

Accident Benefits for Citigroup Inc. and its subsidiaries and affiliates

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

- Class 1: All Employees of the Participating Organization who are in Active Service.
- Class 2: All Non-Employee Directors of the Participating Organization who are in Active Service.
- Class 3: All Consultants working under contract with the Participating Organization and Guests* who are traveling at the request of the Participating Organization. *Guests means individuals invited by the Participating Organization to participate in a Covered Activity that is related to, or in the course of the Participating Organization's business.
- Class 4: All Russia, Ukraine, Belarus, Israel (incl. Gaza & West Bank), and Lebanon Employees of the Participating Organization who are in Active Service.

Your Dependents (your lawful spouse and unmarried children, subject to the age limits shown in the Policy) are also covered, if they are traveling with you.

Effective Date: January 1, 2025 through January 1, 2028

Period of Coverage: You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

Out-of-Country Medical Expense Benefit - In addition to the accident benefits provided by your business travel plan, we will pay the additional benefits listed below if you are injured as the result of a Covered Accident or become sick while traveling on business outside your Home Country or Country of Permanent Assignment provided the trip does not exceed 365 days; or on a Relocation Trip.

"Relocation Trip" means a trip in connection with your transfer by the Policyholder to a new worksite outside of your Home Country. Coverage will end on the earlier of 30 days after the date you have relocated to your Country of Permanent Assignment or the date you move to the Policyholder's local or expatriate benefit plan.

This coverage will begin on the later of the scheduled departure date or the date you leave your Home Country or Country of Permanent Assignment on a trip authorized by the Participating Organization. Coverage will end on the earliest of your scheduled return date, the date you return to your Home Country or Country of Permanent Assignment, or the date your Personal Deviation is more than 14 day(s).

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable to the earlier of the date you return to your Home Country or Country of Permanent Assignment, or 52 Weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness.

The Maximum Benefit for all Accident and Sickness benefits for you is \$250,000; for your spouse is \$250,000; and for your children is \$250,000, subject to a Deductible of \$0 per Covered Accident or Sickness.

The following limits also apply: The maximum for Dental Treatment (Injury only) is \$2,000. The maximum for Dental Treatment (Alleviation of Pain) is \$2,000. The maximum for Emergency Medical Treatment of Pregnancy is treated as any other medical condition. The maximum for Room & Board charges is the average semi-private room rate. The maximum for ICU Room & Board Charges is two (2) times the average semi-private room rate.

Medical Expense Benefits are only payable: 1) for 100% of the Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that the Covered Person incurs; and 3) for charges incurred for services rendered to you while traveling outside of your Home Country or Country of Permanent Assignment.

Baggage Delay Benefit - If your checked-in luggage is not delivered to you within 24 hours at the scheduled destination point of your flight, we will reimburse you for charges incurred at the scheduled destination for purchases of essential clothing and toiletries up to \$3,000. These purchases must be made within 24 hours of your arrival or prior to the return of the luggage, whichever is sooner. You must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases.

Home Country Extension Benefit - We will pay benefits for Covered Medical Expenses up to \$250,000 if you obtain treatment of a covered Injury or Sickness while you are in your Home Country provided treatment is rendered within 90 days. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan. Coverage under this benefit begins on the date you arrive in your Home Country. It ends the later of: 1) six (6) months, or 2) the date you leave your Home Country. This benefit is payable only once in any Policy Term. Home Country Extension Benefit payments are subject to the Deductible of \$0, Coinsurance Rate, and Benefit Maximum shown in the *Schedule of Benefits* for Medical Expense Benefits.

Lost Baggage Benefit - We will reimburse your replacement costs of clothes and personal hygiene items, up to \$500 per bag not to exceed \$1,000 per trip after satisfaction of the \$0 Deductible, if your luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond your use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen, or damaged luggage.

Personal Property and Financial Instrument Reimbursement Benefit – If you sustain loss or damage to Personal Property or Financial Instrument during a bona fide business Trip approved by your employer, after satisfaction of the \$0 Deductible, We will indemnify the Policyholder on your behalf with respect to such loss or damage as follows: we will reimburse the reasonable cost up to \$1,000 per item or set of items, not to exceed \$2,500 for Personal Property; we will reimburse up to \$4,000 for cash and \$8,000 for other Financial Instruments, per Trip.

Replacement costs for Personal Property are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property and Financial Instrument, and We require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits. "Personal Property" means personal goods belonging to you or for which you are responsible and are taken on the business Trip or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment. "Financial Instrument" means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards. It does not mean the devaluation of currency or shortages due to errors or omissions during monetary transactions.

Trip Cancellation Benefit - We will reimburse you for the amount of non-refundable Covered Expenses you paid for your Trip, up to \$5,000, if you are prevented from taking your Trip as the result of Injury, Sickness, or you or your Family Member's death prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled. If you must cancel the Trip due to Injury or Sickness of a Family Member, it must be because his or her condition is life-threatening, or because the Family Member requires your care. Cancellation due to the death of a Family Member is covered under only if the death occurs within 30 days of your scheduled Trip departure date.

Covered Expenses: 1) any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip; 2) any prepaid, unused, non-refundable airfare and sea or land accommodations; 3) any other reasonable additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable.

"Family Member" means your spouse, child, brother, sister, parent, grandparent or immediate in-law.

Trip Delay Benefit - We will reimburse Covered Expenses you incur if your trip is delayed for more than 12 hours. The maximum we will pay is \$100 per person per day up to 10 days, subject to a benefit maximum of \$1,000.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of your Trip.

Travel Delay must be caused by one of the following reasons: a) Injury, Sickness or death to either you, your Family Member or traveling companion that occurs during the Trip; b) carrier delay; c) lost or stolen passport, travel documents or money; d) Natural Disaster; e) you being delayed by a traffic accident while en route to a departure; f) hijacking; g) unpublished or unannounced strike; h) civil disorder or commotion; i) riot; j) inclement weather which prohibits Common Carrier departure; k) equipment failure of a Common Carrier; or l) the loss of your and/or your traveling companion's travel documents, tickets or money due to theft.

Your Duties in the Event of Loss: you must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

In addition to the exclusions above, We will not pay benefits for any loss, treatment, or services resulting from or contributed to by:

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Routine nursery care.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household.
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).
- Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

In addition to the Policy Exclusions, We will not pay Lost Baggage, Personal Property and Financial Instrument Reimbursement for:

- Loss or damage due to:
 - i. Moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - ii. Mechanical or electrical failure;
 - iii. Any process of cleaning, restoring, repairing, or alteration;
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
- Devaluation of currency or shortages due to errors or omissions during monetary transactions;
- Any loss not reported to either the police or transport carrier within 24 hours of discovery;
- Any loss due to confiscation or detention by customs or any other authority.

If we determine the benefits paid under the Out-of-Country Medical Plan are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

Definitions: **"Covered Accident"** means an accident that occurs while coverage is in force for you and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **"Covered Person"** means any eligible person for whom the required premium is paid. **"Injury"** means accidental bodily harm sustained by you from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **"Medical Emergency"** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **"Sickness"** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **"Trip"** means travel by air, land, or sea from your Home Country. **"We, Our, Us"** means the insurance company underwriting this insurance or its authorized agent.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Policy Number: ADD N04831585, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

For Travel Certificates: please navigate to your internal travel site/intranet or contact your HR Department.

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Chubb NA at 800-336-0627 (from inside the U.S.) or 302-476-6194 (from outside the U.S.); fax 302-476-7857 for claims or inquiries, or e-mail aceaandhclaims@chubb.com. To file a claim online, visit us at: <https://www.chubbclaims.com/ace/us-en/welcome.aspx>. Mail claims to: Chubb Accident & Health, PO Box 5124, Scranton, PA 18505-0556.

Travel Assistance Services: Please contact the Policyholder for information about your travel assistance services and how to contact the assistance provider when you are traveling.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to your employer. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.