



## REPATRIATION OF REMAINS AND MEDICAL EVACUATION EXPENSE INSURANCE

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July 1, 2020

### **ATTACHMENT 11 – Anthem Blue Cross Repatriation of Remains and Medical Evacuation Expense Insurance**

This Anthem Blue Cross Life and Health Repatriation of Remains and Medical Evacuation Expense Insurance booklet is part of the Healthcare and Insurance Benefits Summary Plan Description (SPD). This booklet describes repatriation of remains and medical evacuation expense insurance benefits and claim payment procedures. Additional provisions are described in the Healthcare and Insurance Benefits SPD. This booklet and the Healthcare and Insurance Benefits SPD together constitute the SPD for repatriation of remains and medical evacuation expense insurance benefits.

## **Benefit Booklet**

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## SIGNATURE

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**Important Notice:** This is an important document and should be kept in a safe place. Sign your name in the space below when you receive this booklet.

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Signature of Employee

# TABLE OF CONTENTS

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SUMMARY OF BENEFITS.....	1
Repatriation of Remains Expense Insurance .....	1
Medical Evacuation Expense Insurance .....	1
General Information .....	1
REPATRIATION OF REMAINS EXPENSE INSURANCE .....	2
Conditions for Benefits.....	2
Benefits for Repatriation of Remains .....	2
Exclusions .....	2
No Right to Convert.....	2
MEDICAL EVACUATION EXPENSE INSURANCE .....	3
Conditions for Benefits.....	3
Benefits for Medical Evacuation .....	3
Exclusions .....	3
No Right to Convert.....	4
HOW COVERAGE BEGINS AND ENDS.....	5
How Coverage Begins.....	5
How Coverage Ends.....	5
GENERAL PROVISIONS.....	6
Assignment .....	6
Claim Provisions .....	6
Workers' Compensation Insurance .....	6
Entire Policy.....	6
DEFINITIONS .....	7

# SUMMARY OF BENEFITS

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This summary provides a brief outline of your benefits. You need to refer to the entire certificate, and the *policy*, for complete information about the benefits, conditions, limitations and exclusions of your *plan*.

## REPATRIATION OF REMAINS EXPENSE INSURANCE

Benefits are payable under this coverage if you or a family member die from any cause while in the United States. We will pay expenses incurred, up to the Maximum Amount of Insurance, to prepare and transport your remains, or your family member's remains, from the United States back to the country of your permanent legal residence.

**Maximum Amount of Insurance** ..... \$40,000 per family

## MEDICAL EVACUATION EXPENSE INSURANCE

Benefits are payable under this coverage if you or a family member have an accident or become ill while in the United States and require medical evacuation back to the country of your permanent legal residence. We will pay expenses incurred, up to the Maximum Amount of Insurance, for the medical evacuation of you or your family member, who is injured or ill, from the United States back to the country of your permanent legal residence.

**Maximum Amount of Insurance** ..... \$150,000 per family

## GENERAL INFORMATION

### Contributions

Your insurance is *non-contributory insurance*.

### Anthem Blue Cross Life and Health's Address

Anthem Blue Cross Life and Health Insurance Company  
Group Services  
P.O. Box 70000  
Van Nuys, California 91470

# REPATRIATION OF REMAINS EXPENSE INSURANCE

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This coverage pays benefits toward reimbursement of the expenses incurred by the person or persons who incurred them preparing and transporting your remains to your country of legal residence, subject to the following:

## CONDITIONS FOR BENEFITS

We will pay benefits if your death occurs under these conditions:

1. Your death occurred while you were insured by this coverage;
2. Your death occurred while you were in the United States; and
3. One or more persons have incurred expense for the preparation and transportation of your remains to your country of legal residence for burial.

## BENEFITS FOR REPATRIATION OF REMAINS

We will pay benefits toward reimbursement of the expenses incurred by the person or persons who incurred them preparing and transporting your remains to your country of legal residence. The total amount of the benefit for medical evacuation will not be more than the Maximum Amount of Insurance (see Summary of Benefits).

## EXCLUSIONS

No payment will be made under this *plan* for expenses incurred for or in connection with any of the items below. (The titles given to these exclusions and limitations are for ease of reference only; they are not meant to be an integral part of the exclusions and limitations and do not modify their meaning.)

**Not Covered.** Services received before your *effective date*.

**Death Outside the United States.** Services furnished to prepare and transport your remains to your country of legal residence if your death occurred outside the United States.

## NO RIGHT TO CONVERT

If your Repatriation of Remains Expense Insurance ceases, you cannot "convert" that group insurance to an individual policy.

# MEDICAL EVACUATION EXPENSE INSURANCE

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This coverage pays benefits toward reimbursement of the expenses incurred transporting you back to your country of legal residence for medical care and treatment, subject to the following:

## CONDITIONS FOR BENEFITS

We will pay medical evacuation benefits if these conditions are met:

1. Your *illness* commenced, or *injury* occurred, while you were insured by this coverage;
2. Your *illness* commenced, or *injury* occurred, while you were in the United States;
3. Your *physician*, in the United States, certifies in writing that you are:
  - Medically stable; and
  - You require further medical care and treatment for your accident or illness; and
4. You have incurred expense for your transportation back to your country of legal residence for your medical care and treatment.

## BENEFITS FOR MEDICAL EVACUATION

We will pay benefits toward reimbursement of the expenses incurred transporting you back to your country of legal residence for medical care and treatment. The total amount of the benefit for medical evacuation will not be more than the Maximum Amount of Insurance (see Summary of Benefits).

## EXCLUSIONS

No payment will be made under this *plan* for expenses incurred for or in connection with any of the items below. (The titles given to these exclusions and limitations are for ease of reference only; they are not meant to be an integral part of the exclusions and limitations and do not modify their meaning.)

**Mild Conditions.** Services for medical evacuation when you have mild lesions, simple *injuries* such as sprains, simple fractures, or mild *illness*, which can be treated in the United States and do not prevent you from:

- In the case of an employee, continuing to participate in the Exchange Visitor Program for which you came to the United States for; or
- In the case of a family member, continuing to accompany the employee. But, if a physician certifies, in writing, that a family member requires constant supervision and care, either in an institution, or at home, this exclusion will not apply.

**Not Covered.** Services received before your *effective date*, services not specifically stated, such as care or treatment of an *illness* or *injury*.

**Not Needed.** Services for medical evacuation when your *physician* does not certify, in writing, that you need further medical care or treatment for an *illness* or *accident* that commenced or occurred, respectively, in the United States.

**Illness and Injury Outside the United States.** Services furnished and billed by a provider, unless such services or supplies are furnished in connection with an *illness* that commenced, or *injury* that occurred, while you were in the United States.

**Traveling Companions.** The cost of airfare for a traveling companion accompanying you.

## NO RIGHT TO CONVERT

If your Medical Evacuation Expense Insurance ceases, you cannot "convert" that group insurance to an individual policy.

# HOW COVERAGE BEGINS AND ENDS

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## HOW COVERAGE BEGINS

### Eligible Status

You are eligible to be an *insured employee* if you are: (1) a Benefit Eligible Employee or a Professional Services Contract Employee; and (2) you are a foreign national who has entered the United States on a J-1 visa to participate in the Exchange Visitor Program.

A Benefit Eligible Employee means an employee of a Cedars-Sinai employer who is regularly scheduled to work 20 or more hours each week.

A Professional Services Employee means an employee of a Cedars-Sinai employer who is employed under a written professional services agreement with Cedars-Sinai.

The following family members are eligible if they have: (1) accompanied the employee to the United States, and (2) have a J-2 visa: (a) the employee's spouse; and (b) an unmarried child.

### Eligibility Date

**For Employees:** You become eligible for coverage on the day you enter the United States on a J-1 visa and have accepted employment with the *group*.

**For Family Members:** You become eligible for coverage on the later of: (a) the date the employee becomes eligible for coverage; (b) the date you enter the United States on a J-2 visa; or (c) the date you meet the family member definition.

### Application for Enrollment

If you and your family members are eligible, you are automatically covered; you do not need to enroll.

### Effective Date

Your effective date of coverage is subject to following requirements. If these requirements have been met, the date you become covered is your eligibility date.

Requirements referred to above:

1. You are eligible to be an *insured employee*;
2. Your class is included for that insurance;
3. That insurance coverage is part of the *policy*.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

#### Your Family Members Effective Date

Coverage for family members will begin on the later of: (a) the date your coverage begins, or (b) the first day of the month after the family member becomes eligible; and these requirements have been met:

1. You are in a class eligible for that insurance.
2. Dependents insurance under that coverage is part of the policy.

At any time, the *dependents insurance* benefits for which you are insured are those for your class, unless otherwise stated.



**Change in Family Status.** It is important that you inform the *group* promptly when you first acquire a *family member*. You should also inform the *group* if your dependents insurance status changes from one to another of these categories:

- No family members
- Family members

Forms are available for reporting these changes.

## HOW COVERAGE ENDS

Your coverage ends, without notice from us, as provided below:

1. If the *policy* terminates, your coverage ends at the same time. The *policy* may be canceled or changed without notice to you.
2. If the *group* no longer provides coverage for the class of *insured persons* to which you belong, your coverage ends on the effective date of that change. If the policy is amended to delete coverage for *family members*, a family member's coverage ends on the effective date of that change.
3. Coverage for *family members* ends when your coverage ends.
4. Coverage ends at the end of the period for which premium has been paid to us on your behalf when the required premium for the next period is not paid.
5. If you voluntarily cancel coverage at any time, coverage ends on the premium due date coinciding with or following the date of voluntary cancellation, as provided by written notice to us.
6. If you no longer meet the requirements set forth in the "Eligible Status" provision of HOW COVERAGE BEGINS, your coverage ends as of the premium due date coinciding with or following the date you cease to meet such requirements.

# GENERAL PROVISIONS

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## ASSIGNMENT

Neither this *policy*, or any benefits or other monies payable to you, may be assigned and any purported assignment contrary to this provision shall be void as to us.

## CLAIM PROVISIONS

**Notice of Claim.** You, or someone on your behalf, must give us written notice of a claim within 20 days after you incur a loss under this plan, or as soon as reasonably possible thereafter.

**Claim Forms.** After we receive a written notice of claim, we will give you any forms you need to file proof of loss. If we do not give you these forms within 15 days after you have filed your notice of claim, you will not have to use these forms, and you may file proof of loss by sending us written proof of the occurrence giving rise to the claim. Such written proof must include the extent and character of the loss.

**Proof of Loss.** You must send us properly and fully completed claim forms within 90 days of the date you receive the service or supply for which a claim is made. If it is not reasonably possible to submit the claim within that time frame, the claim will still be considered valid if the proof is submitted as soon as reasonably possible. Except in the absence of legal capacity, we are not liable for the benefits of the *plan* if you do not file claims within the required time period. We will not be liable for benefits if we do not receive written proof of loss on time.

**Timely Payment of Claims.** Any benefits due under this *plan* shall be due once we have received proper, written proof of loss, together with such reasonably necessary additional information we may require to determine our obligation.

**Legal Actions.** No attempt to recover on the plan through legal or equity action may be made until at least 60 days after the written proof of loss has been furnished as required by this plan. No such action may be started later than three years from the time written proof of loss is required to be furnished.

## WORKERS' COMPENSATION INSURANCE

The *policy* does not affect any requirement for coverage by workers' compensation insurance. It also does not replace that insurance.

## ENTIRE POLICY

This certificate, including any amendments and endorsements to it, is a summary of your benefits. It replaces any older certificates issued to you for the coverages described in the SUMMARY OF BENEFITS. All benefits are subject in every way to the entire *policy* which includes this certificate. The terms of the *policy* may be changed only by a written endorsement signed by one of our authorized officers. No agent or employee has any authority to change any of the terms, or waive the provisions of, the *policy*.

**Liability For Statements.** No statements made by you, unless they appear on a written form signed by you or are fraudulent, will be used to deny a claim under the *policy*. Statements made by you will not be deemed warranties. With regard to each statement, no statement will be used by us in defense to a claim unless it appears in a written form signed by you and then only if a copy has been furnished to you. After two years following the filing of such claim, if the coverage under which such claim is filed has been in force during that time, no such statement will be used to deny such a claim, unless the statement is fraudulent.

## DEFINITIONS

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The meanings of key terms used in this certificate are shown below. Whenever any of the key terms shown below appear, it will appear in italicized letters. When any of the terms below are italicized in your certificate, you should refer to this section.

Anthem Blue Cross Life and Health Insurance Company (Anthem Blue Cross Life and Health) is the company that insures the benefits of the *plan*.

Contributory Insurance/Non-Contributory Insurance. Contributory insurance is insurance for which the *group* has the right to require your contributions. Non-contributory insurance is insurance for which the *group* does not have the right to require your contributions. The Summary of Benefits shows whether insurance under this *plan* is *contributory insurance* or *non-contributory insurance*.

Dependent Insurance means insurance on the person of a family member.

Effective Date is the date your coverage begins under this *plan*.

Employee Insurance means insurance on the person of an *employee*.

Family Member:

1. Spouse is the employee's spouse under a legally valid marriage. Spouse does not include any person who is: (a) covered as an insured employee; or (b) in active service in the armed forces.
2. Child is the employee's or spouse's unmarried natural child, stepchild, or legally adopted child who is under 21 years of age.

Group refers to the business entity to which we have issued this *policy*. The name of the group is CEDARS-SINAI.

Illness is any disorder of the body or mind of an *insured person*, but, not an *injury* or pregnancy of an *insured person*, including abortion, miscarriage or childbirth.

Injury is physical harm to the body of an *insured person*. Injury does not include illness or infection (unless it is pyogenic and occurs through and at the time of an accidental cut or wound).

Insured employee (employee) is the primary insured; that is, the person who is enrolled under this *plan*.

Insured person is the *insured employee* or *insured family member*.

Physician means a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is licensed to practice medicine or osteopathy where the care is provided. For the purposes of this insurance coverage, *physician* will not include you, your spouse, children, parents or siblings for your claim.

Plan is the set of benefits described in this booklet and in the amendments to this booklet (if any). This plan is subject to the terms and conditions of the *policy* we have issued to the *group*. If changes are made to the plan, an amendment or revised booklet will be issued to the *group* for distribution to each *employee* affected by the change.

Policy is the Group Policy we have issued to the *group*.

We (us, our) refers to Anthem Blue Cross Life and Health Insurance Company.

You (your) refers to the *insured employee* and *insured family members* who are enrolled for benefits under this *plan*.