

Emergency Medical/Dental Benefit

The text below can be used for promoting Emergency Medical/Dental Benefit. Each time you use this copy, whether as-is or in modified form, please send for review and approval to VisaCardBenefits@cbsiservices.com.



Count on emergency care while traveling

No one plans for the unexpected when traveling – but it’s good to be prepared. Whether traveling by plane, train, bus or ferry, purchase your ticket with your covered Congressional Federal Visa® credit card. Then if you experience a medical or dental emergency during your trip, you can be reimbursed for related expenses (\$2,500 maximum). Traveling with immediate family? They’re covered too as long as you pay for their travel tickets with your covered Congressional Federal Visa® credit card.

If the unexpected happens, simply contact the Benefit Administrator. You are eligible to receive this benefit when you:

- Purchase travel tickets with your covered Congressional Federal Visa® credit card
- Arrive at your destination using a common carrier
- Travel more than 100 miles from home
- Stay 5–60 consecutive days

Have questions or need to file a claim?

Call to talk to a Benefit Administrator: **1-800-434-1280**. If outside the U.S., call collect: **1-804-673-6499**.

Please keep in mind you will want to read the full Terms and Conditions provided in your Guide to Benefits for further details including restrictions, limitations and exclusions. In order for coverage to apply, you must use your covered Congressional Federal Visa® credit card to secure transactions.

Below you will find answers to the most commonly asked questions about the benefit.

Q: Who is eligible for this benefit?

A: You and your immediate family members are eligible if you purchase your trip with your covered Congressional Federal Visa® credit card.

Note: An immediate family member is defined as your spouse or legal dependent child under eighteen (18) years of age, or twenty-five (25) if enrolled as a full-time student at an accredited institution.

Q: What expenses are covered?

A: This benefit covers expenses that are not paid by your medical insurance or other form of reimbursement (maximum \$2,500). These include:

- Medical services of a doctor or dentist
- Ambulance services
- Medical supplies, including medication

Please Note: This benefit is supplemental to and in excess of any valid and collectible insurance or other reimbursement.

Visa Card Benefits Solutions makes the benefits available to you through cbsi and enrollment is not effective until you receive a Confirmation of Receipt of Enrollment from cbsi. Please refer to the À la Carte Kit to get information on program mechanics, FAQs, disclosure requirements and other Terms and Conditions.

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Q: Will I have to pay a deductible?

A: Yes. There is a \$50 deductible for this benefit.

Q: What if I need to recuperate in a hotel after my hospital stay?

A: If your doctor decides you need to recover before returning home, this benefit can help pay for your hotel (\$75 maximum per day for up to five consecutive days).

Q: What is not covered?

A: Some exclusions include:

- Travel for the purpose of seeking medical treatment
- Medical care performed by a provider other than a hospital, physician or dentist
- Care received in countries that the U.S. Government deems unsafe for travel

Q: What are the timelines for filing a claim?

A: Contact the Benefit Administrator at **1-800-434-1280** within **90 days** of the incident. If you are outside the U.S., you can call collect: **1-804-673-6499**. Your claim form and supporting documentation should be submitted within **180 days** of the incident.

Q: What paperwork do I need to submit with my claim?

A: In addition to the claim form, you will need to provide the following supporting documentation:

- The statement from your insurance carrier or any other reimbursement
- The original receipt(s) for the medical/dental expense(s)
- A copy of your monthly billing statement or the travel itinerary

Your Benefit Administrator will review these items with you to determine what – if any – additional documentation you need to submit.

Q: How long does it take for you to make a claim decision?

A: In most cases, once the Benefit Administrator has all the paperwork they need to process the claim, a decision will be made within five business days. Your Benefit Administrator will notify you of their decision.