



**DAN
MEMBER BENEFITS**

HANDBOOK

For DAN America Members who are
not Residents of the U.S. or Canada

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DAN Member benefits are subject to change.
All dollar amounts shown are in U.S. funds.

If you have any questions about your current benefit status, call DAN Member Services at

or +1-919-684-2948



Divers Alert Network is a 501 (c) (3)
nonprofit membership association
www.DiversAlertNetwork.org

DAN[®] Member Benefits & Services **No Diver Should Be Without**

Assistance. Information. Protection.
DAN is *Divers Helping Divers*[™]

- ◆ DAN Diving Emergency HOTLINE
+1-919-684-9111 or +1-919-684-4DAN
- ◆ *Alert Diver* MAGAZINE
- ◆ DAN WEBSITE: *info at your fingertips*
www.DiversAlertNetwork.org
- ◆ DAN *TravelAssist* emergency medical
EVACUATION benefits
- ◆ DAN MEDICAL INFORMATION LINE
+1-919-684-2948
- ◆ DAN dive medical RESEARCH
- ◆ DAN *Dive and Travel Medical Guide*
- ◆ DAN DIVE ACCIDENT INSURANCE
program
- ◆ DAN SEMINARS, educational materials
- ◆ DAN TRAINING programs & CME
oxygen first aid, hazardous marine
life injuries first aid, and more
- ◆ DAN PROMEMBERSHIP, available
to Instructors and Instructor Trainers
- ◆ Support of DIVING ISSUES and
dive-related topics
- ◆ E-MEMBERSHIP — 24/7 access
to your DAN account



DAN® Member Benefits & Services
No Diver Should Be Without
Assistance. Information. Protection.
DAN is Divers Helping Divers™

- ◆ **DIVE REPORT** — Free access to the annual report on dive injuries
- ◆ **DAN Tag®**, member discounts, and **MORE!**
- ◆ **DAN BUSINESS MEMBERSHIP** for qualified dive businesses
- ◆ **DAN OUTREACH PROGRAMS,*** funded by DAN Donors:
 - **Recompression Chamber Assistance Program**
 - **Oxygen Grant Program**
 - **Diver IDentification System (DIDS)**

* DAN provides assistance and education through these programs, which are funded solely by gifts from DAN Donors. For more information about these and other programs supported by DAN Donors, please contact DAN Development.



QUESTIONS?

CALL

+1-919-684-2948

THE DAN 24-HOUR HOTLINE for DIVING EMERGENCIES ONLY

+1-919-684-9111 or -684-4DAN (-4326)

Facts about DCI Most symptoms of decompression illness occur within 24 hours after a dive.

Facts about DAN When you have a diving emergency, call the 24-Hour Diving Emergency Hotline to talk to an expert in dive medicine.

**+1-919-684-9111 or
+1-919-684-4DAN (-4326)**

ACCEPTS COLLECT CALLS

*DAN medical staff is on call 24 hours
a day to handle dive emergencies.*

When you call the DAN Hotline

- 1.** The Hotline numbers are answered at the switchboard of Duke University Medical Center or DAN's Contracted Assistance Provider. Tell the operator you have a diving emergency. The operator will connect you directly with DAN or have someone call you back immediately.
- 2.** The DAN staff member may make an immediate recommendation or call you back after making arrangements with a local physician or the DAN Regional Coordinator. DAN RCs are familiar with chamber facilities in their area, and because they're qualified in diving medicine, they make recommendations about treatment.
- 3.** The DAN staffer or Regional Coordinator may ask you to wait by the phone while he/she makes arrangements. This may take 30 minutes or longer, as it may require several phone calls.

This delay should not place the diver in any greater danger. However, if the situation is life-threatening, arrange to transport the diver immediately to the nearest local medical facility for immediate stabilization and assessment of his/her condition. Call DAN *TravelAssist* at +1-919-684-3483 or +1-919-684-9111 when outside the United States for consultation with the local medical provider.

DAN *TravelAssist*[™]

+1-919-684-3483 or 1-800-326-3822 (DAN EVAC) when in the U.S.

An important benefit of DAN Membership is Your enrollment in DAN *TravelAssist*, DAN's travel assistance program. Should you encounter a medical emergency while traveling, DAN *TravelAssist* offers several valuable services to help manage the situation, including in certain cases, emergency medical evacuations. The following is a summary of the DAN *TravelAssist* benefits available to You and Your family.

IMPORTANT: DAN *TravelAssist* must arrange ALL evacuations. Emergency evacuation arrangements made directly by you may not be reimbursed by DAN *TravelAssist*.

These benefits are available under both the Individual and Family membership programs. With an Individual membership, enrollment is automatic when the person becomes a member. With a Family membership, the primary member is automatically enrolled, and others who qualify as Family Members are enrolled when the Member adds his/her name to the list of Covered Family Members. Coverage is provided 24 hours per day, seven days per week to those traveling on a trip at least 50 miles/80 km from the person's permanent residence as listed in the DAN database. Benefits payable for expenses incurred for the DAN *TravelAssist* benefits will not exceed the maximum amounts shown below, or in the aggregate, more than \$100,000 per Member. All covered benefits must be arranged in advance by DAN *TravelAssist*. All travel arrangements must also be coordinated through DAN *TravelAssist*.

MEDICAL ASSISTANCE

Emergency Evacuation and Repatriation If a DAN Member or a Covered Family Member suffers a medical condition during the course of a trip and such condition (as determined by DAN *TravelAssist* in consultation with the local attending Physician) requires an emergency evacuation, or medically necessary repatriation, benefits up to a maximum of \$100,000 (per person if a Family Membership) will be paid by DAN *TravelAssist* directly to the provider for Covered Expenses incurred for such evacuation or repatriation.

Emergency Evacuation means that, due to Medical Necessity, the Member or Covered Family Member requires immediate transportation from the place where such person has a medical emergency to the nearest appropriate medical facility.

Medical Necessity includes any situation where it is judged medically appropriate to move the Member to another location either for treatment or follow-up. DAN *TravelAssist* will arrange details of the emergency evacuation, utilizing the means best suited to do so, based on the seriousness of the Member's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of Transportation and final destination will be based solely upon medical factors.

Transportation means any land, water or air conveyance required to transport the Member or Covered Family Member during an emergency evacuation or repatriation. Expenses for special transportation must be recommended by the attending Physician in conjunction with DAN *TravelAssist* or required by the standard regulation of the conveyance transporting the Member or Covered Family Member. Special transportation includes, but is not limited to, an air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by both the attending Physician and *TravelAssist*.

Covered Expenses include any Transportation, medical treatment, medical service, or medical supply that (1) is necessarily incurred in connection with emergency evacuation or repatriation of the Member or Covered Family Member; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Member or Covered Family Member. All transportation arrangements made for evacuating or repatriating the Member or Covered Family Member must be by the most direct and economical conveyance, and arranged in advance by DAN *TravelAssist*. Covered expenses do not include amounts that are eligible for reimbursement under "Other Medical Expense Insurance."

When you travel . . .

Use your DAN Member card in case of any medical emergency.

When you or your immediate family members are traveling on a trip at least 50 miles / 80 km from your permanent residence— *DAN is there.*

Call DAN *TravelAssist* FIRST at

+1-919-684-3483 for nondiving medical emergencies, any emergency medical evacuation or to access any *TravelAssist* services.

If outside the USA, Canada, Puerto Rico, Bahamas, British Virgin Islands or U.S. Virgin Islands . . .

Call the DAN Hotline at

+1-919-684-9111 or
+1-919-684-4DAN (-4326)

for all suspected diving injuries.

Both numbers accept collect calls.

Repatriation means that, due to Medical Necessity, the Member or Covered Family Member requires transportation to either:

- their primary residence as listed in the DAN database; or
- the region where they are currently living and/or working at the time of the injury; or
- a different medical facility for further care or evaluation.

Prescription Assistance If You require prescription medication or eyeglasses not available where You are staying, DAN *TravelAssist* will consult with the prescribing physician, and locate and arrange to send Your replacement medications and/or prescriptions when it's possible and legally permissible to do so. You are responsible for the cost of providing the medication or eyeglasses.

Medical Expense Advances Hospital admittance or discharge deposits will be advanced up to \$5,000 by DAN *TravelAssist* with an acceptable guarantee of reimbursement from either You or Your insurance.

Medical Monitoring When DAN *TravelAssist* is notified of a Member's medical emergency, its staff will establish communication with the local attending medical provider and obtain as much information as

possible about the situation and begin to monitor the Member's condition. Medical professionals will stay in regular communication with the local medical personnel and relay necessary information to the Member and his or her Family until the situation is resolved and the Member continues with his or her travels or returns to their primary residence as listed in the DAN database.

24-Hour Worldwide Medical Information and Assistance A multilingual staff at DAN *Travel-Assist's* Emergency Assistance Center provides 24-hour assistance and consultation if You suffer a medical emergency while You're traveling. The staff will consult with those at the location of the emergency and will assist in determining the best course of action for the Member given the situation. When both possible and appropriate, an effort will be made to consult with the Member's family physician. DAN *TravelAssist* will then organize a response to the medical emergency, doing whatever is deemed medically appropriate, including but not limited to recommending or securing the availability of services of a local physician, arranging hospital confinement, and in some cases, Medical Evacuation or Repatriation. DAN *TravelAssist* also handles nondiving-related medical referrals to physicians, hospitals and specialists as well as coordinating all aspects of emergency medical evacuation for You. *TravelAssist* is not responsible for diagnosis or treatment.

TRAVEL ASSISTANCE

Visit of Family Member or Friend If a Member or Covered Family Member is traveling alone and is expected to require hospitalization for more than seven consecutive days, DAN *TravelAssist* will arrange and pay for economy round-trip airfare for a visitor chosen by the Member (or his or her Family) to travel to the site of hospitalization and return the visitor to his or her point of departure.

Return of Dependent Children If a Member or Covered Family Member is traveling alone with his or her children, and becomes ill or injured and is unable to attend to the children's needs, DAN *TravelAssist* will arrange and pay for one-way economy airfare to return them to their place of residence. Qualified escorts will be provided at no charge, if necessary.

Return of Traveling Companion If a Member's traveling companion loses previously made travel arrangements due to a delay caused by the Member's medical emergency, DAN *TravelAssist* will arrange and pay for one-way economy airfare to return the companion to his or her original departure point.

Pre-Trip Information Get information for each country to be visited concerning immunization requirements, appropriate pre-departure medical examinations and/or treatment, passport and visa requirements, and information as to weather or other travel hazards through DAN *TravelAssist*.

Repatriation of Remains If a Member or Covered Family Member dies while traveling, DAN *TravelAssist* will arrange and pay, up to the policy limit, for all costs associated with the return of the Member's remains, including expenses for required embalming, necessary government authorization, coffin(s) or cremation if required prior to the repatriation of the Member's remains, and a container appropriate for transportation of the remains to the Member's place of residence as listed in the DAN database for burial.

Return of Vehicle If the Member or Covered Family Member is hospitalized or has an emergency medical evacuation which prevents the return of the Member's vehicle to the rental agency or his or her current principal residence, DAN *TravelAssist* will aid in arranging the return of the unattended vehicle and will reimburse the cost of returning the unattended vehicle to the rental agency or the Member's current principal residence, up to \$1,000 per event.

PERSONAL ASSISTANCE

Emergency Message Transmission DAN *TravelAssist* will receive and relay emergency messages to and from Your Family and/or employer.

Emergency Cash Advances When possible, DAN *TravelAssist* will provide You with a cash advance of up to \$250 in local monies for medical emergencies with an acceptable guarantee of reimbursement from either You or Your insurance.

Assistance With Recovering Lost or Stolen Items When a Member has had luggage, documents, credit cards, or personal items lost or stolen, DAN *TravelAssist* will aid the Member in reporting the lost or stolen items to the appropriate authorities; will provide

direction for the replacement of passports; and, will provide advice regarding how to recuperate lost or delayed luggage from a carrier. Direct cost of replacing the lost or stolen items are the responsibility of the Member.

General Assistance DAN TravelAssist will provide advice regarding how to utilize services available in consulates and in government agencies and provided by translators and other service providers who assist with travel-related problems. You are responsible for the selection of these professionals and payment of any related fees.

Travel Assistance When a Member needs travel service assistance in the event of an emergency, DAN TravelAssist will: (i) help coordinate emergency travel arrangements and hotel reservations; (ii) help replace lost or stolen airline tickets by arranging payment through the Member's credit card; and (iii) deliver replacement or prepaid tickets by express mail or directly to airline counters.

Insurance Claims Assistance You can receive assistance in: (i) verifying your insurance coverage; (ii) guaranteeing payments to medical care providers; (iii) obtaining information for insurance claims for cases coordinated through DAN *TravelAssist*; and, (iv) completing insurance and other medical claims forms. DAN *TravelAssist* will assist with Your eligible insurance claims until such claims have been settled or denied.

LEGAL ASSISTANCE

Legal Referrals Referrals to local qualified attorneys are provided in the area in which You are traveling. Telephone interpretation can be provided when necessary. All expenses other than legal referrals are Your responsibility.

Bail Advances Where permitted by law, You will be advanced up to \$5,000 in bail funds with an acceptable guarantee of reimbursement from either You or Your insurance.

Legal Assistance If a Member is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, DAN *TravelAssist* will provide the Member with the name of an attorney who can represent him/her in any necessary legal matters.

If the Member is in need of any other form of legal assistance, *DAN TravelAssist* can arrange assistance from local attorneys, embassies or consulates.

Benefits, under *DAN TravelAssist*, are not payable with respect to expenses incurred:

1. While traveling against the advice of a Physician;
2. For assistance or treatment which is compensable under “other medical expense insurance,” travel insurance, the Workers’ Compensation or Occupational Disease Act or Law, or any services, supplies or treatments provided under any federal, state or other governmental plan or law;
3. For services, supplies, or treatment, including any period of Hospital confinement that were not recommended, approved and certified as necessary and reasonable by a Physician, or any expense that is nonmedical in nature;
4. For suicide or attempted suicide, while sane or insane, or self-inflicted injury;
5. Due to war or act of war, declared or undeclared;
6. For injury sustained while on full-time duty in the armed forces, National Guard or organized reserve corps of any country or international authority;
7. For Injury sustained while participating in professional sports or in club, interscholastic or intercollegiate sports (except scuba diving-related);
8. For any nervous, emotional or mental disorder;
9. In connection with alcoholism, the consumption of alcoholic beverages, drug addiction, or use of any drug or narcotic agent, except as prescribed by a Physician;
10. As a result of, or in connection with, the commission of a felony offense; or
11. Treatment provided by any Family Member.

DAN TravelAssist does not cover any medical treatment expenses for accidents or injuries of any nature other than those costs incurred during evacuation.

DAN TravelAssist reserves the right to suspend services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbances, strikes, man-made catastrophe, acts of God, or refusal of authorities to permit *DAN TravelAssist* to fully provide services. In the event a Member travels into an area in which any of the above situations arises, *DAN TravelAssist* will attempt to provide its services to the best of its ability. The Member must

realize that due to political or socioeconomic conditions there are some countries where longer time periods are required to safely perform a medical evacuation. It is the responsibility of the Member to inquire with DAN *TravelAssist* whether a country is “open” for assistance prior to his or her departure.

All decisions as to the need for evacuation and/or repatriation, the means and/or timing of any evacuation, the medical equipment and the medical personnel to be used and the final destination are medical decisions, which will be made by physicians designated by DAN *TravelAssist*, in consultation with a local attending physician based on medical factors, and DAN *TravelAssist* decision shall be conclusive in determining the need for such services.

The final selection of the medical professional, medical facility or legal counsel is your choice alone. DAN *TravelAssist* assumes no responsibility for any medical advice or legal counsel given by the medical professional and/or attorney, nor shall DAN *TravelAssist* be liable for the negligence or other wrongful acts or omissions of any of the legal and/or healthcare professionals providing direct services pursuant to this Agreement.

The medical professionals, medical facilities, attorneys or other professionals (suggested or designated by DAN *TravelAssist*) who provide services on behalf of DAN *TravelAssist*, are not employees of DAN *TravelAssist* or DAN and neither DAN *TravelAssist* nor DAN shall be liable for their negligence or their other acts or omissions. DAN *TravelAssist* will not be responsible for providing medical diagnosis or treatment. The final selection of the medical provider is the right and responsibility of the Member.

DAN *TravelAssist*, their agents and contractors shall be fully and completely subrogated to the rights of the Member against parties who may be liable to provide services or make a contribution, which is the subject of the services provided under this program. DAN *TravelAssist* is not responsible under this program to pay the cost of any services covered under any occupational benefits plan, health insurance, other insurance plan or public assistance program. In the event DAN *TravelAssist* provides services on behalf of, or to, a Member, the Member agrees to assign to DAN *TravelAssist* or their agents or contractors any rights of recovery under such

plan(s). DAN *TravelAssist* retains the right to bill any other insurance carrier You may have.

Services not arranged for by DAN *TravelAssist* will not be reimbursed. You must call the DAN *TravelAssist* number on Your DAN Member card prior to making any arrangements to receive service or to have the included benefits provided without charge. Medical transportation services are only provided if authorized in advance by DAN *TravelAssist*.

DAN *TravelAssist* benefits are available up to a maximum of \$100,000 (per person if a Family Membership) and are subject to change without notice.

Benefits outside the U.S. and Canada are covered by insurance that is underwritten by Accident & General Insurance Company, Ltd.

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DAN MEMBERSHIP

Individual Eligibility

Any individual who requires DAN services.

Individual Membership provides: DAN *TravelAssist* benefits are available to any members while traveling on a trip at least 50 miles/80 km from their permanent residence. **Note:** Pre-trip information provided via telephone can be accessed at any time. Coverage for family is limited to those individuals who are listed as a DAN Family Member.

Family Eligibility

Spouse or cohabitor;

Child if unmarried and under 18 years old; or

Unmarried child who is 18 years old, up to his or her 24th birthday, if that child:

- is enrolled as a full-time student at an accredited school or college; and
- is not employed on a full-time basis; and
- has the same permanent home address as parent.

Family Membership provides:

Full DAN *TravelAssist* benefits to every individual who is listed on a DAN Family Membership. It is not required that they be traveling as a group.

Subject to applicable law, DAN reserves the right, for any reason or no reason, to refuse membership in DAN to any individual or family applicant and to refuse to renew any individual or family membership in DAN.

AUTOMATIC RENEWAL PROGRAM

Members can now choose annual automatic renewal: their DAN membership dues and optional dive accident insurance premiums coverage will automatically renew each year at the prevailing rate and be charged to the specified credit card 45 days prior to expiration. Members may cancel at anytime prior to then by calling Membership Services at 1-800-446-2671 or +1-919-684-2948 from outside the United States.

MEMBER DISCOUNT PROGRAM

DAN Members receive discounts on a variety of products and services, including car rentals, hotels, satellite phone rental and more. For a complete list of available discounts, to receive details on discounts or to take advantage of the program, call 1-800-446-2671 or visit the website at:

**[www.DiversAlertNetwork.org/
membership/benefits.asp](http://www.DiversAlertNetwork.org/membership/benefits.asp)**

THE DAN DIVE ACCIDENT INSURANCE PROGRAM

THE DAN PLANS

DAN has developed two economical insurance plans — the Master and the Standard Plans — in order to provide you the opportunity to choose the plan best suited for you.

The Dive Accident Insurance is underwritten by Accident & General Insurance Company, Limited (“Accident & General”) and are provided in addition to your automatic \$100,000 DAN *TravelAssist* benefits.

This brochure is a brief summary of benefits only and is subject to the terms, conditions, limitations and exclusions of Group Policy Number GDA107, Certificate Number GDC107. To view the Group Policy visit DAN’s website at www.DiversAlertNetwork.org

The underwriting risks, financial obligations and support functions associated with the products issued by Accident & General are its responsibility. Accident & General is responsible for its own financial condition and contractual obligations.

DAN Insurance Coverage: DAN insurance coverage is secondary coverage. After any other medical expense insurance you may have, the DAN plan pays 100 percent of all eligible Reasonable and Customary Charges, less what is payable under any other medical expense insurance you may have.

The cost of medical treatment for nondiving-related illness is not covered under the Standard and Master plans.

For exclusions, restrictions, limits and deductibles, see Pages 29-35.

All funds described are in U.S. dollars.

The DAN Master Plan

The DAN Master Plan offers US\$125,000 lifetime coverage for **Covered Charges** incurred for a Covered Diving Accident, including decompression illness and all covered in-water snorkeling and scuba diving injuries incurred at any depth.

The Master Plan also offers the following additional benefits for losses which arise from a Covered Diving Accident: (1) US\$15,000 (referred to as the Principal Sum) for Accidental Death and Dismemberment; (2) US\$15,000 (referred to as the Principal Sum) for Permanent Total Disability; (3) up to US\$1,500 for Extra Accommodations; (4) up to US\$1,000 for Extra Transportation; and, (5) up to US\$2,500 for Loss of Diving Equipment.

This is a brief summary of benefits only and is subject to the terms, conditions, limitations and exclusions of Group Policy Number GDA107, Certificate Number GDC107 which can be viewed on DAN's website: www.DiversAlertNetwork.org.

The DAN Standard Plan

The DAN Standard Plan offers US\$45,000 lifetime coverage for **Covered Charges** for a Covered Diving Accident, including Decompression Illness and/or Arterial Gas Embolism, incurred within the 130-foot/40-meter depth limit.

This is a brief summary of benefits only and is subject to the terms, conditions, limitations and exclusions of Group Policy Number GDA107, Certificate Number GDC107.

Upgrading Your Coverage: You may upgrade your insurance at any time after you enroll.

***If you wish to upgrade now, call DAN
at +1-919-684-2948 ext. 333
and a DAN representative
will be happy to help you.***

All funds are payable in \$U.S.

GROUP DIVING ACCIDENT INSURANCE

FOR MEMBERS OF DIVERS ALERT NETWORK

Underwritten by Accident & General Insurance Company Limited (“Accident & General”), a company domiciled in the Cayman Islands. This section highlights your group diving accident insurance benefits from Accident & General. It does not constitute a contract of insurance and is subject to the terms, limitations and conditions of Group Policy number GDA107, certificate number GDC107. If there is a conflict between this material and the legal document, the provisions of the legal documents will govern.

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CERTIFYING CLAUSE

Accident & General Insurance Company, Ltd. (“Accident & General”) has issued a Group Diving Accident Insurance Policy (“Group Policy”) to Divers Alert Network, Inc. for Your benefit. Accident & General hereby certifies that You, subject to acceptance of Your enrollment application and payment of the premium due, are insured for benefits as provided under this Certificate. For a copy of the Group Policy, contact Accident & General at the address herein.

INCORPORATION PROVISION

The provisions of the Group Policy and all amendments to the Group Policy after its effective date are incorporated into and made a part of this Certificate.

SCHEDULE OF INSURANCE

For persons eligible to be insured under Group Policy Number GDA 107 issued to:

Divers Alert Network, Inc.

This Group Policy provides: Contributory Insurance for all eligible Members.

Waiting Period: None (Not valid until payment is received)

Coverage Period: One Year

Classification of Eligible Persons

All dues-paying Members of DAN who are permanent residents of an eligible country. (For a complete list of eligible countries, contact DAN Member Services at 1-800-446-2671 or +1-919-684-2948 when outside the United States.) Commercial Divers are not eligible.

Classification of Eligible Dependents

An Eligible Person as described above who has elected DAN Family Membership and who is covered under the Group Policy may cover the following Eligible Dependents:

1. Spouse or Cohabitant of the Insured Member; and
2. Unmarried dependent children of the Insured Member under the age 18, or under 24 if a full-time student at an accredited school or college, who is not employed on a full-time basis and has the same permanent home address as the parent.

BENEFITS UNDER DIVING ACCIDENT MEDICAL INSURANCE

Master Insurance Plan

Accident & General will pay the **Covered Charges** described below, subject to the terms and conditions contained herein, to an Insured Person covered by the Master Insurance Plan (includes all covered in-water snorkeling and scuba diving injuries).

Up to US\$125,000 Lifetime Maximum Benefit *
Per Insured Person

Insured Percentage: 100% of Reasonable and Customary Charges

Standard Insurance Plan

Accident & General will pay the Covered Charges described below, subject to the terms and conditions contained herein, to an Insured Person covered by the Standard Insurance Plan (includes Decompression Illness (DCI) only)

Up to US\$45,000 Lifetime Maximum Benefit * Per Insured Person

Insured Percentage: 100% of Reasonable and Customary Charges

* **Note:** A Lifetime Maximum Benefit will apply to all Insured Persons. If an Insured Person elects to transfer from one Plan to another, the new Lifetime Maximum Benefit will be as elected less any charges incurred by the Insured Person that applied to the previous Plan's Lifetime Maximum Benefit. If an Insured Person has exhausted his or her Lifetime Maximum Benefit, or has received more than 50 percent of the Maximum Benefit, he or she may not elect to transfer.

DEFINITIONS

Please note that there are also definitions within specific benefit sections that apply to that particular benefit.

Arterial Gas Embolism (AGE) means signs and symptoms due to gas entering the arterial system as a result of overpressurization of the lungs during a Covered Dive.

Cohabitant means Your domestic partner, provided all of the following proof, as outlined below, is provided to Accident & General:

1. Evidence of financial interdependence including joint bank accounts, jointly owned property, joint credit cards or designation of beneficiary of life insurance or pension benefits;
2. Evidence of cohabitation;
3. Evidence of a prior relationship of at least six months, with an expectation of future commitment;
4. Indication of an exclusive mutual commitment;
5. Evidence of attainment of the age of majority;
6. Statement that the person is not legally married;
7. Statement that the partners are not related by blood; and

8. If a resident of a city, municipality or other governing jurisdiction that allows for filing as domestic partners, evidence of such filing. For purposes of the group policy, references to Spouse will mean Cohabitant where it applies.

Contributory means that the benefits provided require premium payment by You.

Covered Dive means a recreational dive or diving while a scuba instructor, divemaster, underwater photographer, or while performing research for a state or national governmental agency or university and following the diving safety guidelines of the American Academy of Underwater Scientists (AAUS) or any other recognized scientific body. A dive begins upon entry into the water and ends upon exit from the water. A Covered Dive must begin while Insurance is in force.

Covered Diving Accident means DCI as a result of a Covered Dive within the 130-foot/40-meter limit. For the Master Plan only, it means DCI or any Injury as the result of a Covered Dive, regardless of the depth.

Custodial Care means care:

1. Provided primarily for the maintenance of the Insured Person; and
2. Essentially designed to assist the Insured Person in the activities of daily living.

Custodial Care does not include care primarily provided for its therapeutic value in the treatment of Injury.

Decompression Illness (DCI) means Decompression Sickness (DCS) or Arterial Gas Embolism (AGE). Such illness must be a direct result of a Covered Dive that takes place while Insurance is in force.

Decompression Sickness (DCS) means signs and symptoms due to gas in the tissues resulting from a Covered Dive.

Diving Equipment means diving equipment that is worn on the diver's person that is "cut loose" and is lost or damaged in an attempt to rescue the diver as a result of DCI or an Injury that requires urgent transportation or hospitalization. Diving Equipment does not include watches, their glasses or covers, torn straps or buckles, or photographic equipment of any kind.

Eligible Person means a person or dependent who satisfies the eligibility requirements of the group policy.

Home Country means the country where the Insured person permanently resides. Such country must be declared in advance with Accident & General.

Hospital means an institution that is run for the care and treatment of sick or injured persons as inpatients and meets fully the following:

1. Is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located;
2. Is under the supervision of a medical staff and has one or more Physicians available at all times;
3. Maintains organized facilities for major surgery or has facilities available to it on a prearranged basis;
4. Provides 24-hour-a-day service by registered graduate nurses (RNs); and
5. Is not, other than incidentally, a place for the aged or mentally ill or a nursing or convalescent home.

Hyperbaric Chamber means a pressure vessel approved for recompression of diving accident victims and/or use of hyperbaric oxygen therapy, specifically for use for recompression of AGE or DCS.

Injury means accidental bodily injury of an Insured Person, that is direct and independent of all other causes, is due to a Covered Dive and occurs while Insurance is in force.

Inpatient means an Insured Person who is confined as a registered bed-patient in a Hospital for whom a room and board charge is made.

Insurance means the coverage that an Insured Person has under the Group Policy.

Insured Member means a Member who has Insurance under the Group Policy.

Insured Person means an Eligible Person who has Insurance under the Group Policy.

Intensive Care Unit means a separate part of a Hospital that is reserved for critically and seriously ill patients who require highly skilled nursing care and constant or close and frequent audiovisual nursing observation. The Intensive Care Unit must provide its patients with:

1. Room and board;
2. Nursing care by Nurses who work only in the unit; and
3. Special equipment and supplies that are primarily for use within the unit.

Medically Necessary or **Medical Necessity** means services or supplies received while insured that Accident & General determines to be:

1. Appropriate and necessary for the symptoms, diagnosis or direct care and treatment of a Covered Diving Accident;
2. Provided for the symptoms, diagnosis or direct care and treatment of a Covered Diving Accident; and
3. Within standards of good medical practice within the organized medical community; and
4. Not primarily for the convenience of the Insured Person, Insured Person's Physician or another provider; and
5. The most appropriate supply or level of service that can safely be provided.

For Hospital stays, this means that acute care as an Inpatient is necessary due to the kind of services the Insured Person is receiving or the severity of the Insured Person's condition, and that Outpatient Treatment would not be adequate to effectively treat the Insured Person.

Member means a member in good standing of the Divers Alert Network.

Month(ly) means the period of time from the beginning of a number day of a Month through the end of the day just before the same numbered day of the following Month.

Noncontributory means that no additional premium payment is required by the Member for benefit.

Nurse means a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) who is licensed by the State Board of Nursing. If covered nursing services are required outside the jurisdiction of the United States, Nurse means a healthcare practitioner providing nursing services who is licensed or certified to provide such services in the country or district where the services are rendered.

Other Medical Expense Insurance means medical expense insurance provided by any other insurance or welfare plan or prepayment arrangements, regardless of whether the other insurance is provided on an individual, family, or group basis, or through an employer, union or membership in an association. If insurance is provided on a provision of service basis, then, for purposes of this definition, the amount shall be that which the services rendered would have cost in the absence of the insurance. Other Medical Expense Insurance shall also mean third party liability coverage, including automobile medical plans.

Outpatient Treatment means Medically Necessary services and supplies provided to an Insured Person in a Physician's office or Out-patient department of a Hospital for which no room and board charge is made.

Physician means a medical practitioner of the healing arts who is licensed in the country or district where the services are rendered and operates within the scope of his or her license and provides services covered under the Group Policy. The term does not include the Insured Person or any person related to the Insured Person by blood, marriage, or adoption.

Precertification or **Precertify** means an evaluation of benefit coverage, or of the Medical Necessity, appropriateness and efficient use of health care services, procedures and facilities. It must be requested when You first seek treatment for a Covered Diving Accident; or in the case of emergency circumstances, within sixty (60) minutes of the end of Your first treatment for a Covered Diving Accident.

Reasonable and Customary Charges means the amount determined by reference to all other providers in similar diving areas for the same or similar medical services, supplies or treatment.

You, Your means the Insured Member.

EFFECTIVE DATE OF INSURANCE

A Member will become an Insured Person when he or she has enrolled for insurance under the Group Policy, paid the premium when due, and been approved by Accident and General.

Additional Insured Persons: Insurance for an Eligible Dependent who is enrolled at the time of Your enrollment and approved by Accident &

General at the time of Your approval will become effective on Your effective date. You may add other Eligible Dependents who become eligible after Your Insurance effective date by enrolling such dependent and paying the pro-rata premium due for the remaining Coverage Period. The Insurance will be effective on the date Accident & General approves the enrollment. Insurance will terminate with Your Insurance at midnight at the end of the Coverage Period.

DIVING ACCIDENT MEDICAL INSURANCE

Master and Standard Plan Covered Charges

Accident & General will pay the **Covered Charges** described below, subject to the terms and limitations.

Covered Charges means Eligible Charges that are for Medically Necessary services, supplies, care or treatment for a Covered Diving Accident. The Covered Diving Accident must occur while Insurance is in force. **Covered Charges** must be incurred within 365 days of the Covered Diving Accident.

Such services, supplies, care or treatment must be prescribed, performed or ordered by a Physician. Charges for such services, supplies, care or treatment must be Reasonable and Customary. Accident & General will not pay for charges in excess of the maximum shown in the Schedule for the plan of insurance selected nor will Accident & General pay more than the Reasonable and Customary Charge less the amount paid by Other Medical Expense Insurance.

Eligible charges include, but are not necessarily limited to, the following:

- 1.** Reasonable and Customary Hyperbaric Chamber Treatment Charges for up to **three (3)** treatments per Covered Diving Accident. Any treatment after the third must be precertified by National Baromedical Services Inc. at +1-803-434-2967.
- 2.** Reasonable and Customary Physician's Charges for Hyperbaric Chamber Treatment, medical care and surgical operations;
- 3.** Ambulance charges for transportation by a professional ground, air or marine ambulance service to the nearest Hospital or Hyperbaric Chamber where appropriate care or treatment

can be given. Eligible charges do not include charges covered under the DAN *Travel/Assist* benefit. All transportation involving air or marine ambulance service must be arranged in advance by DAN *Travel/Assist* to be covered;

4. Hospital charges for:

- a.** Room and board;
- b.** General nursing care, including Hyperbaric Chamber treatment;
- c.** Other Inpatient and Outpatient services and supplies. These do not include charges for professional services rendered at the Hospital; and
- d.** Confinement in an Intensive Care Unit as long as such confinement is ordered by a Physician and due to an Injury that requires special medical and nursing treatment, not generally provided to other Inpatients in the Hospital.

The **Daily Hospital Allowance**, payable for room and board for each day of Hospital confinement is the average semiprivate room rate for the Hospital where confined. If the Hospital (where confined) has only private rooms, the Daily Hospital Allowance will be 80 percent of the private room rate. The Daily Intensive Care Unit Allowance payable for room and board for each day of confinement in an Intensive Care Unit is two times the Daily Hospital Allowance;

5. Medical Supply Charges for oxygen;

6. Other eligible charges include, but are not limited to:

a. Ambulatory surgical charges for necessary services and supplies if:

- 1.** The charges are due to surgery;
- 2.** Benefits for these charges would have been payable if the surgery had been done in a Hospital; and

3. Such surgery is performed in an ambulatory surgical center that is operating within the scope of its license to perform such surgery;

- b.** Surgeon's charges for the performance of surgical procedures;
- c.** Anesthesia charges and its administration when these are not covered as Hospital charges;
- d.** Nursing, Physiotherapy, and Occupational Therapy charges for:

- 1.** Private duty nursing care by a Nurse;
- 2.** Treatment by a licensed physiotherapist;

3. Treatment by a licensed occupational therapist;

e. Radiological and Laboratory Charges for X-rays, radiological treatment, and diagnostic laboratory tests;

f. Chiropractic services payable at \$35 per visit by an Insured person for up to 10 visits in a Covered Period to a maximum of \$350 per Insured person per such Covered Period.

g. Medical Supply Charges for:

1. Casts, splints, trusses, braces, crutches, and surgical dressing; and

2. Artificial eyes and limbs for the initial replacement of natural eyes and limbs severed while an Insured Person; and

3. Rental of manually operated wheelchairs and hospital beds, oxygen equipment and other durable medical equipment that is used solely by the Insured Person for the treatment of a Covered Diving Accident. Accident & General may, at its discretion, approve purchase of such items.

Exclusions for Covered Diving Accidents and Accident Medical Expense Benefits for All Plans

No benefits are payable for the following charges:

1. Services or supplies for which an Insured Person is not required to pay or charges made only because insurance exists);

2. A diving accident for which benefits are paid or payable under any occupational injury or disease law, whether such benefits are insured or self-insured;

3. Any act due to war, declared or not;

4. Custodial Care;

5. Drugs and medicine that may be obtained without written prescription or not furnished by and administered during a Hospital confinement as an Inpatient;

6. Charges that are more than the Reasonable and Customary Charges for the services and supplies furnished;

7. Hospital services and supplies when confinement is solely for diagnostic testing purposes;

8. Nervous, emotional or mental disorders;

9. A diving accident that occurs after drug and alcohol use unless such drug was prescribed by a Physician;

10. Medical exams not required for treatment of a Covered Diving Accident;

- 11.** Routine eye or hearing exams, eye refractions, eyeglasses, contact lens, hearing aids or any type of external appliances used to improve visual or hearing acuity and their fittings;
- 12.** Cosmetic or reconstructive procedures, and any related services or supplies, which alter appearance but do not restore or improve impaired physical functions;
- 13.** Care, treatment, services or supplies:
- a.** Not prescribed by a Physician;
 - b.** Not Medically Necessary;
 - c.** That are considered experimental or provided mainly for the purpose of medical or other research;
 - d.** Received from a Nurse, which do not require the skill and training of a Nurse;
 - e.** To the extent that benefits are payable under other provisions of this Group Policy;
 - f.** For which benefits are not paid due to any co-insurance provisions of the Group Policy;
 - g.** Received in a Hospital owned or operated by the government of any country or any of its agencies;
 - h.** Provided or paid for by any governmental plan or law not restricted to the government's civilian employees and their dependents; or,
 - i.** Ordered by a family member;
- 14.** A diving accident for which expenses are compensable under Other Medical Expense Insurance, any occupational injury or disease law, or any services, supplies or treatments provided under any federal, state or other governmental plan or law;
- 15.** Treatments occurring more than a year after a Covered Diving Accident;
- 16.** Charges for Manipulative Therapy (e.g. the use of body work or massage therapy and other physical manipulation of the body for healing, such as osteopathy, and chiropractic) and Acupuncture are limited to US\$350 per calendar year and payable at US\$35 per visit for 10 visits.
- 17.** Charges incurred after the date the Group Policy terminates except as provided under the Extended Benefits provision.

PRECERTIFICATION REQUIREMENT

Telephone Call Requirement

When it is first determined that You will require medical treatment for a Covered Diving Accident, You must contact Accident & General, or its agent, for Precertification. In most cases, your Physician or Hospital will take care of Precertification. However, You are still responsible for ensuring that Accident & General is asked to precertify Your care and You should always verify with Your Physician or Hospital that this has been done. If emergency circumstances exist which prevent You from seeking Precertification prior to treatment, You must do so within sixty (60) minutes of the end of Your first treatment. If You fail to satisfy this Precertification Requirement, the benefits payable under this policy may be reduced or denied.

Precertification can be accomplished by telephone by contacting National Baromedical Services, Inc. at +1-803-434-2967. The Precertification (or prior authorization) process begins with an initial review of Your clinical information, which is submitted by the Physician or Hospital, to make sure the requested medical care meets established guidelines. If the proposed medical care meets the guidelines, Precertification will be approved. If the proposed medical care does not meet the guidelines, Precertification will be denied. In those cases where Precertification is denied, Accident & General will advise You of the exact reason for denial and provide an opportunity for You and/or Your Physician to discuss the basis for denial with a representative from DAN's Medical Department or National Baromedical Services.

Precertification Appeals

Whether a denial is based on a lack of Medical Necessity or benefit limitations, You or Your authorized representatives (such as Your treating Physicians) can appeal to Accident & General to reverse adverse decisions. You have up to sixty (60) days from the service denial date to file an appeal. Expedited appeals (for medical care thought to be urgent, based on either the physician's judgment or a prudent layperson's judgment) will be considered and acted upon within twenty-four (24) hours of being submitted.

EXTRA ACCOMMODATIONS BENEFIT

(Available only with the Master Plan)

If You are delayed in returning home on the written advice of the attending Physician concerning a Covered Diving Accident, Accident & General will pay benefits for Extra Accommodation. The benefit payable is equal to the actual expenses incurred up to \$200 per day up to a maximum of US\$1,500 for the Covered Diving Accident. Benefits begin on the first day following the original date You should have returned home. You must provide bills or receipts of actual expenses.

Extra Accommodations means lodging or hotel room charges required because You were delayed in returning home due to a Covered Diving Accident. Such delay must be recommended by a Physician. Extra Accommodations does not include hospital stays, transportation, food, or incidentals.

EXTRA TRANSPORTATION BENEFIT

(Available only with the Master Plan)

If You are prevented from traveling home using the originally purchased ticket for transportation due to a delay on a written advice of the attending Physician concerning a Covered Diving Accident, Accident & General will pay an Extra Transportation benefit for the return trip. The benefit payable is equal to the difference between the new economy-class ticket and the remaining value of the old ticket for up to a maximum benefit of US\$1,000 for a Covered Diving Accident.

Extra Transportation means transportation charges for a return home trip that was delayed due to a Covered Diving Accident. Such delay must be recommended by a Physician. Extra transportation charges do not include charges eligible for reimbursement under the DAN *TravelAssist* benefits.

LOSS OF DIVING EQUIPMENT

(Available only with the Master Plan)

If Diving Equipment is lost or unintentionally damaged due to a Covered Diving Accident which requires urgent transportation or hospitalization, Accident & General will pay for the present market value of the Diving Equipment at the time of the loss or damage.

If any item that was lost or damaged is part of an assembly of items, then the benefit is limited to the part that was lost or damaged.

At Accident & General’s option, the lost or damaged item may be repaired or replaced in lieu of a cash payment. Accident & General may require You to provide it with the damaged equipment. The maximum benefit is US\$2,500.

ACCIDENTAL DEATH OR DISMEMBERMENT FROM COVERED DIVING ACCIDENT ONLY

(Available only with the Master Plan)

Accident & General will pay the indemnity benefit listed in the table below if an Insured Person sustains a loss stated therein resulting from a Covered Diving Accident. Such loss must occur within 365 days of the accident. The indemnity payable for such loss shall be the amount stated opposite such loss. If more than one loss is sustained as the result of one accident, only one amount, the largest, will be payable. The Principal Sum is shown in the Certificate Schedule.

TABLE OF LOSSES

For Loss of:	Accident & General will pay:
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye.	One-Half the Principal Sum

The term “loss” as used herein means, with regard to hand and foot, actual severance through or above the wrist or ankle joint and with regard to eyes, the entire and irrecoverable loss of sight. Loss of life must be evidenced by a death certificate or such other proof or documentation acceptable to Accident & General.

Exclusions

The Accidental Death & Dismemberment Benefit does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. intentionally self-inflicted Injury;
2. suicide or attempted suicide, while sane or insane;
3. war or act of war, declared or undeclared;
4. service in the military, naval, or air service of any country; or
5. illness, disease, or bacterial infection other than bacterial infection occurring from an accidental cut or wound that occurs while on a Covered Dive.

PERMANENT TOTAL DISABILITY BENEFIT FROM COVERED DIVING ACCIDENT ONLY

(Available only with the Master Plan)

If an Insured Person who is over 21 gives Accident & General written notice that he or she is Permanently Totally Disabled, Accident & General will pay him or her the Principal Sum shown in the Certificate Schedule. The Permanent Total Disability must result from a Covered Diving Accident that occurs while Coverage is in force and must be evidenced by a report from a Physician acceptable to Accident & General.

The loss must:

1. Occur within 365 days of the date of the Covered Diving Accident;
2. Continue without interruption for at least one year; and
3. Must reasonably be expected to continue without interruption until the Insured Person's death.

Any amount otherwise payable under this benefit will be less any amount paid or payable under the Accidental Death and Dismemberment Benefit provided the loss is due to the same accident.

For purposes of this benefit, the following definition is added and applies specifically to the Permanent Total Disability Benefit only:

Permanent Total Disability means that an Insured Person, due to the Covered Diving Accident, is unable to perform substantial and material duties of any occupation, if employed, or if retired, all of the normal activities for a person of like age and sex in good health.

Exclusions

The Permanent Total Disability Benefit does not cover any loss, fatal or nonfatal, caused by or resulting from:

- 1.** Intentionally self-inflicted Injury;
- 2.** Suicide or attempted suicide, while sane or insane;
- 3.** War or act of war, declared or undeclared;
- 4.** Service in the military, naval, or air service of any country; or
- 5.** Illness, disease, or bacterial infection other than bacterial infection occurring from an accidental cut or wound that occurs while on a Covered Dive.

GENERAL PROVISIONS

Notice of Claim: Written notice of claim must be sent to National Baromedical Services Inc., Five Richland Medical Park, Columbia, SC 29203, USA, within 20 days after the covered loss occurs or as soon as reasonably possible. The notice must give enough information to identify the Insured Person. DAN Member Services can provide information on filing written notice.

Claim Forms: When National Baromedical Services Inc. (NBS) receives the notice of claim, they will send You forms to be used in filing proof of claim. If National Baromedical Services Inc. does not send these forms within 15 days, You can meet the proof of loss requirements by sending National Baromedical Services Inc. a written statement of the occurrence, nature and extent of the loss within the time stated in the Proof of Loss provision.

National Baromedical Services Inc.,
Five Richland Medical Park, Columbia, SC 29203
USA; +1-803-434-2967 telephone
+1-803-434-4354 fax
IPPN@baromedical.com email

Proof of Loss: Written proof of loss must be given within 90 days after such loss occurs. If it was not reasonable to give proof in the time required, the claim will not be reduced or denied. However, the proof must be sent as soon as reasonably possible. In any case, the proof required must be sent no later than one year following the 90-day period specified unless the claimant was legally incapacitated.

Payment of Claim: Indemnity for loss of life will be payable to Your estate or, at Accident & General's option, to Your spouse or cohabitant, if living, Your surviving children, equally, if the spouse is dead, or Your surviving parents, equally, if all children are dead. Any other accrued benefits unpaid at Your death may, at Accident & General's option, be paid to the beneficiary or to the estate. The beneficiary for loss of life for an Insured Person who is a spouse, cohabitant or child will be You.

Benefits, other than for loss of life, are payable to You immediately upon receipt of due written proof of loss. Notwithstanding, if a benefit is payable (1) to Your estate, (2) to You and You are a minor, or (3) to You if You are not competent to give a valid release, Accident & General has the right to pay up to \$1,000 to any other of Your relatives whom it considers entitled. If Accident & General pays benefits in good faith to a relative, Accident & General's responsibility to pay those benefits is satisfied.

Physical Examination and Autopsy: Accident & General has the right to physically examine a claimant as often as needed while a claim is pending. Accident & General may choose the Physician. Accident & General also has the right to have an autopsy performed in the case of death, unless prohibited by law. This is at Accident & General's expense.

Incontestability: After two (2) years from the Effective Date of Insurance as stated in the Individual Certificate no statement, except a fraudulent misstatement, will cause the Policy to be contested.

Legal Actions: No legal action may be brought under the Group Policy within 60 days after written proof of loss has been given as required under the Group Policy. No action may be brought after three (3) years from the date written proof of loss is required to be given.

Right to Recovery: If payments for claims made by Accident & General are more than the amount payable under the Group Policy, Accident & General may recover the overpayment. Accident & General may seek recovery from one or more of any Insured Member(s) to or for whom benefits were paid, any other insurers, any Hospital or other healthcare institution, Physician or provider

of medical care, or any other organization. Accident & General is also entitled to deduct the amount of any such overpayments from future claims payable to the Insured Member.

Subrogation: If an Insured Person is Injured or becomes ill through the act or omission of another person and if benefits are paid under the Group Policy due to that Injury or illness, then to the extent an Insured person recovers for the same Injury or illness from a third party, its insurer, or the Insured Person's uninsured motorist insurance, Accident & General will be entitled to a refund of all benefits that it has paid as a result of the Injury or illness.

Accident & General may assert a lien upon any recovery that the Insured Person receives, whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. Accident & General seeks to have the right to recover the full amount of benefits paid under this Group Policy for the Injury or illness, and the amount shall be deducted from any recovery made by the Insured Person. Accident & General is not responsible for the Insured Person's attorney's fees or other costs.

Upon request, the Insured Person must complete any required subrogation forms and return them to Accident & General. The Insured Person must cooperate fully with Accident & General in asserting its right to recover. The Insured Person will be personally liable for reimbursement to Accident & General to the extent of any recovery obtained by the Insured Person from any third party should Accident & General assert a valid lien. If it is necessary for Accident & General to institute legal action against the Insured person to recover under this provision, the Insured Person will be liable for all costs of collection, including reasonable attorney's fees.

Accident & General shall not, under this Subrogation provision, be entitled to a refund of any benefit it has paid as an Accidental Death and Dismemberment benefit or a Permanent Total Disability benefit.

Termination: Termination of Insurance under this Group Policy by the Policyholder or by Accident & General will be without prejudice

to any claim originating prior to the date of termination Coverage terminates at the end of the Coverage Period.

Extended Benefits

If the Group Policy terminates while an Insured Person is Totally Disabled, benefits will be extended for charges incurred after the date of termination. These extended benefits are subject to the same terms that would have applied if the Group Policy had remained in force. These extended benefits are payable only for charges incurred:

- 1.** For treatment of the specific Covered Diving Accident that caused the Total Disability;
- 2.** While such person remains so Totally Disabled; and
- 3.** During the first 12 consecutive Months after the Group Policy terminates. For the purposes of this extension of benefits, Total Disability means that an Insured Person cannot perform the usual activities of a person of like age and sex with like occupation or retired status.

DIVE ACCIDENT INSURANCE: HOW TO FILE A CLAIM

1. For any dive injury or claim questions, or to request a claim form, contact:

National Baromedical Services Inc.

Five Richland Medical Park
Columbia, SC 29203 USA
+1-803-434-2967 telephone
+1-803-434-4354 fax
IPPN@baromedical.com email

2. Complete the claim form in full. Please answer all questions completely. If you don't, the claim may have to be returned to you and delay settlement of your claim. Be sure to sign the claim form.

3. Ask the hospital and/or doctor to complete the reverse side of the form and return it to you. (The provider can attach an itemized bill instead.)

4. Attach any other bills, documents or statements that apply to the claim. It is important that they contain the right information.

5. Make copies of your forms and bills for your records — your originals will not be returned to you.

6. If you received a payment from any other Insurance, you must send the Explanation of Benefits with your bills before your claim can be settled.

7. Please forward your package to:

National Baromedical Services Inc.

Five Richland Medical Park
Columbia, SC 29203 USA
+1-803-434-2967 telephone
+1-803-434-4354 fax
IPPN@baromedical.com email

NOTE: If you have another insurance policy, this information must be provided to the facility rendering the service. Please forward the Explanation of Benefits you received from any other insurance (statement of payment) to NBS for processing.

DAN'S DOMESTIC & INTERNATIONAL PROVIDER NETWORKS

DAN and National Baromedical Services of Columbia, S.C., have formed two networks of preferred treatment facilities and hyperbaric physicians. The first, introduced in 1996, is called the Diving Preferred Provider Network. It is open to those providers practicing in the United States.

The second, introduced in 2006, is called the International Preferred Provider Network, and covers all non-U.S. facilities. These hyperbaric treatment programs are specifically designed for DAN members.

As an integral part of each Network's guidelines, participants – e.g., providers – must agree to employ minimum acceptable standards of knowledge, skill and technology in the treatment of patients requiring hyperbaric therapy. They agree to accept reasonable and customary payment for services rendered, and accept such reimbursement as payment in full.

Those hyperbaric facilities not participating in either Network may charge in excess of what is considered to be reasonable and customary, leaving a balance for which the injured individual could be responsible. Contact National Baromedical Services for further information on this important service:

National Baromedical Services Inc.

Five Richland Medical Park

Columbia, SC 29203 USA

+1-803-434-2967 telephone

+1-803-434-4354 fax

IPPN@baromedical.com email

DAN provider networks are open to all hyperbaric facilities and their physician teams. As the mission of each Network is to ensure that delays between symptom onset and hyperbaric treatment are kept to an absolute minimum, it would not be appropriate to favor one provider at the expense of other qualified providers who might be closer to the scene of the diving accident. Network providers must also commit to a program of continuing education, with need-based training and education support provided by the Network.

A 24-hour hotline is maintained so that providers can call to confirm benefits at the time of treatment.

Unique to the IPPN is an advanced payment system. When a DAN-insured member also has primary health insurance coverage, providers must first file claims with the 'primary' insurer. Difficulties in communication from distant geographic locations to U.S. health insurance companies and delays in 'primary' insurance payments occasionally place providers in difficult financial circumstances. Members of DAN'S IPPN receive an immediate interim payment from DAN while the primary insurance process evolves.

This interim payment relieves the financial burden on international providers and helps ensure their continued viability and availability – to all injured divers.

Divers can also call the DPPN/IPPN to determine the status of a claim. If you or a family member experiences a dive injury, your evaluation, management and follow-up will be as effective as modern medicine and technology will allow.

DPPN/IPPN Goals

- Ensure minimum standards of practice and technology are maintained
- Ensure and enhance continuing medical and operational education
- Improve hyperbaric treatment of divers
- Reduce the time it takes to settle insurance claims
- Help keep insurance premiums down

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Accident & General Insurance Plan (referred to as “we” or “the Plan”) is required by law to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your personal medical information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION

We have the right to use or disclose your personal medical information to facilitate the payment of your covered health expenses and to operate the Plan. The following examples illustrate some of the ways we may use your information:

- To process claims or be reimbursed by another insurer that may be responsible for payment.
- To conduct quality assessment activities or administrative activities, including data management or customer service.

We must use or disclose your personal medical information:

- When required to do so by law.
- To you or your designated representative upon request.

We may use or disclose your personal medical information:

- If you are enrolled through a group health plan, to provide summaries of claims and expenses for enrollees in a group health plan to the plan sponsor, who may be an employer or an association.
- To mail materials regarding Plan benefits and other materials containing your personal medical information to the address we have on record for the subscriber of the health plan.
- To public health agencies to prevent or control disease, injury or disability.
- To government oversight agencies for activities authorized by law.
- In response to a court or administrative order, a subpoena, a discovery request or other lawful process.

- To a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- For research purposes, provided certain measures have been taken to protect your privacy.
- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- To the extent necessary to comply with state law for workers' compensation programs.

Other uses or disclosures of your personal medical information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your personal medical information:

- To review or obtain copies of your personal medical records, with some limited exceptions. Your request to review and/or obtain a copy of your personal medical records must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- To request an amendment of your personal medical information, if you feel that information maintained by the Plan is incorrect or incomplete. Your request must be made in writing and must include the reason you are seeking a change. If we deny your request, you may have a statement of your disagreement with our decision added to your medical information.
- To request a listing of the Plan's disclosures of your personal medical information. The list will not include our disclosures related to our payment or health care operations, disclosures made to you or with your authorization, or certain other disclosures, such as for national security purposes. Your request for a listing of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. The first listing of disclosures that you request within a 12-month period will be free.

- To request that we restrict or limit how we use or disclose your personal medical information for payment or health care operations. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing and must clearly state (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- To request that we use a certain method to communicate with you about the Plan in a different manner or send Plan information to a different place. Your request to receive confidential communications must be made in writing and must clearly state (1) that all or part of the communication from us could endanger you and (2) how or where you wish to be contacted. We will accommodate all reasonable requests.
- To receive a paper copy of this Notice.

You may exercise any of the rights described above by contacting our privacy office. See the end of this Notice for the contact information. If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints to the Plan must be made in writing and sent to the privacy office listed at the end of this Notice. We will not retaliate against you or penalize you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for personal medical information that we already have about you as well as any information that we receive in the future. We also post a copy of our current Notice on our website at www.DiversAlertNetwork.org. Any time we make a material change to this Notice, we will send you the revised Notice within 60 days of the revision.

CONTACT THE PLAN

If you have any complaints or questions about this Notice or you want to submit a written request to the Plan as required in any of the previous sections of this Notice, please contact:

Accident & General Insurance Co., Ltd.
 P.O. Box 1109, 90 North Church Street
 Strathvale House, 2nd Floor
 Grand Cayman KY1-1102
 Cayman Islands

YOUR NAME IS SECURE WITH DAN

In today's fast-moving business environment, we want to take a moment to remind you, our Members, that we value your privacy. We appreciate your support, which comes to us each day in a variety of ways. Here's a reminder that your information is safe with Divers Alert Network.

DAN does not sell, trade or rent your personal information to others. When you join DAN as a Member, Insured, Student Member, Donor, Business Member, Associate Pro or ProMember, your name, address and all other personal information remains under DAN's control.

As a DAN Member, you are eligible to apply for, or may receive, a number of benefits that are provided by companies other than DAN. To protect your privacy, DAN has very specific agreements with these companies that legally prevent the use of your personal information for any purpose other than the DAN Member benefit. As DAN develops any future DAN Member Benefits, the privacy of DAN Members is of paramount importance.

For more information, please visit the DAN Privacy Policy at www.DiversAlertNetwork.org/privacy.asp or contact DAN Member Services at +1-919-684-2948 ext. 333.



Insurance Programs

	Master Plan	Standard Plan
Cost per Year	\$35	\$25
Covered Charges for Expenses from a Dive Accident	up to \$125,000 Lifetime	up to \$45,000 Lifetime
Decompression Illness Expense	Yes	Yes
Other Dive Injury Med. Expense	Yes	No
Snorkeling	Yes	Yes
Coinsurance for Dive Accident Medical Coverage	100%	100%
Accidental Death and Dismemberment / Diving	US\$15,000	N/A
Permanent and Total Disability	US\$15,000	N/A
Extra Transportation	up to \$1,000	N/A
Extra Accommodation	up to \$1,500	N/A
Lost Diving Equipment	up to \$2,500	N/A
Planned Max. Depth Covered	No Limit	130ft/40m

• This brochure is a summary of benefits only and is subject to the terms, conditions, exclusions and limitations of the group policy. • DAN coverage is secondary coverage. After any other coverage you may have, DAN pays up to 100 percent of reasonable and customary costs of all remaining eligible expenses. • Eligibility for DAN insurance includes any recreational scuba diver or snorkeler (including instructors and divemasters supervising recreational diving activities) who is a DAN member and is a resident of the countries eligible for DAN insurance coverage.

This program is underwritten and administered by Accident & General Insurance Company, Limited

For in-water snorkeling and scuba diving accidents

Resulting from a covered diving accident

Resulting from a covered diving accident

Resulting from a covered diving accident

Resulting from a covered diving accident

Resulting from a covered diving accident

Resulting from a covered diving accident

-
- Underwritten by Accident & General Insurance Company, Limited, an insurance company domiciled in the Cayman Islands
 - You must be a DAN member to be eligible for DAN insurance.
 - Your membership and insurance are not activated until confirmation of valid payment has been received. Payment must accompany application.
 - Make check or money order payable to DAN. All funds described are in U.S. dollars.



IMPORTANT TELEPHONE NUMBERS — DAN AMERICA

Questions?

Call +1-919-684-2948
and the extension below

Dive Medical Information.....	222
Research Projects.....	260
Various studies including Project Dive Exploration	
Training Courses and Oxygen Products.....	555
Continuing Medical Ed.....	609
Address Changes.....	333
Member Services	
DAN <i>TravelAssist</i>	+1-919-684-3483
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Alert Diver, Subscription.....	333
Alert Diver, Editorial.....	626
Alert Diver, Advertising.....	559
Marketing.....	559
Business Membership.....	295
Development/Fund Raising.....	446
International.....	616
Fax - General.....	+1-919-490-6630
Fax - Medicine.....	+1-919-493-3040

Mail: Divers Alert Network, 6 West Colony Place,
Durham, NC 27705 USA



Call 1-800-446-2671

toll-free in the United States & Canada

in English

www.DiversAlertNetwork.org

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