

MedFlight Advantage & Advantage Global Terms & Conditions

MedFlight Advantage Global Travel benefit is for all of the MedFlight Advantage (helicopter and ground critical care), MedCare Ambulance transports, PLUS medical airplane care 150 miles from home. See MedCare and AirMed Terms & Conditions below for further information, including any exclusions.

MedFlight Terms & Conditions

These Terms & Conditions, including the membership/ MedFlight Advantage Travel Benefit enrollment form and the MedFlight Advantage Global Terms & Conditions (if applicable), constitute the entire agreement between the parties and are subject to change at any time. MedFlight Advantage Travel Benefit is for helicopter and mobile intensive care unit (MICU) transport in Ohio. Your membership does not include helicopter or critical care ground evacuation outside of Ohio.

This is not an insurance program.

Membership is valid seventy-two (72) hours after payment has been processed and member agrees to and is fully compliant with billing terms as outlined in the Terms & Conditions provided at time of enrollment. By enrolling as a member you accept and agree to the Terms & Conditions of membership. Benefits are non-refundable and non-transferable. Members will not receive benefits if transported by a company other than MedFlight.

Emergency helicopter or MICU transport is based on medical need, not MedFlight Advantage Travel Benefit member status. Medical necessity and mode of transport must be determined by a health care professional, pre-hospital health care provider or another qualified third party recognized by Medicare. Transport will be to the closest appropriate medical facility.

Transport services may not be available due to factors beyond MedFlight's control, including, but not limited to weather conditions, geographic constraints, use of the appropriate transport vehicle by another patient, maintenance, patient size and other requirements or restrictions.

Persons Covered

MedFlight Advantage memberships are available to Ohio residents that are 18 years of age and up to the age of 75 at the time of enrollment. Family coverage is limited to a spouse or partner (a living arrangement in which an unmarried couple lives together in a long-term relationship that resembles marriage) and up to five (5) dependent children up to the age of 26. If a birth or legal adoption occurs during the year of a family membership, the new dependent is automatically covered upon notification to MedFlight Advantage Dispatch.

Benefits

- MedFlight will discharge and relieve me of that part of my financial liability that is not covered by insurance for transport by a MedFlight helicopter or mobile intensive care unit (MICU) in Ohio.

Exclusions

- Members who do not have current health insurance are covered for fifty percent (50%) of billed charges for a helicopter or MICU transport by MedFlight. I understand I am liable for the remainder of the bill.
- Membership is not provided to Medicaid recipients as it will provide no benefit.
- This membership does not include neonatal helicopter transport.

Patient Responsibility

I understand that I am responsible for payment for all helicopter or MICU transport services provided to me by MedFlight. However, this MedFlight Advantage (or Advantage Global) membership Travel Benefit will discharge and relieve me of that part of my financial liability that is not covered by insurance for MedFlight's services.

MedCare Terms & Conditions

These Terms & Conditions, including the membership/MedFlight Advantage Travel Benefit enrollment form and the MedFlight Advantage Global Terms & Conditions (if applicable), constitute the entire agreement between the parties and are subject to change at any time.

This is not an insurance program.

Membership is valid seventy-two (72) hours after payment has been processed and member agrees to and is fully compliant with billing terms as outlined in the Terms & Conditions provided at time of enrollment. By enrolling as a member you accept and agree to the Terms & Conditions of membership. Benefits are non-refundable and non-transferable. Members will not receive benefits if transported by a company other than MedCare.

Ambulance transport is based on medical need, not MedFlight Advantage Travel Benefit member status. Medical necessity and mode of transport must be determined by a health care professional, pre-hospital health care provider or another qualified third party recognized by Medicare.

Transport services may not be available due to factors beyond MedCare's control, including, but not limited to weather conditions, geographic constraints, use of

the appropriate transport vehicle by another patient, maintenance, patient size and other requirements or restrictions.

Persons Covered

MedFlight Advantage memberships are available to Ohio residents that are 18 years of age and up to the age of 75 at the time of enrollment. Family coverage is limited to a spouse or partner (a living arrangement in which an unmarried couple lives together in a long-term relationship that resembles marriage) and up to five (5) dependent children up to the age of 26. If a birth or legal adoption occurs during the year of a family membership, the new dependent is automatically covered upon notification to MedFlight Advantage Dispatch.

Benefits

- Members who receive an Advanced Life Support (ALS) or emergency transport are covered for one hundred percent (100%) of billed charges during the benefit year.
- Members who receive a Basic Life Support (BLS) transport, emergency or inter-facility, are covered for one hundred percent (100%) of billed charges for the first transport each benefit year. After the first transport each benefit year patients will receive a twenty percent (20%) reduction from the remainder of the bill for any other BLS transports during that period.
- Members who receive transport to home will receive a twenty percent (20%) reduction from the remainder of the bill.
- Members who receive Wheelchair Van transports will receive a twenty percent (20%) reduction from the remainder of the bill.

Exclusions

- Members who do not have current health insurance are covered for fifty percent (50%) of billed charges for any ambulance transport by MedCare. I understand I am liable for the remainder of the bill.
- Repetitive transports where a patient receives recurring ambulance transports for the same condition/treatment typically to and from the same origin/destination are an excluded benefit.
- Membership is not provided to Medicaid recipients as it will provide no benefit.

Patient Responsibility

- I understand that I am responsible for payment for all ambulance transport services provided to me by MedCare. However, this membership/ MedFlight Advantage Travel Benefit will discharge and relieve me of that

part of my financial liability that is not covered by insurance for MedCare's services.

AirMed Terms & Conditions

Terms & Conditions are subject to change at any time. Full and updated Terms & Conditions can be found at www.airmed.com.

Air Ambulance evacuation and repatriation flights international or domestic will be performed if an inpatient hospitalization is required, and it is determined that the remaining hospital stay can be completed at a hospital nearer the member's home, and the member is unable to return to their home hospital via commercial airline without a medical escort. Aircraft used for the medical transport of AirMed members are fully equipped intensive care aircraft staffed with specially trained medical teams. However, if the member's condition permits, the member may be transported by scheduled commercial airline, at AirMed's expense while accompanied by an AirMed medical escort or medical team.

If in the case of a member's discharge from a hospital facility located more than 150 miles from home and they are unable to travel on a commercial airline without a medical escort due to the medical condition, AirMed will provide the member with air medical transportation back to the member's residence within the US or Canada. After AirMed assesses the member's medical condition, AirMed may perform the transport with a medical escort via commercial airline.

Air medical airplane services are limited to two separate flights per annual membership per year; except for repatriation flights involving enrolled multiple family members requiring simultaneous repatriation. Under these circumstances each family member will receive one fully paid flight. AirMed must make all arrangements for medical evacuation and repatriation. Since AirMed is a membership program and not an insurance plan, AirMed will not reimburse members for expenses they incur on their own. Decisions regarding urgency of the case, the best timing and the most suitable means of transportation will be made by the AirMed medical department after consultation with the local attending physician and the patient's receiving physician. AirMed provides members with fixed-wing air ambulance service. Both the originating and receiving hospital must be reasonably accessible by ground ambulance to transport the member to and from an airfield capable of accommodating an AirMed or one of its authorized affiliates aircraft. The cost associated with transportation from ships, isolated areas or islands to an airport accessible to AirMed aircraft is not covered and will be the responsibility of the member.

Due to the limited medical facilities and testing available on cruise ships, in some cases the AirMed Medical Director may require the member to be admitted to a hospital on-shore before dispatching the AirMed aircraft. Due to the high risk of sending US registered aircraft and personnel into countries where the US State

Department, Department of Transportation, or the Federal Aviation Administration (FAA) has issued travel restrictions, membership services are subject to exclusion in these areas.

Family members, business associates, and/or traveling companions may accompany the patient, at no additional cost, on AirMed aircraft during transport, providing space is available and the patient care is not compromised. Passengers accompanying patients transported on scheduled commercial aircraft will be responsible for their own airfare. Payment of membership fee entitles the member and the member's enrolled family to the membership services as published at no additional cost to the member.

AirMed makes every effort to accommodate members; the patient and an accompanying passenger are limited to one small carry-on bag each due to limited space available on medical aircraft. AirMed will arrange for additional luggage to be forwarded at the member's expense.

Persons Covered

AirMed memberships are available to US and Canadian residents up to the age of 75 at the time of enrollment. 'US resident' definition shall not include US pacific territories and other outlying areas within the Pacific Ocean. Family coverage is limited to a spouse or partner (a living arrangement in which an unmarried couple lives together in a long-term relationship that resembles marriage) and up to five (5) dependent children up to the age of 26.

If a birth or legal adoption occurs during the year of a family membership, the new dependent is automatically covered upon notification to AirMed.

AirMed membership is valid for unlimited US and Canadian travel and international travel with a limit of 90 days of unbroken travel per trip. For international travel in excess of 90 days of unbroken travel per trip, AirMed offers an Expatriate membership.

Membership is valid seventy-two (72) hours after payment has been processed and member agrees to and is fully compliant with billing terms as outlined in the Terms & Conditions provided at time of enrollment. By enrolling as a member you accept and agree to the Terms & Conditions of membership.

Exclusions

In regard to the safety of our pilots and medical crew onboard transport flights, in conjunction with FAA regulatory standards regarding airborne pathogens and flight crew's ability to perform required emergency procedures, and in compliance with restrictions imposed by the US State Department or others, members will not be entitled to air medical transport benefits if their illness or injury is a result of or is contributed to by the following:

- War, invasion or civil war;

- Suicide or attempted suicide or intentional self injury;
- A member's own criminal or felonious act, or sustained while the member is in a state of insanity;
- For the first 30 days of membership, a member may not be eligible for a transport due to illness or injury if the member was hospitalized for a related condition within 30 days prior to the membership effective date;
- A member is not eligible for transportation to a Specialty Facility within the first 90 days of enrollment;
- A member suffering from a psychiatric or mental disorder that is not manageable and will not allow safe transport within the confines of the ground ambulance and aircraft may not be transported;
- A member being evaluated for or on an organ transplant list prior to enrollment will not be entitled to a transport for conditions related to that transplant;
- A member who is hospitalized at the time of enrollment will not be eligible for transport benefits for that hospitalization and may not be accepted for membership entirely;
- A member with contagious airborne pathogens may not be transported;
- A member traveling outside of the US and Canada for the sole purpose of seeking medical treatment, whether inpatient or outpatient, experimental or otherwise, will not be eligible for air medical transport benefits for that specific medical condition;
- A member beyond the second trimester of pregnancy may not be transported if the transport request relates to the pregnancy.
- A member with mild lesions, simple injuries such as sprains, simple fractures or mild conditions which can be treated by local doctors and do not prevent the member from continuing his or her trip or returning home does not qualify for air medical transport.