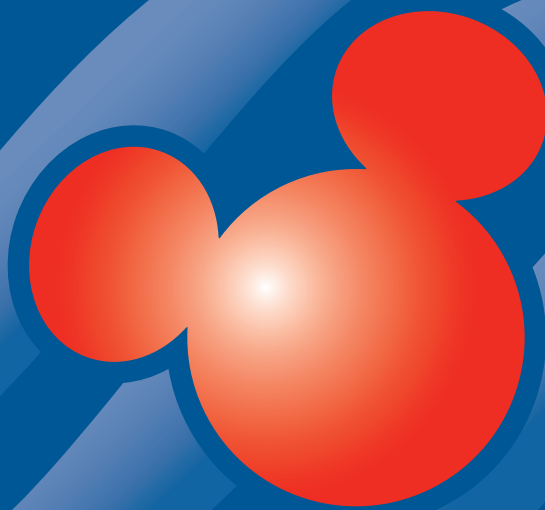


# Vacation Protection Plan



Services provided  
by  
Allianz Global Assistance

Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by BCS Insurance Company. AGA Service Company is the licensed producer for this plan.

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**Dear Passenger:**

When planning a Disney Cruise Line vacation, the only thing you'll want to worry about is what to pack! You shouldn't have to think about what would happen if you had to change your travel plans unexpectedly before or even during your vacation.

Just as we have created a vacation that anticipates your every need, we have also planned for the unexpected with the Vacation Protection Plan. Allianz Travel Insurance is a brand of AGA Service Company, and provides coverage for the following benefits and services:

- Trip Cancellation
- Trip Interruption
- Emergency Medical/Dental
- Baggage Protection
- Baggage Delay
- Travel Delay
- Emergency Medical Transportation
- 24-hour Emergency Assistance

This insurance provided by the Plan protects your vacation investment in the case of certain unforeseen circumstances such as illness or delays which could result in the cancellation or interruption of your trip.

Please take a few moments to read through this document to familiarize yourself with the benefits and assistance services you will receive. Then, sit back, relax and look forward to an unforgettable vacation.

We look forward to seeing you soon!

Disney Cruise Line Cast and Crew

If you purchase the Vacation Protection Plan and cancel your vacation for any reason not covered by the insurance plan, Disney Cruise Line will credit 100% of the non-refundable cancellation fee toward a future Disney Cruise Line vacation.

**Disney Cruise Line**

## **ANSWERS TO COMMONLY ASKED QUESTIONS**

The following Certificate of Insurance describes the benefits provided to you by Allianz Global Assistance.

### **Why Should I Purchase Travel Protection?**

Many travelers feel that a vacation is a significant financial investment and it's vital to protect your trip and yourself. No matter how much you may try to prevent anything from happening to spoil your trip, there are some things you simply cannot control. For example:

- What if your trip is suddenly canceled or interrupted?
- What if you need emergency medical help?
- What if your luggage is lost or stolen?
- What if you need to be airlifted to the nearest medical facility?

Our 24-Hour Hotline Center can often solve your problems on the spot by assisting you with alternate travel arrangements, or by referring you to a medical provider.

### **What Happens If I Don't Use My Travel Benefits?**

While some people may feel that they are entitled to a refund on unused insurance, the very nature of insurance is to protect yourself "just in case something happens." Just as your homeowner's insurance will not issue a refund of premium on unused coverage, your travel insurance premium has already been utilized by protecting you in the event of any incident.

### **If I'm Not Completely Satisfied, Is My Coverage Refundable?**

Within 10 days of purchasing the plan, you may request a full refund of premium from Disney Cruise Line, provided you have not already departed on your trip or filed a claim. No refunds shall be paid to you after 10 days of purchasing the plan.

### **Are Assistance Services Included?**

Yes. As part of your coverage, we are pleased to offer the Assistance Services at no additional cost.

## CERTIFICATE OF INSURANCE

This Certificate of Insurance describes all of the travel insurance benefits, underwritten by BCS Insurance Company and herein referred to as the Company. Please refer to Your Schedule of Coverage. It provides You with specific information about the plan You purchased.

\*Indicates insurance coverage provided under a Master Policy issued by BCS Insurance Company.

## RENEWAL CONDITIONS

This Policy is issued for a single term and is non-renewable.

## SCHEDULE OF COVERAGE

The following maximum levels of coverage are available:

Trip Cancellation and Interruption Protection	Up To Trip Cost*
Emergency Medical and Dental	\$10,000 per individual
Baggage Coverage	\$3,000 per individual
Baggage Delay	\$500 per individual
Travel Delay	\$500 per individual
Emergency Medical Transportation	\$30,000 per individual

\*Maximum coverage available is \$10,000 per individual. Only expenses booked through Disney Cruise Line will be covered.

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Signed for BCS Insurance Company, 2 MidAmerica Plaza,  
Suite 200, Oakbrook Terrace, IL 60181.

  
PRESIDENT

  
SECRETARY

Form 52.401

### **Part I. EFFECTIVE DATE**

Coverage is effective at 12:01 a.m. on the day your Trip begins. Trip Cancellation coverage is effective when full payment is received by Disney Cruise Line. Insurance payments will not be accepted after Your final Trip payment has been made to Disney Cruise Line.

In no event will coverage be effective if all premiums due have not been received prior to the Scheduled Departure Date or prior to the Trip Cancellation date if You cancel Your Trip or it is canceled for any reason.

### **Part II. TERMINATION DATE**

Coverage ends at midnight on the day Your Trip ends, or when You return to Your city of residence, or when Your Trip is canceled, whichever date is earliest. If Your Trip is delayed for any covered reason, coverage is extended until You are able to return home or 48 hours after the Trip completion date, whichever is earliest.

The day You depart and the day You return are counted and included as separate days when determining duration of coverage.

### **Part III. GENERAL EXCLUSIONS**

These exclusions apply to all plan benefits and services. In addition to any exclusions that apply to a particular benefit, no coverage is provided for any loss arising directly or indirectly out of or as a result of the following:

1. Intentionally self-inflicted harm, suicide or attempted suicide, by You, a Traveling Companion or a Family Member;
2. Normal Pregnancy (unless as specifically covered), fertility treatments, Childbirth or elective abortion, other than unforeseen complications of pregnancy, of You, a Traveling Companion or a Family Member;
3. Mental or nervous health disorders, including but not limited to: anxiety, depression, neurosis or psychosis; or physical complications related thereto, of You, a Traveling Companion or a Family Member;
4. Alcohol or substance abuse or use; or conditions or physical complications related thereto, of You, a Traveling Companion or a Family Member;

5. War (whether declared or undeclared), acts of war, military duty (unless as specifically covered), civil disorder or unrest (except as provided for in Travel Delay);
6. Participation in professional or amateur sport events (including training);
7. All extreme, high risk sports including but not limited to: bodily contact sports; skydiving; hang gliding, bungee jumping, parachuting; mountain climbing or any other high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;
8. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
9. Operating or learning to operate any aircraft as pilot or crew;
10. Nuclear reaction, radiation or radioactive contamination;
11. Natural disasters (unless as specifically covered);
12. Epidemic;
13. Pollution or threat of pollutant release;
14. Any unlawful acts committed by You, Family Members, or Traveling Companions, whether they are insured or not;
15. Any expected or reasonably foreseeable events; or
16. Financial Default of a travel supplier.

**These plans do not cover You:**

1. If the purpose of the travel is to receive medical care, medication or treatment;
2. If the stated Trip departure and return dates do not reflect Your intended departure and return dates;
3. If the tickets do not indicate the travel dates;
4. If You give incorrect data or facts; or
5. If the loss is not submitted to Us within 365 days from the date of loss, except as otherwise prohibited by law.

**PRE-EXISTING CONDITIONS EXCLUSION**

This exclusion applies to Trip Cancellation and Interruption Protection, Emergency Medical and Dental Benefits and to those Travel Assistance Services related to medical problems.

**The plan does not cover losses or expenses if they result from:**

1. Any injury occurring to You, a Traveling Companion or a Family Member prior to and including the effective date of Your insurance;

2. Any illness occurring to You, a Traveling Companion, or a Family Member during the 60 days prior to and including the effective date of Your insurance for which: a) medical diagnosis or treatment by a Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care or treatment; or b) require taking prescribed drugs or medicine unless the illness remains controlled without any change in the required prescription.

For the purposes of determining any Pre-existing Conditions, the effective date of Your insurance will be Your Trip Cancellation Insurance effective date.

#### **Part IV. DESCRIPTION OF TRAVEL INSURANCE BENEFITS (what is covered)**

The following insurance benefits are designed to protect You against situations or losses that result from sudden and unexpected conditions or events. **The benefits do not cover conditions or events that, on the date of purchase, are either known to You or likely to occur.** The Company and We reserve the right to reject applications.

#### **TRIP CANCELLATION AND INTERRUPTION PROTECTION\***

Trip Cancellation coverage provides benefits for loss(es) You incur for Trips cancelled up to the time and date of departure. Trip Interruption coverage provides benefits for loss(es) You incur for Trips that are interrupted or delayed after the time and date of departure.

**For all of the covered reasons outlined below, You must notify the appropriate travel supplier(s) of Your cancellation or interruption within 72 hours of the occurrence, unless the condition prevents it, then as soon as reasonably possible. Otherwise the right to compensation will lapse.**

A maximum benefit of up to the amount indicated on Your Schedule of Coverage is provided to cover certain expenses as listed below which result from the cancellation or interruption of Your Trip due to:

1. Any serious Injury or any unforeseen serious medical condition:



- a. Occurring to You or a Traveling Companion, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their Trip;
- b. Occurring to a Family Member that is considered life threatening or requiring hospitalization; or
- c. Occurring to a Family Member requiring Your care.

For Trip Cancellation benefits, an actual examination by a Physician must take place within 72 hours of the cancellation. For Trip Interruption benefits, this examination must take place during Your Trip. This Physician may not be a member of Your or Your Traveling Companion's Immediate Family or yourself, or an Immediate Family Member of the person whose condition caused the cancellation or interruption.

- 2. Your death, the death of a Family Member or a Traveling Companion if the death occurs prior to Your Scheduled Departure Date, or during Your Trip.
- 3. Natural disasters or bad weather resulting in the complete cessation of services by the airline, the tour operator or the cruise line for at least 24 consecutive hours.
- 4. You or a Traveling Companion being hijacked or quarantined.
- 5. You being required to serve on a jury, served with a court order or subpoena.
- 6. Your Primary Residence being made uninhabitable by fire, flood, burglary, vandalism, or natural disasters.
- 7. You or a Traveling Companion being directly involved in a traffic Accident while directly en route to a departure.
- 8. You or a Traveling Companion, who are on Active Military Duty in the United States Armed Forces:
  - a. having Your personal leave revoked within 10 days prior to Your departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or
  - b. are personally reassigned within 10 days prior to Your departure date, whether temporary or permanent.
- 9. You or a Traveling Companion being the victim of a Felonious Assault within 10 days prior to Your departure date. A Felonious Assault may not be inflicted by You, a

Family Member, Traveling Companion or Traveling Companion's Family Member.

10. You or a Traveling Companion, after having been with the same employer for at least three continuous years, are terminated or laid off, through no fault of Your own, after Your effective date of coverage.
11. Your family or friends living abroad with whom You were planning to stay, are unable to accommodate You due to life threatening Illness, life threatening Injury or death of one of them.
12. A covered Travel Delay that results in the loss of more than 50% of Your scheduled Trip length.
13. For Trip Cancellation only, Your Normal Pregnancy as long as the pregnancy occurs after Your effective date of coverage that can be verified by medical records.
14. For Trip Cancellation only, You will be attending an Immediate Family Member's Childbirth as long as the pregnancy occurs after the effective date of coverage that can be verified by medical records.

**In all cases You must notify the appropriate travel supplier(s) of Your cancellation or interruption within 72 hours, unless the condition prevents it, then as soon as reasonably possible. Otherwise the right to compensation will lapse.**

**Coverage is for:**

1. Forfeited, published, Trip payments or deposits incurred as a result of cancellation penalties for which You are not eligible to receive a Refund;
2. For Trip Interruption, the pro-rated portion of the prepaid Trip missed;
3. The additional cost resulting from a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled or interrupted for one of the above covered reasons and Yours is not;
4. Reasonable, additional accommodation and transportation expenses up to \$100 per day up to a maximum of five days if a covered Traveling Family Member or Traveling Companion must remain hospitalized;
5. Reasonable, additional travel costs for You to reach Your original destination if You must depart after Your planned departure date due to one of the above reasons; or

6. Reasonable, additional transportation expenses needed to reach the scheduled termination point of Your Trip or to travel from the place Your Trip was interrupted to the place where You can rejoin Your Trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of Your Trip.

The benefits paid under 5 and 6 above will not exceed the cost of economy airfare by the most direct route on the next available carrier, less any Refunds paid to You.

**Trip Cancellation/Interruption benefits do not cover loss(es) due to:**

1. Any General Exclusion or Pre-existing Condition;
2. You or a Traveling Companion: a) making changes to personal plans; b) having a business or contractual obligation; c) being unable to obtain necessary travel documents; or d) being detained or having property confiscated by any Customs authority;
3. Carrier caused delays (including bad weather) unless as covered above;
4. Prohibition or regulation by any government; or
5. Travel arrangements cancelled by an airline, cruise line, or tour operator.

Please refer to Your Schedule of Coverage to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

**EMERGENCY MEDICAL AND DENTAL BENEFITS\***

**This coverage is secondary over any existing health coverage You may have.**

A maximum benefit of up to the amount listed on Your Schedule of Coverage is provided for covered Emergency Medical or Dental Care expenses incurred as a result of accidental Injury or Illness occurring during a Trip within the Coverage Period.

We will only pay Reasonable and Customary Charges for health care services or supplies provided by Physicians, licensed dentists, Hospitals, and Other Licensed Providers that are received **during Your Trip and that are received greater than 100 miles from home** and which are Medically Necessary for:

1. Emergency Medical Care; and
2. Emergency Dental Care. **There is a \$500 maximum for all covered dental expenses.**

**Coverage is not provided for:**

1. Expenses incurred as a result of any General Exclusion or Pre-existing Condition;
2. Non-emergency services, supplies, or charges (examples are those for cosmetic surgery, physical exams, allergies, hearing aids, eyeglasses, contact lenses, palliative care or cosmetic foot care, experimental treatment, or other services which are not Medically Necessary to provide Emergency Medical or Dental Care);
3. Treatment received in unlicensed facilities or given by unlicensed health care providers;
4. Treatment given by a Family Member or a Traveling Companion, whether or not a licensed provider;
5. Any Illness or bodily Injury which occurs in the course of employment if benefits or compensation is provided, in whole or in part, under the provisions of any legislation of any governmental unit; or
6. Benefits provided by any governmental agency or unit.

Benefits may be coordinated with any other excess coverage You may have and any benefits paid in excess of Your actual loss may be recovered.

Please refer to Your Schedule of Coverage to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

**California Residents:** This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered Trip. You may have coverage from other sources that already provides You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan.

**BAGGAGE COVERAGE\***

**Coverage is secondary to any coverage provided by a Common Carrier.**

If Baggage is lost, damaged or stolen, the Company will pay the loss, up to the maximum amount indicated on Your Schedule of Coverage, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. **Notwithstanding the foregoing, We will cover up to a maximum amount of \$1,000 for any and all jewelry,**

**watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items and only when original receipts are provided.**

You must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of Your property **within 24 hours after the loss**. Finally, You must file written proof of loss with the Company within 90 days from the date of loss, except as otherwise prohibited by law, attaching copies of airline, cruise line or Common Carrier claims forms, original police reports, an itemization and description of lost items and their estimated value, and all receipts, credit card statements, canceled checks, photos, or other appropriate documentation as may be required.

**Property or losses not covered:**

1. Losses incurred as a result of any General Exclusion;
2. Animals;
3. Automobiles and equipment, motorcycles and motors;
4. Bicycles, skis, snowboards (except when checked with a Common Carrier);
5. Aircraft, boats or any other vehicles or conveyances;
6. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
7. Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
8. Property shipped as freight or shipped prior to Your Trip departure date;
9. Rugs or carpets of any type;
10. Perishables, medicines, perfumes, cosmetics and consumables;
11. Property used in trade, business or for the production of income or offered for sale or trade or components of goods offered for sale or trade;
12. Property that is left in or on a vehicle or in a car trailer; or
13. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

**The plan will pay the lesser of:**

1. The actual purchase price of a similar item;
2. The Actual Cash Value of the item at the time of loss, which includes deduction for depreciation (for items without

receipts, the plan will pay up to 75% of the determined depreciated value); or

3. The cost to repair or replace the item.

Please refer to Your Schedule of Coverage to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

### **BAGGAGE DELAY COVERAGE\***

If Your personal Baggage is delayed or misdirected for at least 24 hours by a Common Carrier, the plan will reimburse You on a one-time basis for the reasonable, additional purchase of essential items up to the amount listed on Your Schedule of Coverage. Verification of the delay by the Common Carrier and receipts for the emergency purchases must accompany any claim.

**No coverage will be provided for loss(es) due to any General Exclusion.**

Please refer to Your Schedule of Coverage to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

### **TRAVEL DELAY COVERAGE\***

Coverage under the plan will pay on a one-time basis up to the maximum amount listed on Your Schedule of Coverage for reasonable, additional accommodation and traveling expenses due to a departure delay. Prepaid expenses are covered. Expenses must be incurred by You.

Payments for the above expenses will not exceed \$150 per day per person.

**Covered reasons for Travel Delay are:**

1. Carrier caused delay (including bad weather);
2. Lost or stolen passports, money, or travel documents;
3. Quarantine;
4. Hijacking;
5. Unannounced strikes;
6. Natural disaster; or
7. Civil disorder or unrest.

**No coverage will be provided for loss(es) due to any General Exclusion.**

Please refer to Your Schedule of Coverage to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

## **Part V. GENERAL PROVISIONS RELATED TO INSURANCE BENEFITS**

1. All information in this Certificate with regard to the insurance benefits is subject to the terms and conditions of the Master Policy underwritten by BCS Insurance Company.
2. All suits, actions or legal proceedings arising from the plans, benefits, or services provided through the plans (collectively "Controversies") may be submitted to binding desk arbitration in accordance with the rules then applying to the American Arbitration Association. No demand for arbitration can be brought to recover benefits until 60 days have elapsed following submission of Your entire claim to Us. No action in any form can be brought after three years from the date Your claim was submitted to Us.
3. No agent or other person has authority to accept or make representations or information or alter, modify or waive any of the provisions of this Certificate.
4. Claims must be submitted to Us within 365 days from date of loss, except as otherwise prohibited by law.
5. In the event that You are covered under another policy issued by the Company that provides the same or similar coverage, the Company will adjust Your claim by applying terms and conditions from the coverage that pays the most. Any premium paid for duplicate coverage will be refunded.
6. Benefits are payable to You or, if applicable, to Your estate.
7. **MISREPRESENTATIONS AND FRAUD:** Coverage shall be void if, whether before or after a loss, the insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the insured therein, or if the insured commits fraud or false swearing in connection with any of the foregoing.
8. You have a duty to make all reasonable efforts to minimize losses from any insured benefit or Covered Service.

**Assignment:** You may assign Your interest under the Policy by giving Us written notice of such assignment. The assignment will not be effective until We receive the written notice. Neither the Company nor We assume any responsibility for the validity of any assignment.

**Subrogation:** The Company or We have the right to recover any payments We have made from anyone who may be responsible for the loss. You and/or any person to whom We make a payment must sign any papers and do whatever is necessary to transfer this right to Us. You and/or any person to whom We make a payment agree(s) to cooperate with Us and to do nothing after the loss that will adversely affect Our rights or those of the Company.

**Physical Examinations and Autopsy:** The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company may also require an autopsy in the case of death, where it is not forbidden by law. The Company will bear all costs for these.

## **Part VI. CLAIM FILING PROCEDURES**

To file a claim for covered benefits, please call **1.877.593.4988** 24 hours a day, seven days a week to receive a claim form. Make sure to write Your Product ID number and the name of Your sponsoring Group (Disney Cruise Line - Program ID 001000287) on the claim form and submit it with the required documentation. This documentation will include, but is not limited to, the following:

### **General Documentation**

- a. Receipts and itemized bills for all expenses.
- b. Original of any Refunds or expense allowances received from Your tour operator, travel agency, Common Carrier or other entity.

### **Trip Cancellation and Interruption Claims**

- a. Any appropriate documentation that officially explains the cause of Your trip cancellation or interruption. Any explanation of diagnosis along with Your original itemized bills, receipts, and proof of other insurance payments.
- b. Original unused tickets, copies of invoices, proof of payments, and other documents that substantiate the cost or occurrence of the trip cancellation or interruption.



- c. Documentation of Refunds received from the travel supplier( s) and/or Common Carrier(s).

### **Emergency Medical and Dental Claims**

Any explanation of diagnosis(es) along with Your original itemized bills, receipts, and proof of other insurance payment(s).

### **Baggage Insurance Claims**

- a. Original claim determination from the Common Carrier, if applicable.
- b. Original police report or other report from local authorities.
- c. Original receipts and list of stolen, lost or damaged items.
- d. Proof of loss providing amount of loss, date, time and cause of loss.

### **Baggage Delay Claims**

Proof from the Common Carrier that personal Baggage was delayed or misdirected for at least 24 hours.

### **Travel Delay Claims**

Original police, Common Carrier or other report that verifies the cause and duration of the delay.

## **Part VII. DEFINITIONS**

**Accident** means an unexpected, unintended, unforeseeable event causing Injury.

**Active Military Duty** means serving in the United States Armed Forces on a full-time basis, not including the United States Armed Forces Reserves.

**Actual Cash Value** means the amount an item is determined to be worth based on its market value, age and condition at the time of loss.

**Baggage** means luggage and personal possessions, whether owned, borrowed or rented, taken by You on the Trip.

**Common Carrier** means an entity licensed to carry passengers for hire on land, water or air, excluding vehicle rental companies.

**Coverage Period** means the time during which benefits are payable hereunder, beginning on the effective date and ending on the termination date.

**Covered Service** means a service or supply specified herein for which benefits will be provided.

**Deductible** means a specified dollar amount shown on the Letter of Confirmation that You must incur before the Company

or We will assume any liability for all or part of the remaining Covered Services.

**Emergency Dental Care** means the services or supplies provided by a licensed dentist, Hospital or Other Licensed Provider that are medically and immediately necessary to treat dental problems resulting from Injury, infection, breakage to tooth surface or loss of filling.

**Emergency Medical Care** means the services or supplies provided by a Physician, Hospital or Other Licensed Provider that are Medically Necessary to treat any covered medical Illness or Injury that is acute (onset is sudden and unexpected) and: 1) considered life threatening; or 2) which, if left untreated, could deteriorate resulting in serious and irreparable harm.

**Family Member** means Your spouse; parent; child(ren), including children who are, or are in the process of becoming, adopted; sibling; grandparent or grand-child(ren); step-parent; step-child; or step-sibling; in-laws (parent, son, daughter, brother or sister); aunt; uncle; niece; nephew; legal guardian; ward; business partner; an employed caregiver who lives with You; or a person with whom You have lived for 12 continuous months prior to the effective date of coverage; whether or not they travel with You.

**Felonious Assault** is an act of violence against You or a Traveling Companion requiring medical treatment in a Hospital.

**Financial Default** is a complete suspension of operations due to financial circumstances whether or not a bankruptcy petition is filed.

**Hospital** means a provider that is a short-term, acute, general Hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of Physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment

of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

**Illness** means a sickness, infirmity or disease that causes a loss that begins during a Coverage Period and is not a Preexisting Condition.

**Immediate Family Member** means Your spouse; parent; child(ren), including children who are, or are in the process of becoming, adopted; Your siblings; Your grandparent or grandchild(ren); step-parent; step-child; or step-sibling.

**Individual Coverage** is the insurance plan under which only You are covered.

**Injury** means bodily Injury caused by an Accident, directly and independently of all other causes and sustained on or after the effective date of this coverage and before the termination date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**Inpatient** means a person who is treated as a registered bed patient in a Hospital or Other Licensed Provider and for whom a room and board charge is made.

**Medically Necessary** or **Medical Necessity** means the services or supplies provided by a Hospital, Physician or Other Licensed Provider that are required to identify or treat Your Illness or Injury and which, as determined by Us, are:

1. consistent with the symptom or diagnosis and treatment of Your condition, disease, Illness, ailment or Injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of You, a Physician or other provider; and
4. the most appropriate supply or level of service that can be safely provided to You. When applied to the care of an Inpatient, it further means that Your medical symptoms or condition requires that the services cannot be safely provided to You as an Outpatient.

**Normal Pregnancy** or **Childbirth** means a pregnancy or Childbirth that is free of complications or problems.

**Other Licensed Providers** means any person or entity other than a Hospital or Physician, which is licensed, where required, to render medical or dental services.

**Outpatient** means a person who receives medical or dental services or supplies while not an Inpatient.

**Physician** means a person who is licensed and legally entitled to practice medicine in the applicable field for which services are delivered.

**Pre-existing Conditions** means:

1. Any injury occurring to You, a Traveling Companion or a Family Member prior to and including the effective date of Your insurance; and
2. Any illness occurring to You, a Traveling Companion, or a Family Member during the 60 days prior to and including the effective date of Your insurance for which: a) medical diagnosis or treatment by a Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care or treatment; or b) require taking prescribed drugs or medicine unless the illness remains controlled without any change in the required prescription.

For the purposes of determining any Pre-existing Conditions, the effective date of Your insurance will be Your Trip Cancellation Insurance effective date, if Trip Cancellation Insurance is purchased. If no Trip Cancellation Insurance is purchased, it will be Your Trip departure date.

**Primary Residence** means a person's fixed, permanent and principal home for legal and tax purposes.

**Reasonable and Customary Charge** means a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area and which reflects the complexity of the service taking into account availability of experienced personnel and availability of services or parts.

**Refund** means:

1. Money returned to You by the travel agent, tour operator, airline, cruise line or other travel supplier;
2. Any credit or voucher for future travel provided to You by the travel agent, tour operator, airline, cruise line or other travel supplier; or
3. Any credits, recoveries or reimbursements from Your employer, another insurance company, a credit card issuer or any other institution.

**Scheduled Departure Date** means the date You have selected to begin travel as shown on Your tour invoice and for which paid travel arrangements have been made.

**Terrorism** means the unsanctioned and illegal use of force that caused destruction of property, Injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic, or religious goal or result. Terrorism does not include general civil protest, unrest, rioting, or an act of war.

**Traveling Companion** is a person traveling with You and who shares the same accommodations as You.

**Traveling Family Member** is Your spouse, and any of Your unmarried children under the age of 23, including step-children or legally adopted children, or grandparents and grandchildren when traveling together without a parent. Any unmarried child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical handicap and became so incapable prior to age 23, shall be eligible for coverage.

**Trip** means:

1. a period of round-trip travel to and from a destination that is at least 100 miles from Your main place of residence; and
2. such travel is not to obtain health care or treatment of any kind.

**We, Us** or **Our** refers to BCS Insurance Company and its agents.

**You** or **Your** refers to all persons covered under the plan purchased.

## **SATISFACTION GUARANTEE**

Within 10 days of purchasing the plan, Disney Cruise Line will process a full refund of premium to You, as long as You have not already departed on Your Trip or filed a claim. No refunds shall be paid to You after 10 days of purchasing the plan.

**Please be advised** This optional coverage may duplicate coverage already provided by Your personal auto insurance policy, homeowner's insurance policy, personal liability insurance policy or other source of coverage. This insurance is not required in connection with the Insured's purchase of travel tickets.

**California Residents:** We are doing business in California as Allianz Global Assistance Insurance Agency, License # 0B01400.

**Florida Residents:** The benefits of the Policy providing Your coverage are governed primarily by the law of a state other than Florida.

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Florida Licensed Agent

## **TRAVEL ASSISTANCE SERVICES PROVIDED BY AGA SERVICE COMPANY**

Our goal is to provide immediate help for common travel problems almost everywhere in the world. However, despite our best efforts, situations arise which are beyond our control and under these circumstances, we can only promise to make every reasonable effort to help you resolve your problems. The hotline center staff will do its best to refer you to appropriate medical and legal providers. However, we cannot be held responsible for the quality of results of any medical or legal services provided by these independent practitioners.

### **If you are in trouble and need help:**

1. Call the hotline. From the U.S. call **1-800-654-1908**. From all other locations call collect to **1-804-281-5700**.

If your emergency is immediate and life threatening, seek local emergency assistance at once and contact the hotline as soon as possible.

2. Have the following information ready for the hotline coordinator:
  - a. Your name and Policy ID number; and
  - b. Your location and local telephone number.

The hotline coordinator will confirm your enrollment and provide you with assistance.

**Note:** In some countries it may not be possible to call collect. If you must phone the hotline directly, give your location and phone number to the hotline coordinator who will call you back.

### **Medical Assistance**

If you have medical problems and are unable to find local care, we will refer you to a local physician, dentist, Hospital, medical facility or other appropriate resource, when available.

### **Medical Consultation and Monitoring**

If you are hospitalized, the hotline center medical staff will keep in frequent contact with you and your local physician to get information on the care you are receiving and to determine the need for further assistance. We will also contact your personal physician and family at home, if necessary.

### **On-Site Hospital Payments**

We will advance payments to Hospitals or guarantee payments up to the amount provided in medical expense coverage (see

Emergency Medical and Dental Benefits), if needed, to secure your Medically Necessary admission to a Hospital.

## **Emergency Medical Transportation**

### **Important**

**If your emergency is immediate and life threatening, seek local emergency care at once.**

**Your emergency medical transportation limit is the total amount available for all covered services described below. Please refer to your Schedule of Coverage to confirm that you have this benefit in your plan and your total dollar limit.**

**You or your representative must contact us and we must make all transportation arrangements in advance. We will not pay for any of the services listed in this section if we didn't authorize and arrange it.**

### **Moving you to a Hospital or medical clinic (emergency medical evacuation)**

If you're seriously ill or injured during your trip and our medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- our medical team will consult with the local doctor;
- we'll identify the closest appropriate facility, make arrangements and pay to transport you to that facility; and
- we'll arrange and pay for a Medical Escort if we determine one is necessary.

### **Getting you home after your care (medical repatriation)**

If you're seriously ill or injured during your trip, under the care of a local doctor and unable to continue your trip, medical repatriation takes place once our medical team determines that you are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. We'll:

- arrange and pay (less any refunds for unused tickets) for you to be transported via a commercial transportation carrier in the same class of service that you were booked for your trip. The transportation will be to one of the following:
  - your primary residence;
  - a location of your choice in the United States; or



- a medical facility near your primary residence or city of your choice in the United States. We'll take your request into consideration as long as the medical facility will accept you as a patient and is approved as medically appropriate for your continued care by our medical director.
- arrange and pay for a Medical Escort if our medical team determines a Medical Escort is necessary.

### **Bringing a friend or family member to you (transport to bedside)**

If you're told you will be hospitalized for more than seven days during your trip, we'll transport a friend or family member to stay with you. we'll arrange and pay for round-trip transportation in economy class on a common carrier.

### **Getting your children home (return of dependents)**

If you're told you will be hospitalized for more than seven days during your trip, we'll arrange for and pay (less any refunds for unused tickets) to transport your children under the age of 23 who are traveling with you to one of the following:

- your primary residence; or
- a location of your choice in the United States.

Transportation will be on a common carrier in the same class of service they were originally booked.

### **Transporting your remains (repatriation of remains)**

We'll arrange and pay for the reasonable and necessary services to transport your remains to one of the following:

- a funeral home near your primary residence; or
- a funeral home located in the United States.

We'll also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

Your representative must contact us in advance to make these arrangements. If this is not possible, your representative must contact us within a reasonable time, but no later than one year after the transportation.

## Definitions

**Hospital** means a provider that is a short-term, acute, general Hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

**Medical Escort** means a professional person contracted by our medical team to accompany a seriously ill or injured person while they are being transported. A Medical Escort is trained to provide medical care to the person being transported. A friend or family member cannot be a Medical Escort.

**Medically Necessary** means the services or supplies provided by a Hospital, physician or other licensed provider that are required to identify or treat your illness or injury and which, as determined by us, are:

1. consistent with the symptom or diagnosis and treatment of your condition, disease, illness, ailment or injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of you, a physician or other provider; and
4. the most appropriate supply or level of service that can be safely provided to you.

When applied to the care of an inpatient, it further means that your medical symptoms or condition requires that the services cannot be safely provided to you as an outpatient.

## **Travel Document and Ticket Replacement Assistance**

The plan provides you with information to assist in obtaining replacements of lost passports or other important travel documents. We also help you to replace lost airline and other travel tickets and will assist you in obtaining money for this purpose. These funds will come from your family or friends. We will make all the necessary arrangements for you, including assisting you to return home if your trip is interrupted.

### **Legal Assistance**

If you have legal problems, our hotline center staff will help you find a local legal advisor. If you require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from your family or friends.

### **Emergency Cash Transfer**

If your cash or traveler's checks are lost or stolen, or if you need funds for the immediate payment of unanticipated expenses, we will help arrange to have emergency cash (in currency, traveler's checks or any other form acceptable to us) transmit to your family or friends. Our hotline center staff will make all the necessary arrangements for you.

### **Emergency Message Center**

In the event of an emergency, call the hotline center, identify yourself by your Policy ID number, and give the hotline coordinator your message. We will make at least 3 attempts in 24 hours to reach your requested party, and we will provide you with an update on the disposition of our attempts to deliver the message. (We are not responsible for delivery of a message if the recipient cannot be reached). This service can be used for trips anywhere in the world.

### **Flight Information**

If you are faced with a canceled or missed flight, just call the hotline center for 24-hour information on alternate flights. We can provide you with scheduled departure and arrival times of alternate, direct flights only. We do not book reservations or pay for tickets. This service can be used on trips within the U.S., Canada, the Caribbean and Mexico only.

## **BCS Insurance Company Privacy Notice**

BCS respects the privacy of its customers and former customers and protects the security and confidentiality of their nonpublic personal information. To safeguard our customers' confidential information, we comply with all applicable laws and regulations and have instituted our own policies to: (1) insure the security and confidentiality of customer records and information; (2) protect against any anticipated threats or hazards to the security or integrity of such records; and (3) protect against unauthorized access to or use of such records or information which could result in substantial harm or inconvenience to any customer.

### **BCS PRIVACY POLICY:**

#### **Policies and practices with respect to disclosing your nonpublic personal information:**

We do not disclose any nonpublic personal financial information about our customers or former customers to anyone, except as permitted by law.

#### **Categories of nonpublic personal information that we collect:**

We collect nonpublic personal financial information about you from the following sources: (1) information we receive from you on applications or other forms; (2) information about your transactions with us, our affiliates, or others, and; (3) information we receive from a consumer reporting agency.

#### **Policies we maintain to protect the confidentiality and security of nonpublic personal information:**

We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal financial information. We restrict access to your nonpublic personal information to employees who need it to provide information or services to you.

AGA Service Company d/b/a Allianz Global Assistance is the administrator of this insurance policy on behalf of BCS Insurance Company. We will adhere to at least the same standards for handling and protecting your data as described above. For more information about how we handle and protect your data, please see our privacy policy, located at <http://www.allianzassistance.com/privacy> or contact us at: Allianz Global Assistance, ATTN: Chief Privacy Officer, 2805 N. Parham Rd., Richmond, VA 23294.

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## **For Emergency Assistance Call**

### **Toll free**

1-800-654-1908

### **Collect**

1-804-281-5700

## **To File a Claim or For Plan Questions, Please Call**

1-800-573-5665 and refer to the Disney Cruise Line Vacation Protection Plan (Program ID# 001000287).