

GEBA's Emergency Travel Plan



Save up to \$1,500
on travel fare for
family emergencies
for as little as
\$78 per year.

ETP Benefits

- Reimbursement for 80% of emergency air or train fare
- Travel from anywhere in the world to anywhere in the world
- Coverage is also available for your spouse and children up to age 26

Phone: (800) 826-1126 or (301) 688-7912

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GEBA
GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION



Emergency Travel Plan

What does the Emergency Travel Plan cover?

Many families are spread out all over the globe. This is why GEBA offers the Emergency Travel Plan (ETP). GEBA's ETP provides a partial reimbursement of coach or economy (lowest travel class of seating) air or train fare in the event you need to travel to visit an immediate family member due to a significant change in health as a result of serious accident, illness, or death.

Plan participants must travel on coach or economy (lowest travel class of seating) air or train fare. No change fees, booking fees, or travel insurance costs will be reimbursed. Round-trip travel will be reimbursed only for a single destination. A scheduled stopover for more than 24 hours will be deemed as the destination of your trip.

What are the benefits and features?

- Travel **from anywhere in the world to anywhere in the world!**
- Reimbursement of 80% of coach or economy (lowest travel class of seating) air or train fare from your location to that of the immediate family member with a maximum reimbursement of \$1,500 per plan participant per year.
- Reimbursement includes: cost of round-trip ticket, applicable taxes, and applicable airport fees. Additional fees that are not specifically covered are not eligible for reimbursement.
- Reimbursement of 80% for one checked baggage fee per person.
- Coverage options for the member, spouse or domestic partner, and dependents up to age 26.
- Fast and efficient claims processing with quick payment to the member.
- Easy payment options – payroll allotment (NSA/DIA employees only) or automatic debit.

ETP Saves You on Emergency Travel *Here's an Example*

Cost of Last Minute Air:	\$900
ETP Reimbursement (80%):	(\$720)
Net Out-of-Pocket Cost:	\$180
Cost of ETP:	\$78/year

How much does the coverage cost? As low as \$3 every two weeks!

Coverage	Your Premium Total	
	Biweekly (NSA & DIA only)	Monthly
Option 1: Member Only	\$3	\$6.50
Option 2: Member Plus Spouse/Domestic Partner Coverage	\$6	\$13.00
Option 3: Member Plus Spouse/Domestic Partner Coverage Plus Cross - Coverage ¹	\$9	\$19.50
Option 4: Dependent Children Coverage ²	\$3 (per child)	\$6.50 (per child)

¹Cross-Coverage allows member and spouse to visit both of their immediate family members.

²Option 4 allows reimbursement for the dependent child's emergency travel for both parent's immediate family or other defined family members.

Example: The premium for Option 3 (Cross Coverage) + Option 4 (1 Dependent Child) = \$12 biweekly or \$26 per month.

Which family members can I visit?

The plan will reimburse travel costs to visit a spouse or domestic partner, parents, grandparents, siblings, children, and grandchildren. Adopted, foster, step, and in-law members of the family are also included in the definition of immediate family. This plan does not cover travel for your own illness. See Emergency Travel Plan Family Inclusion Chart at www.GEBA.com/forms for details.

Who determines if an illness or accident is serious enough for reimbursement?

If travel is a result of a significant decline in health as a result of a family member's accident or illness rather than death, a physician's statement must accompany the claim. The physician's statement must indicate that it was recommended that you be in attendance at the time of or immediately following the decline in health. This plan does not cover trips to terminally ill family members unless there is a decline in their health and they are placed in hospice or death is imminent as judged by their physician. Preexisting condition limitations may apply. In certain circumstances, the attending physician may be required to attest to the fact that a medical procedure was a result of an accident or illness. Travel for optional or scheduled surgeries are not covered.

Emergency Travel Plan

Easy payment options

Premiums can be paid through payroll allotment (NSA/DIA employees only) or automatic debit from a checking or savings account. If paying via automatic debit, please complete the "Automatic Debit Payment Request" section of the enrollment form and send in a voided personal check.

What if I retire, resign, or return from overseas duty?

You can keep your ETP plan as long as you want, regardless of retirement, resignation, or moving to a new location.

Preexisting condition limitation

Preexisting conditions are excluded during the first 12 months after the effective date of coverage. If a family member received advice or treatment or had a condition diagnosed before the effective date of coverage and travel commences for that family member during the first 12 months due to that condition, the plan will not cover that travel. Any illness or death caused by any non-preexisting condition would be covered. Any preexisting condition would be covered after the plan has been effective for 12 consecutive months.

How many trips are covered?

Each plan participant – you, your spouse or domestic partner, and your dependent(s) – are allowed one covered trip during a consecutive 12-month period.

Underlying insurance provider

Government Employees' Benefit Association, Inc. (GEBA) self-insures the Emergency Travel Plan. Benefits under the plan are paid from GEBA's general assets. These assets are derived primarily from premiums from GEBA members for the plan and reasonable administrative expenses. GEBA reserves the right to modify, suspend, or terminate this plan at any time.

How do I sign up? And who is eligible?

Send completed Enrollment Form to GEBA via mail, fax, or email. Enrollment Form is available at www.GEBA.com/ETP.

Active and retired civilian federal employees, military, contractors assigned to NSA-W, and Sponsored Family Members are eligible to enroll in GEBA's ETP Plan on behalf of themselves, their spouse, and their dependents.

What if my circumstances change? Can I change my coverage?

To change plan options, complete and submit a new Emergency Travel Plan Enrollment Form. This form is available at www.GEBA.com/forms.

How do I file a claim?

Submit a completed Claim Form to GEBA along with a copy of travel documents and either a physician's statement for an accident or illness or a death certificate in the event of a death. A detailed list of necessary claim documents is included on the Claim Form. All claims must be filed within 90 days from the date of travel. All claims must be submitted to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206, or email geba@geba.com, or fax (301) 688-6694. The Claim Form is available at www.GEBA.com/forms.

Recent modifications to policy:

1. Further defined eligible illness or injury to require a "decline" in health.
2. Disallows travel for your own illness.
3. Defines coverage to reimburse for a round-trip to a single destination.
4. Increase in cost for Option 1, 2, 3, 4 from \$52/year to \$78/year.
5. Coverage cannot be shared by covered participants.

The following information about the plan is required to be furnished to you under the Provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended and implementing U.S. Department of Labor regulations. The evidence of coverage and this required information form your Summary Plan Description:

Plan Participants: The plan provides benefits for all members who have been approved for coverage.

Plan Sponsor: Government Employees' Benefit Association, Inc. ("GEBA"), PO Box 206, Annapolis Junction, MD 20701, (301) 688-7912.

Employer ID Number: EIN #52-6051763

Plan Number: 501

Plan Administrator: The Plan is administered and maintained by GEBA, at the address listed above (see "Plan Sponsor").

Type of Administration: The Plan is administered by the Plan Administrator (GEBA), at the address listed above (see "Plan Sponsor"). The duty of the Plan Administrator is to see that the provisions of the Plan, including this program, are carried out for the benefit of the persons entitled to participate without discrimination among participants.

Amendment or Termination of Plan: This program and any other program under the Plan and the Plan itself may be amended or terminated at any time by GEBA. If the Plan is terminated, GEBA may use plan assets to pay benefits outstanding as of the later of the date the termination is adopted or is effective, and Corporation expenses. Any remaining assets will be allocated by a Board of Directors' resolution that conforms with applicable law and does not adversely affect the Code Section 501(c) (9) qualified status held by GEBA. If the Plan is merged with another plan or plan assets are transferred to another plan, plan assets will be allocated according to the merger or acquisition agreement's terms.

Agent for Service of Legal Process: National Registered Agents, Inc., 1090 Vermont Ave., N.W., Washington, D.C. 20005. Legal Process may also be served to GEBA's Executive Director, at the address listed above (see "Plan Sponsor").

Plan Year: All financial records of the Plan are kept on a fiscal year of January 1 through December 31.

Cost of Benefits and Plan Funding: Premiums for this program are paid by you, the Plan Participants. Benefits under this program are funded out of Plan assets.

Claim Procedure: Initial Decision of Claim: Time Limits on Decision: GEBA will inform a participant in writing of the decision on his/her claim within 90 days of the date the claim is filed or will provide a notice that explains the special circumstances that require a delay in decision.

Content of Denial Notice: If GEBA partially or wholly denies a claim, it will notify the participant in writing of the specific reason(s) for the denial. The notice will give a specific reference to the pertinent plan provision on which the denial is based and will describe any additional information required to make the claim valid. This decision will be final unless the participant appeals the decision following the procedures stated in the notice and described below.

Appeal of Denied Claim: How to Request a Review of a Denied Claim: A participant who wants to appeal a denied claim must send a written request for Board review of the claim denial to GEBA no later than 90 days after the date he/she receives the denial notice. The request must explain why the claim should have been approved. It may include additional factual material for Board consideration. A participant may review, upon request, all available materials and plan documents which relate to the appeal. GEBA may make a reasonable charge for retrieving and copying such documents. If a request for review is not filed within the required 90 day period, the participant will lose the right to a claim review.

Decision on Review: Time of Decisions: GEBA usually will send the participant a written decision on his/her appeal within five days after the regularly scheduled Board meeting following its receipt of the review request.

Final Decision: The Board of Directors has the sole discretion to interpret the terms of the Group Contract, to make factual findings, and to determine eligibility for benefits. The Board's decision will not be overturned unless arbitrary and capricious.

Your Rights under ERISA

As a participant in the plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all Plan participants shall be entitled to:

1. Receive Information About Your Plan and Benefits.
2. Examine, without charge, at the GEBA Office, all plan documents and copies of all documents filed by the plan with the U.S. Department of Labor, such as the latest annual reports (form 5500 Series) and plan descriptions. This examination may take place between the hours of 10 a.m. and 3 p.m. Monday through Friday, except holidays.
3. Obtain copies of these plan documents (including insurance contracts and the Series 5500 report) upon written request to the Board of Directors of GEBA who may make a reasonable charge for the copies.
4. Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "Fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including an employer, your benefit association, or any other entity may discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to this decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in federal district court. In such case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator.

If you have a claim for benefits that are denied or ignored in whole or in part, you may file suit in a state or federal court. If the plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and fees. If you lose, the court may order you to pay these costs and fees. For example, you may have to pay these fees if the court finds your claim to have been frivolous.

If you have any questions about the plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan Administrator, you should contact the nearest Area Office of the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.