergency Family Reunion<sup>1</sup> No copay

*Limited to a per diem for living expenses of \$200 for one companion up to 14 days while the Covered Person is hospitalized more than 3 days.*

*Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*

Medical Evacuation<sup>1</sup> No copay

*Limited to a per diem of \$200 for up to 14 days towards the living expenses incurred by the person(s) accompanying you. Benefits are limited to 2 evacuations per Covered Person per year.*

*Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*

Medical Repatriation<sup>1</sup> No copay

*Benefits include Repatriation of Children (under age 18) and adult family members.*

*Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*

Repatriation of Remains<sup>1</sup> No copay

*Benefits include Return of Children (under age 18) and adult family members.*

*Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*

<sup>\*</sup>After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Your cost for all Benefits

International Pharmacy Benefits

Outpatient Prescription Drugs

No copay

*Prescriptions must be paid for out-of-pocket and submitted to us for reimbursement.*

\*After the Annual Medical Deductible has been met.  
†Prior Authorization Required. Refer to COC/SBN.

# Other important information about your benefits.

## Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care
- Glasses
- Infertility Treatment
- Long-Term Care
- Pregnancy (Other than Complications of Pregnancy in the first or second trimester)
- Preventive Care
- Private-Duty Nursing
- Routine Foot Care
- Transplants
- Vision Exams
- Weight Loss Programs

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

**ATENCIÓN:** Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**PAALALA:** Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

**توضيح:** خدمات الترجمة متاحة للأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، دون مقابل. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك. يمكنك أيضًا الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

**ATANSYON:** Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

**ATTENTION :** Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

**UWAGA:** Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

**ATENÇÃO:** Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

**ATTENZIONE:** in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

**ACHTUNG:** Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

**注意事項：**日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

**توجه:** اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

**ध्यान दें:** यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

**CEEB TOOM:** Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

**ΠΡΟΣΟΧΗ :** Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

**PAKDAAR:** Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

**DÍI BAA'ÁKONÍNÍZIN:** Diné (**Navajo**) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

**OGOW:** Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

**ગુજરાતી (Gujarati):** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વગરના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

# Accidental Death and Dismemberment Rider

## UnitedHealthcare Insurance Company

This Rider to the Policy is issued to the Enrolling Group and provides benefits for accidental death and dismemberment, as described below.

Because this Rider is part of a legal document, we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 8: Defined Terms*.

When we use the words "we," "us," and "our" in this document, we are referring to UnitedHealthcare Insurance Company. When we use the words "you" and "your" we are referring to people who are Covered Persons, as the term is defined in the *Certificate* in *Section 8: Defined Terms*.

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(Name and Title)



## Benefits for Accidental Death and Dismemberment

If the Covered Person suffers a loss described below, we will pay the amount of insurance that applies. The Covered Person or Covered Person's beneficiary, must give us proof of all of the following:

- Injury occurred while the insurance was in force under this section.
- Loss occurred within 90 days after the Injury.
- Loss was due to an Injury.

Amount of Insurance: \$100,000 will be paid according to the following

Loss of life	100%
Loss of both hands or both feet	50%
Loss of sight of both eyes	50%
Loss of one hand and sight of one eye	50%
Loss of one foot and sight of one eye	50%
Quadriplegia	25%
Paraplegia	25%
Triplegia	25%
Loss of one hand	25%
Loss of one foot	25%
Loss of sight of one eye	25%
Coma	25%
Loss of speech	25%
Loss of hearing	25%
Hemiplegia	25%
Uniplegia	25%
Loss of thumb and index finger of the same hand	25%

Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent paralysis of both upper and lower limbs. Paraplegia means total and permanent paralysis of both lower limbs. Uniplegia means the total and permanent paralysis of one limb. Triplegia means the total and permanent paralysis of three limbs. Hemiplegia means total and permanent paralysis of upper and lower limbs on one side of the body. Paralysis means permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. Coma means the diagnosis of a state of unconsciousness for a continuous period of at least 90 days.

In paying this benefit, we will consider only losses sustained while insured under this Rider. We will pay no more than the full amount shown above for losses resulting from any one Injury.

Limitations: We will not pay a benefit under this Rider for a loss caused directly or indirectly by any of the following:

- Disease, bodily or mental infirmity, or medical or surgical treatment of these.
- Suicide or intentionally self-inflicted Injury, while sane or insane.

- Commission of a felony.
- War or any act of war, declared or undeclared.
- Use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician.
- Driving while intoxicated, as defined by the applicable state law where the loss occurred.
- Engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles.
- Injury arising out of or in the course of any occupation or employment for pay or profit, or any Any Injury or Sickness for which the Covered Person is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law.
- Travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on either a scheduled route or a charter flight seating 15 or more people.
- Travel or flight in, or descent from any aircraft, except if employment duties require the Covered Person to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on either a scheduled route or a charter flight seating 15 or more people.

**Notice of Claim:** Written notice of a claim for death or Injury must be given to us at our home office by the Covered Person or his beneficiary within 30 - 90 days of the date of death or the date the Injury occurred. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Enrolling Group, or can be requested from us. If the Covered Person does not receive the form from us within 15 - 30 days of his or her request, the Covered Person shall be deemed to have complied with the requirements of this provision as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**Proof of Claim:** Written proof of claim must be filed within 90 days of the loss. However, if it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

**Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Covered Person. Any other accrued indemnities unpaid at the Covered Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Covered Employee.

**Physical Examination and Autopsy:** We have the right to have a Physician of our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

**Change of Beneficiary:** The right to change of beneficiary is reserved to the Covered Person, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary.



# Business travel insurance claim form

Return this form with a copy of the bill(s) or receipt(s) online, via email, fax or mail.

**Online**

[worldwatch.uhcglobal.com](http://worldwatch.uhcglobal.com)

**Email**

[businesstravel@uhcglobal.com](mailto:businesstravel@uhcglobal.com)

**Fax**

+1.248.524.5729

**Mail**

UnitedHealthcare Global  
PO Box 740836  
Atlanta, GA 30374-0836

**Please complete all sections of this claim form.**

Claims may be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be notified should additional information be required.

**In order to be considered for payment:**

**International:** Filing deadline is 365 days from the date of service.

**U.S.:** Please refer to your policy information in the My Documents section of your online portal [worldwatch.uhcglobal.com](http://worldwatch.uhcglobal.com).

**Please complete a new and separate claim form for:**

- Each patient
- Each inpatient hospital stay
- Each currency type
- Each different health care provider (unless multiple invoices with provider information are attached)

**Questions?** Call Customer Care: +1.866.870.3475 or +1.763.274.7364

UnitedHealthcare Global will accept calls from a relay service for the hearing impaired.

## Section 1 – Patient information

Member ID

Group number

Name (Last, First, MI)  Date of birth (mm/dd/yyyy)  /  /

Gender ☐ Male ☐ Female

Relationship to Subscriber/Policyholder: ☐ Subscriber/Policyholder ☐ Spouse/Partner ☐ Child ☐ Other dependent

Phone number  Email address

Street  Town/City

Region/State  Country  Postal code

Is the patient covered under another insurance health plan? ☐ Yes ☐ No If Yes: Name address and phone number of other insurance carrier:

## Section 2 – Member reimbursement options

**Note: If no selection is made, reimbursement will be via a U.S. dollar check.**

☐ Use previously provided banking details\* ☐ Payment by check ☐ Electronic funds transfer payment

☐ One time reimbursement request (policy holder and dependents 18 years of age older)

Bank name  Account name/payee

Bank branch address

Local ID or passport (as applicable)  SWIFT/BIC code  IBAN

Beneficiary bank routing/sort code  Account number

Would you like to keep the banking details above on file for future reimbursements?  
(This option is only available to policy holders.) ☐ Yes ☐ No

\*Please check current payment preference on file prior to selection.

### Section 3 – Claim information

Provider/Facility name \_\_\_\_\_

Provider/Facility full address \_\_\_\_\_

Provider phone number \_\_\_\_\_ Email address \_\_\_\_\_

Where did the treatment take place? City \_\_\_\_\_ Country \_\_\_\_\_

Dates of travel (mm/dd/yyyy) From   /   /    To   /   /

Type of travel ☐ Business – business trip only ☐ Sojourn – personal travel directly connected to a business trip  
☐ Other – personal travel not connected to a business trip

Type of treatment	Diagnosis/Description of illness or accident	Date of service (mm/dd/yy)	Amount billed	Currency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are the services provided related to an accident? ☐ Yes ☐ No

Type of accident ☐ Work ☐ Auto ☐ Other \_\_\_\_\_ Date of accident (mm/dd/yyyy)   /   /

I authorize my physician to release medical information and records necessary to process this claim.

Signature \_\_\_\_\_ Date (mm/dd/yyyy)   /   /     
Patient Signature (or Legal Representative)

By signing below, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information, may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature \_\_\_\_\_ Print name \_\_\_\_\_  
Member/Legal Guardian  
Signature of Minor Member or Member's Representative

Relationship to member \_\_\_\_\_

Date (mm/dd/yyyy)   /   /

Please maintain a copy of this document for your records.



**United  
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