

# Travel with confidence protection User Guide for Guests

The following is a guide to the coverage available for Grupo Posadas' guests, which is covered under the collective insurance policy, its endorsements, and the general conditions with registration number PPAQ - S0012-0012-2015 / CONDUSEF-002506-01 available in the following link: https://www.aig.com.mx/content/dam/aig/lac/mexico/documents/brochures/2019-seguro-accidentes-personales-en-viajes.pdf

# **Schedule of Benefits**

| Benefits and sums insured per covered guest |                                  |  |
|---|----------------------------------|--|
| Hotel                                       | ONE                              | FIESTA INN, GAMMA,<br>IOH, FIESTA<br>AMERICANA, GRAND<br>FIESTA AMERICANA,<br>LIVE AQUA, EXPLOREAN |
| Medical expense (Illness)                   | MXN 200,000                      | MXN 400,000  |
| Medical expense (Accident)                  | MXN 15,000                       | MXN 15,000   |
| Hotel expenses due to convalesence          | MXN 3,000 daily, up<br>to 5 days | MXN 4,500 daily, up to 5 days.   |
| Repatriation of remains                     | MXN 35,000                       | MXN 50,000   |
| Telemedicine                                | Included                         | Included   |
| Telephone medical guidance                  | Included                         | Included   |
| Ambulance due to emergency                  | Included                         | Included   |

Deductible applicable to medical expense benefits: \$0.00

Age limits: 18 to 84 years for the reservation holder (main guest), 3 months to 84 years old for the rest of the guests in the room.

Scope of coverage: The coverage for each insured guest will begin from check in and will end at check out, and will apply at all times, regardless of whether they are inside or outside the hotel facilities.

# **Definitions**

Wherever the following words or phrases appear (singular or plural, capitalized or lower case) will always have the following meaning:

| Term                           | Definition  |
|--------------------------------|---|
| Accident                       | <b>Injury</b> or disability that affects the personal integrity, health or vital vigor of the Insured, as a consequence of an external, violent, sudden and fortuitous event. In view of the foregoing, when this contract refers to an Accident, no illness, whatever its type, will be covered. |
| Insured /Insured person        | The person staying in whose name the hotel room is registered with Grupo<br>Posadas, as well as the rest of the people staying and registered in the same<br>room during the same reservation.  |
| Reservation holder / main      | The person staying in whose name the stay with Grupo Posadas is registered.   |
| guest                          |   |
| Home                           | Your primary residence.   |
| Deductible                     | Amount to be paid by the Insured that will be deducted from the compensation for each event.  |
| Doctor / Treating<br>Physician | A registered and duly qualified physician licensed under any applicable law,<br>acting within the scope of his / her license and training. The Treating<br>Physician cannot be You, Your Relative, Your Business Partner, employer,<br>employee or Travel Companion.                              |

| Medical emergency      | Situation or event that prevents the person from continuing normally with His/Her trip, which occurs without prior notice and in which   |  |
|------------------------|--|--|
|                        | the life of the person or the function of any organ is at risk if not attended as<br>soon as possible.   |  |
| Serious illness        | Life-threatening illness, including Medical Emergencies.   |  |
| Infectious disease     | It is the clinical manifestation of an infection caused by a microorganism (such as bacteria, fungi, viruses, etc.).   |  |
| Stay                   | It refers to the period between the time of check in and the guest's check<br>out at the hotel.  |  |
| Policy Effective Date  | The moment of Check in of the guest at the hotel.  |  |
| Policy Expiration Date | The moment of Check out of the guest at the hotel.   |  |
| Hospital               | Institution legally authorized to provide hospital services, whether medical or surgical, operating under the constant supervision of a Treating Physician.  |  |
| Injury                 | Means bodily harm suffered by You as a result of an Accident during the Trip,<br>which occurs alone, directly and independently of any other cause or causes,<br>including any physical illness or disease or any Preexisting or congenital<br>Condition, except conditions that result directly from treatments medical or<br>surgical that have made necessary as part of such Injury. |  |
| We, Our, Us or Company | AIG Seguros México, S.A. de C.V.   |  |
| Preexisting condition  | It is the pathological condition or affliction that prior to the policy effective<br>date:<br>A) Has been diagnosed by a Doctor; or<br>B) Caused an expense, or<br>C) It was obvious to the naked eye; or<br>D) It has been of such a nature that, due to the symptoms or signs, it would<br>have been impossible not to be perceived.   |  |
| Policy                 | Means the general insurance conditions, the Policy Cover<br>and any endorsements or statements attached to the contract.   |  |
| You, your              | An <b>Insured person.</b>  |  |
| Trip                   | Your vacation or tour, which starts from the moment you check in at the hotel and<br>purchase this program, until you check out.<br>It must also be fulfilled that Your Trip has as its destination a minimum of 50 kilometers<br>away from Your Home.   |  |



#### **General Exclusions**

The following exclusions apply to all the coverages of this Policy. In addition to these general exclusions, certain exclusions may apply to each coverage individually.

We will not be liable under any coverage of this Policy for any claim arising from, based on or attributable to:

- 1. A Preexisting Condition and / or disease when it has any of the tests indicated in the following cases:
  - Declaration (prior to the conclusion of the insurance contract) of the existence of said illness and / or disease or,
  - Medical record where a diagnosis has been made by a Doctor or,
  - Laboratory or cabinet tests or any other recognized means of diagnosis.
  - The Company may also reject a claim for a Preexisting illness and / or illness when, prior to the conclusion of the insurance contract, the Insured has incurred documentary verifiable expenses to receive medical treatment for the illness and / or condition in question.
  - Regardless of the foregoing, when the Company has documentary evidence that the Insured has made expenses to receive a diagnosis and / or treatment of the disease or condition in question, it may request the Insured for the result of the corresponding diagnosis or in your case the medical or clinical file, to resolve on the origin of the claim.

This exclusion will not be applicable if the Insured has undergone the medical examination specifically requested by the Company, so the exclusion of preexistence with respect to illness and / or any condition related to the type of examination that has been applied may not be applied, that it had not been diagnosed in the aforementioned medical examination.

- 2. The purpose of your trip is to receive medical treatment or advice.
- 3. You, a Relative, Business Associate, Travel Companion, a Relative or friend living abroad with whom you are planning to stay, have received a diagnosis of terminal illness at the time of contracting this policy.
- 4. Any event or assumption that you were aware of or it was evident that you were aware of (at the time of contracting this Policy), which would necessarily give rise to a claim.

5. Any claim related to a psychological or psychiatric disorder, anxiety or depression that



has been diagnosed by a doctor that You, a Relative, Business Associate or a Travel Companion, have suffered or have required medication or treatment in the previous two years upon contracting this Policy.

- 6. Any claim arising from a Trip to, or through, the following countries: Afghanistan, Cuba, Democratic REPUBLIC of the Congo, Iran, Iraq, Liberia, Sudan, Syria or the REPUBLIC of Crimea.
- 7. Any claim as a result of acts of terrorism. For the purposes of this exclusion, terrorism means the criminal type described in Article 139 of the Federal Criminal Code, that is, who uses toxic substances, chemical, biological or similar weapons, radioactive material, nuclear material, nuclear fuel, radioactive mineral, source of radiation or instruments that emit radiation, explosives, or firearms, or by fire, flood or by any other violent means, intentionally performs acts against goods or services, whether public or private, or against the physical, emotional integrity, or the lives of people, that cause alarm, fear or terror in the population or in a group or sector of it, to threaten national security or pressure the authority or an individual, or force this for you to make up your mind.
- 8. Declared or undeclared war, any act of war, declared or undeclared, civil war, invasion, revolution or rebellion;
- 9. Nuclear explosion, including all its effects or radioactive contamination caused by ionizing radiation or contamination by radioactivity of any nuclear fuel or of any nuclear waste caused by the combustion and / or continuous combustion of nuclear fuel; or the radioactive, toxic, explosive properties or any other risk of any nuclear equipment or component thereof. The dispersion, application or release of pathogenic or biologically poisonous or chemical materials.
- 10. Any claim that derives from social disturbances, blockades, strikes of any kind, except for (i) strikes that were not made public when You booked your Trip or contracted this Policy (whichever is later) or (ii) that it coverage contracted expressly mention the inclusion of any of these events.
- 11. Any loss of profits, loss of use, loss of business, loss of business opportunities, loss of income if You are unable to work after suffering an Injury or any claim for indirect damages or indirect loss of any nature.
- 12. Negative, omission or inability to provide services, facilities or accommodation by any person, company or organization, including any carrier or provider of Travel



services, due to its own bankruptcy or suspension of payments or the bankruptcy or suspension of payments of any person, company or organization with whom they have business dealings.

- 13. Any claim arising out of Your suicide or attempted suicide of any Insured or Selfinflicted Injuries or deliberately putting any Insured at risk of death (unless You are trying to save a human life).
- 14. Injuries or Accidents derived from the direct participation of the Insured as an active subject of the crime, in criminal acts of an intentional nature.
- 15. Any claim involving Your participation in Manual Labor during Your Trip.
- 16. Accidents originated or caused by gross fault of the Insured. In any case, the Insured's serious fault will be understood to be in an alcoholic state or under the influence of drugs, enervants or stimulants not medically prescribed. Alcoholic state is understood to be the presence of a level greater than 150 milligrams of alcohol on 100 milliliters of the Insured's blood, at the time of the Accident.
- 17. Any expenses that you, even if the accident had not occurred, would have had to pay (such as the cost of food).
- 18. Any claim that arises from refusing to be vaccinated AS required to enter SOME country that includes your Trip.
- 19. If you are traveling against the instructions of a doctor or if you are acting against medical indications that are in writing.
- 20. Your failure to follow the directions of the Company or the assistance company when reporting a claim.
- 21. Any claim arising from not being able to obtain or having a visa or permit or restriction of access to any location, by a government or official authority, be refused.
- 22. Any claim arising from pregnancy, abortion, childbirth, infertility, contraception or operations related to sterilization, unless they are derived from a covered Accident. For the purposes of this exclusion, contraception means the set of methods or substances used to prevent fertilization and consequently pregnancy.



- 23. Injuries or Accidents due to the professional practice of any sport.
- 24. That you participate in any of the following sports and activities:
- (a) Any sport in which You could or should earn or receive remuneration, donation, sponsorship or financing of any kind;
- (b) Interscholastic team or athletic events;
- (c) Any journey or expedition to a high-risk, inaccessible or inhospitable location, including the Arctic or Antarctic or any area that is not included within the destinations of established tour operators because they are not recognized as accessible to the PUBLIC in general. .
- (d) Any activity involving guns or weaponry;
- (e) White water rafting grade 4 or higher;
- (f) Navigation outside territorial waters;
- (g) Diving, (unless you have a PADI certification (or similar recognized qualification) or you dive with a qualified instructor. In these situations, the maximum depth we will cover is that specified under your PADI certification (or similar recognized qualification). ) but not beyond thirty (30) meters and you must not dive alone).
- (h) Motorized sports or motorized racing, including the training or practice thereof;
- (i) Motorcycling, except that:
- to. the motorcycle is 125cc or smaller and you have a valid motorcycle license for the country in which it is being used; or
- b. the motorcycle is 125cc or larger and you or the person who controls the motorcycle has a motorcycle rider license, valid in the country in which it is being used; and
- c. at all times traffic rules are being respected and appropriate helmet and safety equipment is used;
- (j) Mountaineering and rock climbing requiring the use of specific equipment including, but not limited to, crampons, pegs, anchors, bolts, carabiners, and guide rope anchoring equipment or moulinette equipment;
- (k) Hiking or hiking at more than 3,000 meters;
- (I) Water sports, including but not limited to skiing and snowboarding on or off a track; sledding, sledding, bobsled, ice skating, ice hockey, snowmobiling, heliskiing;
- (m) Equestrian activities, including but not limited to horseback riding, charreada, jumping and polo;
- (n) Sports of a combative nature, including but not limited to boxing, martial arts, wrestling and bullfighting;
- (o) Canyoning, caving, base jumping, rappelling;
- (p) Extreme endurance tests, including but not limited to, ultra marathons, triathlons, biathlons;
- (q) Hang gliding or parapente;



(r) Free fall, skydive or bungue jump;

- (s) Hunting and Shooting.
- (t) Water skiing.

# **Benefit Description**

#### **Medical Expense (Illness)**

We will reimburse you for the necessary medical expenses that you have actually incurred, following an emergency arising from a **Serious Illness** and **Infectious Disease** suffered during your **Trip** that requires treatment by a **doctor**.

This is not major medical insurance. If **You** go to a Hospital and are likely to be in the hospital for more than 24 hours, **You** or someone else on Your behalf should contact the emergency assistance company. If **You** or someone on **Your** behalf do not notify **Us** before Your stay exceeds 24 hours, **We** may reduce the amount We pay for medical expenses to the extent that timely notice has been given.

The insured sum limit will be applicable per Insured and for the duration of **Your stay**. The sum insured will not be reinstated.

## **Medical Expense (Accident)**

We will reimburse you for the necessary medical expenses that you have actually incurred, after an emergency arising from an **Injury** suffered during your **Trip** that requires treatment by a **doctor**.

This is not major medical insurance. If **You** go to a Hospital and are likely to be in the hospital for more than 24 hours, You or someone else on Your behalf should contact the emergency assistance company. If **You** or someone on **Your** behalf do not notify **Us** before Your stay exceeds 24 hours, **We** may reduce the amount We pay for medical expenses to the extent that timely notice has been given.

The insured sum limit will be applicable per Insured and for the duration of Your **stay**. The sum insured will not be reinstated

## Hotel expenses due to convalesence

The expenses incurred for up to 5 days at the hotel are covered, when as a result of a **Serious Illness**, **Injury**, or **Infectious Disease** suffered by the insured person, it is the indication of the **treating doctor** to stay in the hotel for a time greater than the original check out date.

## Particular exclusions (Medical expense and convalesence benefits)

In addition to the general exclusions of this Policy, the Company will not be liable under this section for any claim that arises, is based on or is attributable to:

1. Experimental, elective or research procedures, or any cosmetic surgery, except a



reconstructive surgery that is required due to an Accident that you suffer while you are on a Trip that is medically necessary to allow you to return Home.

2. Any expenses or costs related to treatment or surgery that we believe are not Immediately Necessary and that may wait until Your return to Your Home.

3 Any cost that is additional to a private or simple Hospital room unless medically necessary.

4 Any SEARCH and rescue costs charged to you by a government,

authority or private organization, related to Your SEARCH and rescue, except for costs medical transfer through the most appropriate transport.

5 Any costs that You have to pay when you have refused to return to Your Home and We consider that You were fit and able to do so.

6 Any treatment or medication of any kind that You receive after your return to Your Home.

7 Routine dental care.

8 Any expenses related to the services provided by any third party for which You are not obliged to pay, or any expenses that you have already incurred in the cost of your scheduled Trip.

9 Any expense for external prosthetic devices or appliances which includes, but is not limited to, artificial limbs, hearing aids, contact lenses, eyeglasses, artificial lenses, and dental bridges or wheelchairs or walking aids, except rent of wheelchairs and similar assistive devices used by you under the instruction of a physician during the period of your hospitalization.

**10 Routine Physical Exams.** 

11 Mental health care.

12 Traveling for the purpose of securing medical treatment.

13 Any cost of:

• Telephone calls (outside of the first call to the Assistance Company to notify them of the medical problem);

• Taxi tickets (unless a taxi is used instead of an ambulance to take you to or from the Hospital); or

• Food and beverage expenses (unless they are part of your hospitalization costs if you are admitted to the hospital).

# **Repatriation of remains**

In the event of **Your** death while **You** are on your **Trip**, **We** will pay the necessary funeral expenses in the place where **You** died or we will pay the costs necessary to repatriate **Your** mortal remains to Your city of origin.

The repatriation expenses covered include the costs necessary to: 1. embalming;



2. cremation;

3. the most economical coffin or urn suitable for the transport of His remains; and

4. the transportation of the remains, by means of transport and the most direct and economical route possible.

The maximum amount that **We** will pay under this coverage will be the limit of the sum insured for the Plan that you have contracted.

For this coverage to be applicable, the **Company** must take charge of making the contracting arrangements for repatriation, or previously approve any expenses, or use of vendors proposed by the insured person.

# **Telemedicine, Telephone medical guidance and Ambulance due to emergency**

### Telemedicine

In the event of a medical emergency, **you** can have immediate contact through videoconference with general practitioners, in a personalized and virtual way, who will help take the necessary measures to stabilize and help **you** with **your** discomfort.

Number of events and service availability:

- The service will be scheduled to be attended in a maximum time of 15 minutes. Service available 24 hours a day, during your **stay**. Unlimited events during the term of the services.
- In no case may the doctor give a diagnosis or prescribe medications.
- It does not cover any medical expenses generated.
- The service must be coordinated from the beginning by Telasist and no refund applies.

The service does not cover any medical expenses generated. In no case, the doctor will be able to give a diagnosis or prescribe medicines.

#### Important:

The assistance is not responsible for the provision of the service in the following cases:

• When the User does not have adequate connectivity and the electronic means necessary to download a video call: front camera and data connection (preferably WiFi), through WhatsApp or the digital platform used by the service provider. In cases of force majeure or fortuitous event, the provision of the service may be affected, in which case, the assistance provider will make its best effort to provide the service in the best possible conditions, in the event that the authority issues an agreement through the which declares the suspension of activities, the doctor may provide care remotely from the place where he is, as long as the media are not affected due to unforeseeable circumstances or force majeure.

• In order to provide medical attention by video call, the service provider may capture an image or video Documento informativo, no oficial pg. 10



of the medical consultation, so that the doctor can provide the medical consultation, through various questions and information and to determine his diagnosis and treatment; It is strictly forbidden, both to the medical professional and the patient and / or User, the total or partial reproduction of the video call by any means, as well as uploading it to any technological platform, and social networks, all the information will be treated as confidential information.

• Whenever the assistance provider could use personal data, the insured may consult PRIVACY NOTICE AT

http://telasist.com/avisodeprivacidad.html In the same way, the independent doctors who provide medical consultations have an obligation of the privacy of the treatment of your personal data and information considered sensitive.

#### Telephone medical guidance

In case of medical emergency, **you** may have immediate contact, through the assigned number, with general practitioners, who will help to take the necessary measures to stabilize and help **you** with your discomfort, in addition to helping with the interpretation of laboratory tests; as well as providing information related to medications, side effects, prescriptions, interpretation of laboratory tests, orientation in family planning, sex education, vaccinations, prevention in self-medication, smoking, alcoholism, drug dependence and first aid.

In no case may the doctor give a diagnosis or prescribe medications.

#### Ambulance due to emergency

In the event that the user suffers an accident or emergency and requires medical transfer services, Telasist will send a land ambulance to the place of the event to be taken to the closest hospital in the city where it is located within the national territory.

**You** will be transfered to the closest hospital in the insurance network, unless this endangers your life; in this case, **you** will be taken to the nearest hospital so that **you** can be treated.

This service is available 24 hours a day, during your stay. One free event, subsequent events with preferential cost.