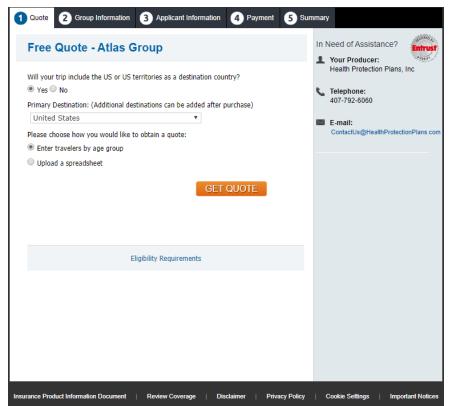
# International Travelers Medical and Travel Insurance for Group Travels Minimum Benefits Basic Insurance: Atlas Group Plan Instructions To Get Price Quote and Sign Up

# **Highlights of Benefits**

- Maximum Coverage: Age 80 or older: \$10,000, Age 70 to 79: \$50,000, \$100,000 or \$250,000. For age below 70: \$50,000 to \$2,000,000.
- Deductible: \$0 to \$5,000 per Certificate Period.
- Coinsurance: 100% within PPO after deductible. Outside PPO: Usual, reasonable and customary
- Preexisting Condition: No benefit.
- Accidental Death and Dismemberment: basic and additional optional.
- Personal liability: \$10,000 third person injury, \$10,000 third person property, \$2,500 related third person property.
- Optional Personal liability Rider: Up to \$90,000 lifetime maximum.
- Emergency Medical Evacuation: Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-Existing Condition.
- Trip interruption: Up to \$10,000, not subjected to deductible.



# Quote and Sign up Instructions for Atlas Group Plan

#### Tab 1: Quote

Fill the basic information of the group

Check either of radio button to field:

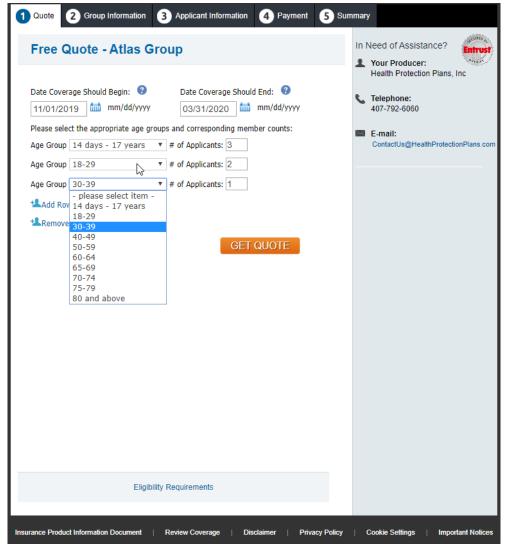
Will your trip include the US or US territories as destination country? Yes / No

Primary Destination: From dropdown menu, select the country of primary destination.

Check radio button for question, Please choose how would you like to obtain a quote:

- o Enter travelers by age group, or
- Upload a spreadsheet.

Click on GET QUOTE



Tab 1 Quote

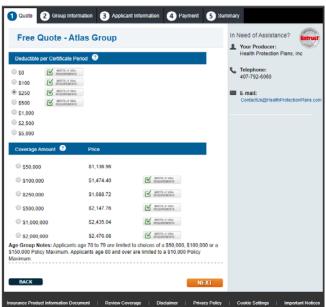
Fill in fields: Date Coverage Should Begin, and Date Coverage Should End.

Select from dropdown the age group, starting 14 days – 17 years, and enter number of travelers in this age group

Add Rows to select next Age Group, and enter the number of travelers in that age group.

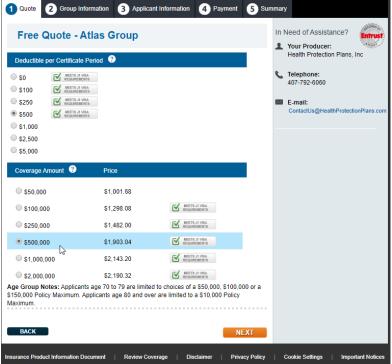
There must be minimum of five travelers in a group.

#### Click on button GET QUOTE



You are presented with screen to select 'Deductible' [\$0 to \$5,000] and Coverage Amount.

Select by radio button both the choices.



Follow the screens, complete the application, and SUBMIT.

Email arrives in confirmation.

#### Tab 1 Quote

For this demo Quote, deductible is selected for \$500, and Coverage Amount is \$500,000

The price Quote of this group is: \$1,903.04 for the Certificate Period entered in the beginning. Coverage Start Date: 11/01/2019, Coverage End: 03/31/2020

## Click button NEXT

Name of Sponsoring Organization			Health Protection Plans, Inc
Contact Name:			407-792-6060
Country: (where mail will be received)	- please select item -	▼	E-mail:  ContactUs@HealthProtectionPlar
Group Mailing Address			Quote Summary
Street:			Price: \$1,903.04
			Coverage Start: 11/01/2019
			Coverage End: 03/31/2020 Deductible: \$500.00
City/Region:			Maximum Coverage: \$500,000.00
Postal Code:			START OVER
Phone:			
Email:			

## Tab 2 Group Information

Enter information about the group.

See Quote Summary.

Click button NEXT