TRAWICK International

SAFE TRAVELS COMPLETE

Travel Medical Insurance with Stable Pre-Exiting Conditions for Non-U.S. Citizens Traveling to the U.S

Coverage Highlights

- Customizable Medical Maximum and Deductible Choices
- Stable Pre-Existing Condition Benefit
- Emergency Medical Evacuation
- Repatriation of Mortal Remains
- Coverage up to age 89 years
- 5 days to a maximum of 364 days
- Plan must be purchased prior to travel and 90 day minimum premium is required

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Schedule of Benefits

Benefits	Maximum Benefit Amount
MEDICAL MAXIMUM PER PERIOD OF INSURANCE	$60,000, $250,000, $500,000, or $1,000,000
Pre-Existing CONDITION MEDICAL MAXIMUM per period of insurance	$20,000, $25,000, $30,000, $40,000, or $50,000
DEDUCTIBLE PER PERIOD OF INSURANCE	$250, $500, $1,000, $2,500, or $5,000
Pre- Existing Condition Deductible PER PERIOD OF INSURANCE	$1,500, $2,000, $2,500, $5,000, or $10,000
CO-INSURANCE PER PERIOD OF INSURANCE	80% In Network / 60% Out of Network
STABLE PRE-EXISTING CONDITION	Covered subject to limits and exclusions
Hospital Room and Board including Intensive Care Unit	$20,000 Maximum $15,000 Pre-Existing Conditions Limit
Hospital Ancillary Services	$20,000 Maximum $15,000 Pre-Existing Conditions Limit
HOSPTIAL Emergency Room	$20,000 Maximum $15,000 Pre-Existing Conditions Limit Emergency Room Sickness with no direct Hospital Admission - $7,500 Pre-Existing Conditions Limit
Cardiac Conditions and Stroke per Period of Insurance	$25,000 Maximum up to age 69 $15,000 Maximum for ages 70 to 89
Outpatient Surgical Facility	Covered
Physician's Surgical Treatment	Covered $15,000 Pre-Existing Conditions Limit
Physician's Non-Surgical Visit	Covered
Assistant Physician's Surgical	Covered at 20% of the primary surgeon's eligible fee $5,000 Pre-Existing Conditions Limit
Anesthesiologist	Covered
Consulting Physician	Covered
Pre-Admission TestS	Covered within 7 days of Admission
Diagnostic X-rays and Lab Services	Covered
Emergency medical treatment of pregnancy	$1,000 Maximum per Period of Insurance
urinary tract infection - For DiagnosIS And treatment	$2,000 Maximum per Period of Insurance
Physician's Visit	Covered
Urgent Care or Walk in Clinic VISIT	$25 In Network / $50 Out of Network Not Subject to Deductible
Prescription drugs and medications	$50 per prescription up to a maximum of $500 per Period of Insurance (must be prescribed by a Physician)
Physiotherapy, Physical Medicine, Chiropractic	$50 per visit up to a maximum of $500 per Period of Insurance (must be prescribed by a Physician)
COVID, SARS-CoV-2	Medically Necessary Treatment for COVID, SARS-CoV-2, and any mutation or variation of SARS-CoV-2 up to the maximum
Dental Treatment for Injury of Sound Natural Teeth due to Accident	$250 per Period of Insurance
Ambulance Service	Covered
Wheelchair or hospital-type bed rental	Covered
Mechanical equipment rental for treatment of respiratory paralysis	Covered
*Emergency medical evacuation including RETURN OF MINOR CHILDREN OR GRAND-CHILDREN OR TRAVELING COMPANION	$20,000 per Period of Insurance
*Repatriation of mortal remains	$10,000 per Period of Insurance
*Accidental Death and Dismemberment	$20,000 Principal Sum– 24 Hour
**Travel Assistance	Included

*Not subject to Deductible
** This is a non-insurance service and is not a part of the insurance underwritten by Zurich Insurance Europe AG Belgian branch.

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Coverage Details

STABLE PRE-EXISTING CONDITION BENEFIT

Notwithstanding any other provision of this Certificate, benefits are payable for covered Medical Expenses resulting from a sudden and unplanned recurrence or acute exacerbation of a Stable Pre-Existing Condition, provided such condition meets the requirements outlined in this section. Coverage applies only when immediate medical treatment is required to prevent serious deterioration of health. Except as specifically modified by this section, all other terms, conditions, exclusions, and limitations apply.

Stability Requirement
A Pre-Existing Condition shall be considered Stable only if it meets the definition of Stable Pre-Existing Condition contained in the Definitions section of this Certificate of Coverage.
Covered Stable Pre-Existing Condition Maximum Limit
Benefits for all eligible expenses related to Pre-Existing Conditions are subject to separate Deductible and Maximum Limits per Period of Insurance, as stated in the Schedule of Benefits. Once the Pre-Existing Condition Maximum Limit is reached then 1) no further benefits will be payable for Pre-Existing Conditions; 2) coverage will remain in effect for all other eligible expenses unrelated to Pre-Existing Conditions.

Stable Pre-Existing Condition Events
Expenses for a Pre-Existing Condition will be considered only when 1) the episode is sudden, unplanned, and first occurs after the effective date of coverage; 2) symptoms represent a sudden and unplanned recurrence or acute exacerbation of a Pre-Existing Condition, or the sudden onset of a complication directly resulting from that condition, beyond routine maintenance care or expected disease progression; and 3) treatment is Medically Necessary and cannot be reasonably delayed. Multiple episodes of a Pre-Existing Condition may be covered during the Period of Insurance, provided each episode results from a separate acute exacerbation; occurs after the Covered Person has been medically stabilized from the previous episode; is not a continuation of the same illness or course of treatment; is supported by appropriate medical records demonstrating a separate occurrence.

Excluded Pre-Existing Condition Treatment
The following are not covered: 1) Routine or maintenance care, including scheduled physician visits, Elective or planned procedures, long-term disease management, medication refills not associated with a sudden and unplanned recurrence or acute exacerbation. 2) Treatment that was recommended prior to the Effective Date, or reasonably foreseeable at the time of travel. 3) Ongoing or continuous treatment without evidence of sudden and unplanned recurrence or acute exacerbation. 4) Dialysis, long-term rehabilitation, or custodial care.
5) Where travel was undertaken primarily for the purpose of receiving medical Treatment for a Pre-Existing Condition.

Medical Necessity and Documentation
All Pre-Existing Condition Expenses must 1) be supported by Physician documentation describing the acute change in condition, and 2) demonstrate the Treatment was Medically Necessary and emergent or urgent in nature and are required to stabilize the condition. Expenses will be evaluated based on clinical presentation and medical records, and not solely on diagnostic coding.

Relationship to Other Plan Provisions Payments under this section shall not extend or increase the overall Policy Maximum. Expenses must meet the definitions of both Medical Expense and Medically Necessary. This section does not provide coverage for services otherwise excluded herein.

Termination of Pre-Existing Condition Benefits
Pre-Existing Condition Benefits terminate upon the earliest of 1) exhaustion of the Pre-Existing Condition Maximum Limit; or 2) the Termination of the Period of Insurance.
This plan provides coverage to non-US citizens who reside outside the USA and are traveling outside of their Home Country to visit solely the US, or to visit a combination of the US and other countries. It is not available to anyone age 90 or above.

PRE-CERTIFICATION REQUIREMENTS

Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by the Company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the Covered Person and/or their Relatives, guardians and/or healthcare providers at the time of Pre-certification. The Company reserves the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, or verification of Treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that Treatment or supplies are Pre-certified by the Company does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits.

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Coverage Details

PRE-CERTIFICATION REQUIREMENTS CONT.

The Company's consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the Terms of this insurance, including exclusions for Pre-existing Conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be Usual and Customary Charge. Any consideration or determination of a Pre-certification request shall not be deemed or considered as the Company's approval, authorization, or ratification of, recommendation for, or consent to any diagnosis or proposed course of Treatment. Neither the Company nor the Plan Administrator (nor anyone acting on their respective behalf) has any authority or obligation to select Physicians, Hospitals, or other healthcare providers for the Covered Person, or to make any diagnosis or medical Treatment decisions on behalf of the Covered Person, and all such decisions must be made solely and exclusively by the Covered Person and/or their Immediate Family Member or guardians, Treating Physicians and other healthcare providers. If the Covered Person and their healthcare providers comply with the Precertification requirements of this coverage, and the Treatment or supplies are Pre-certified as Medically Necessary, the Company will reimburse the Covered Person for Eligible Medical Expenses up to the amount shown in the SCHEDULE OF BENEFITS incurred in relation thereto, subject to all Terms of this insurance. Eligibility for and payment of benefits are subject to all of the Terms of this insurance.

EXCESS INSURANCE

The coverage provided in this plan shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exists, this coverage becomes primary. We reserve the right to review and potentially subrogate any undeclared coverage whether known or unknown to the Covered Person. The Covered Person agrees to cooperate with all efforts to coordinate benefits, and the failure to cooperate is a basis to limit or deny benefits that may be covered by other insurance.

Electronic Communication: 1. Consent to receive insurance related documents and communications, including but not limited to, your Certificate of Coverage documents, disclosures, notices, explanation of benefits (EOB), claims documentation, as well as termination and cancellation or non-renewal notices, electronically to the email address you provide to us through the online application process instead of receiving these records in a paper format from us. 2. Agree and acknowledge that your consent is provided and/or obtained in connection with a transaction affecting interstate/international commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law. 3. Agree that the document(s) delivered to you electronically shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent, by written notice, to receive documents via electronic means. Electronic document(s) are considered received by you at the date and time you complete your purchase, and unless we receive notice that the email notification was not delivered to you at the email address you provided.

Privacy Statement: We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our Covered Persons or former Covered Persons to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy by calling us toll-free at (888) 301-9289 or by visiting us at https://www.trawickinternational.com/privacy-policy.

DATA PROTECTION

If you are ordinarily resident in the European Economic Area (EEA), you should be aware that we may need to transfer your personal information to some of our recipients (e.g., our appointed agent (Trawick International, GmbH), claims handler (SureGo Administrative Services) and affiliates). Some of these recipients are located outside the EEA in countries which may not have laws that protect your personal information in the same way as the data protection laws in the EEA. Where these transfers occur, we ensure that: (a) they do not occur without our prior written authority (where applicable); and (b) an appropriate transfer mechanism or agreement is in place to protect your personal information (e.g. the European Commission's Standard Contractual Clauses, the EU-US Data Privacy Framework or the Swiss-EU Privacy Shield). For more information on these transfers, please contact the Data Protection Officer.

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ELECTRONIC COMMUNICATION:

1. Consent to receive insurance related documents and communications, including but not limited to, your Certificate of Coverage documents, disclosures, notices, explanation of benefits (EOB), claims documentation, as well as termination and cancellation or non-renewal notices, electronically to the email address you provide to us through the online application process instead of receiving these records in a paper format from us.
2. Agree and acknowledge that your consent is provided and/or obtained in connection with a transaction affecting interstate/international commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law.
3. Agree that the document(s) delivered to you electronically shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent, by written notice, to receive documents via electronic means. Electronic document(s) are considered received by you at the date and time you complete your purchase, and unless we receive notice that the email notification was not delivered to you at the email address you provided.

This is brief summary of the features available in this plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. Limitations and exclusions apply. The terms and conditions of coverage may be viewed in the plan Certificate.

Non-Insurance Benefits include:
Concierge Assistance provided by Trawick International.

Emergency 24-Hour Travel Assistance Service provided by On Call International.

Underwritten by:
Zurich Insurance Europe AG
Belgian branch

Plan Admin:

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www.trawickinternational.com

TRAWICK International

Your Agent Information

VISITORS INSURANCE™.com
Int'l Travel Insurance experts over 35 years
A Division of Community Insurance Agency, Inc

Visitors Insurance

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