



# SAFE TRAVELS USA

TRIP PROTECTION

- > Trip Cancellation/Trip Interruption and Travel Delay Coverage up to \$25,000 per person
- > Medical, Emergency Evacuation, Repatriation, Political Evacuation
- > AD&D and Travel Related Benefits for persons while traveling to the United States and worldwide with certain restrictions to specific countries and locations
- > Coverage from 1 to 180 days - NOT RENEWABLE

## BENEFITS AT A GLANCE (Per Person)

Medical Maximum per Policy Period:	\$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 *Persons age 70-79 are eligible for the \$50,000 plan only
Medical Deductible per Policy Period:	\$0
Co-insurance per Policy Period:	80% of the first \$5,000 of Covered Expenses then 100% up to the policy maximum
Medical Expense Benefits (subject to Policy Maximum, Deductible and Co-Insurance)	
Hospital Room and Board Charges:	The average semi private room rate
ICU Room and Board Charges:	three times the average semi private room rate
Outpatient Medical:	Usual customary charge up to the selected Medical Maximum
Emergency Medical Treatment of Pregnancy:	\$1,000
Mental or Nervous Disorders:	\$2,500
Physiotherapy/Physical Medicine/Chiropractic:	\$50 per visit per day; up to 10 visits per Policy Period
Dental Treatment (Injury and emergency alleviation of pain):	\$250 per Policy Period
Doctor Visits, X-rays and Prescriptions, Ambulance:	Usual customary charge up to the selected Medical Maximum
Unexpected Recurrence of a Pre-Existing Condition:	the first \$1,000 of Covered Expenses
Benefit Period:	1 year from the date of the Covered Accident or Sickness
Additional Benefits (not subject to Medical Policy Maximum, Deductible or Co-Insurance)	
Emergency Medical Evacuation:	100% up to \$2,000,000
Political Evacuation:	\$25,000
Repatriation of Remains:	100% up to \$1,000,000
Emergency Reunion:	\$15,000
Return of Minor Child(ren) or Travel Companion:	\$5,000
Hospital Confinement:	\$50 per day 10 day Maximum paid to you
Basic Lost Baggage:	\$1,000
Trip Cancellation:	100% of the Insured Trip Cost with Pre-Existing Condition waiver if plan is purchased no later than 30 after the final trip payment
Trip Interruption:	150% of the Insured Trip Cost with Pre-Existing Condition waiver if plan is purchased no later than 30 after the final trip payment
Trip Delay:	12 Hours; Up to \$100 per day; 7 days or \$1,000 Per each Insured Person
Missed Departure:	100% of the actual cost up to \$1,000 - Covered after a 12 hour delay
Loss of Passport:	Up to \$ 250
Accidental Death & Dismemberment Principal Sum:	\$25,000 ages 19 and up \$10,000 ages 18 and under
<i>Coma Benefit:</i>	<i>\$10,000</i>
<i>Felonious Assault and Violent Crime:</i>	<i>100% up to \$50,000</i>
<i>Exposure and Disappearance:</i>	<i>100% up to \$50,000</i>
<i>Adaptive Home and Vehicle:</i>	<i>\$5,000</i>
<i>Seatbelt/Airbag Benefit:</i>	<i>10% up to \$50,000</i>
<i>Hijacking and Air or Water Piracy:</i>	<i>Covered</i>
Optional Benefits	
Upgrade AD&D	Up to \$500,000
Home Country /Follow Me Home Coverage	Up to 60 days - prorated
Athletic Sports Coverage	Some Sports are covered - see list

Rates are based on up to 30 days of coverage. Daily rates for days 31-180.

View rates at- [https://www.trawickinternational.com/assets/brochures/313UN\\_Rates.pdf](https://www.trawickinternational.com/assets/brochures/313UN_Rates.pdf)

## ELIGIBILITY

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Safe Travels USA Trip Protection plan provides Accident and Sickness Medical, Accidental Death and Dismemberment, Emergency Medical Evacuation, Emergency Reunion, Political Evacuation, Trip Cancellation, Trip Interruption, Repatriation, and Travel Assistance to individuals while traveling to the USA and worldwide. It can provide coverage for you, your spouse/domestic partner/traveling companion(s) and dependent children/grandchildren up to age 21 years. This plan is not available to US Citizens or anyone age 80 and over.

## EFFECTIVE DATE

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An Eligible Person will be insured on the latest of the following dates: 1. your departure from your Home Country or Country of Residence; or 2. the date and time your completed enrollment form and correct premium are received; or 3. the effective date requested and shown on the certificate; 4. trip cancellation benefits are effective the day after purchase.

## TERMINATION DATE

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Coverage will end on the earliest of the date: 1. Your permanent return to your Home Country; or 2. the termination date shown on the certificate for which premium has been paid; or 3. the date the maximum benefit has been paid.

### Refund of Premium

If you are not satisfied for any reason, you may return your certificate within 10 days after plan payment. When so returned, the certificate is void from the beginning. Return the certificate to the Plan Administrator. If you do this, we will refund your premium provided you have not filed a claim under the policy and you have not left on your Covered Trip. After the 10-day "free-look" period, the payment for this plan is non-refundable.

### Primary Benefits

We will pay Covered Accident and Sickness Medical Expenses up to the Maximum Benefit as outlined in the Schedule of Benefits and after each Insured satisfies any Deductible, without regard to any other Health Care Plan benefits payable for the Insured. We will pay these benefits without regard to any Coordination of Benefits provision in any other Health Care Plan.

## DESCRIPTION OF BENEFITS

All benefits are in U.S. Dollar amounts.

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### Covered Medical Expenses Benefit

If a covered Injury or Illness occurs during the Policy Period and you require medical or surgical treatment; this plan will pay, subject to the selected deductible, applicable co-insurance and benefit maximums, the following Covered Expenses, up to the selected policy maximum. The first charges must be incurred within 90 days after the date of the Covered Accident or Sickness. No benefits will be paid for any expenses incurred which are in excess of Usual and Customary Charges.

1. Hospital Room and Board Expenses: the average daily rate for a semi private room when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines when Hospital Confined. This does not include personal services of a non-medical nature.
3. Daily Intensive Care Unit Expenses: three times the average semi private room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Accident or Sickness and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
5. Doctor Non-Surgical Treatment and Examination Expenses including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
6. Doctor's Surgical Expenses.
7. Assistant Surgeon Expenses when Medically Necessary.
8. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
9. Physiotherapy Physical Medicine/Chiropractic Expenses on an inpatient or outpatient basis including treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, heat treatments, adjustments, manipulation, or any form of physical therapy and limited to \$50 per visit, one visit per day and 10 visits per Policy Period.

10. X-ray Expenses (including reading charges).
11. Dental Expenses up to \$250 due to Accidents or emergency alleviation of pain including dental x-rays for the repair or treatment of each tooth that is whole, sound and a natural tooth at the time of the Accident or emergency alleviation of dental pain.
12. Ambulance Expenses for transportation from the emergency site to the Hospital.
13. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor.
14. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.
15. Emergency medical treatment of pregnancy up to \$1,000 per Policy Period.
16. Mental or nervous disorders or rest cures up to \$2,500 per Policy Period.

### Trip Cancellation and Trip Interruption Benefit

Cancellation - up to 100% of the Insured Trip Cost – This benefit starts on the day after coverage has been purchased.

Interruption up to 150% of the Insured Trip Cost - This benefit starts on the day you commence on your Trip.

This plan pays up to the chosen amount of the Insured Trip Cost in respect of loss of travel and accommodation expenses paid or contracted to be paid as a result of the Covered Trip being necessarily and unavoidably cancelled or interrupted due to any of the following causes commencing and occurring during the Period of Insurance provided such expenses are not recoverable from any other source:

1. Sickness, Injury or death of an Insured, Family Member, Traveling Companion, or Business Partner when: a) Injury or Sickness of an Insured, Family Member, or Traveling Companion traveling with the Insured must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip; b) If the Insured must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured, it must be because their condition is life threatening, as certified by a Physician or because they require the Insured's care; or c) Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Insured to cancel or interrupt the Trip to assume daily management of the business. A Physician must certify the Injury or Sickness.
2. Sickness, Injury, death or hospitalization of the Insured's Host at Destination. A Physician must certify the Injury or Sickness;
3. Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following an Insured's effective date for the Trip Cancellation. There is no coverage for the Financial Default of any person, organization, agency, or firm from whom the Insured purchased travel arrangements supplied by others. This coverage applies only if this insurance was purchased within 21 calendar days of Trip deposit;
4. Strike resulting in complete cessation of travel services at the point of departure or Destination;
5. the Insured's Primary Residence or the Insured's Destination being made Inaccessible or Uninhabitable by Natural Disaster, vandalism, or burglary; The Insurer will only pay benefits for losses occurring within 30 calendar days after the named hurricane makes the Insured's Destination Inaccessible or Uninhabitable. Benefits are not payable if a hurricane is named on or before the effective date of the Insured's Trip Cancellation coverage.
6. the Insured, or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
7. the Insured or Traveling Companion is called to active military service or military leave is revoked or reassigned;
8. a terrorist incident, in a city listed on the Insured's itinerary, within 30 days of the Insured's scheduled arrival;
9. mechanical/equipment failure of a Common Carrier that occurs on a scheduled Trip and causes complete cessation of the Insured's travel and results of a Loss of 50% of the Insured's Trip length;
10. the Insured or Traveling Companion is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least one year. Termination must occur during the Pre-Departure Period of Insurance. This provision is not applicable to temporary employment, independent contractors or self-employed persons.
11. Pre Existing Conditions, as defined, if purchased no later than 30 days after Final Trip Payment.

Reimbursement for:

1. additional transportation expenses incurred to join the departed cruise or tour;
2. reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise or tour;
3. nonrefundable cruise or tour payments for the unused portion of your air, land or water travel arrangements.

### Travel Delay

This benefit is payable when the departure of the coach, aircraft or sea vessel in which you had arranged to travel on the first Outward or first return leg of the Covered Journey, is delayed for at least 12 hours from the time specified in the travel itinerary due to any of the following:

1. strike, industrial action, bankruptcy, or mechanical breakdown of the coach, aircraft or sea vessel;
2. loss or theft of your passport(s), travel documents;
3. quarantine (except as a result of a pandemic or epidemic);
4. hijacking;
5. Natural Disaster or inclement weather;
6. a documented traffic accident while you are en route to departure;
7. unannounced strike;
8. a civil disorder;
9. your, a Family Member traveling with you or a Traveling Companion's Injury or Sickness; or
10. a Family Member traveling with you or a Traveling Companion's death.

Reimbursement for necessary and reasonable accommodations, food and local transportation subject to: 1. \$100 for the first complete 12 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and \$100 after each subsequent 24 hour period of delay up to a maximum of \$1,000 each Insured Person; or 2. If (on the outward journey only) after 12 hours the

Insured Person elects to cancel the whole travel itinerary, reimbursement of any irrecoverable deposits or charges paid in advance or contracted to be paid up to the final invoice cost to a maximum of \$1,000 per Insured Person.

Where a declared value is utilized the trip cost estimates should include flights, hotels, and pre-paid tours; all claims submitted will require validation of trip paid expenses including documentation from the providers on their cancellation policies. Reimbursement for cancellation and or interruption will be based on the non-refundable portion of the itinerary and will NOT include any credits offered by the various providers.

In the event of the failure by the Insured Person to notify the Travel Agent, Tour Operator or provider of transport/accommodation immediately it is found necessary to cancel the journey/holiday. The Insurers' liability shall be restricted to the cancellation charges that would have applied at that time. This insurance does not cover anything caused directly or indirectly through bankruptcy/liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.

### Loss of Passport

Reimbursement up to \$250 for reasonable additional travel and accommodation expenses necessarily incurred abroad in obtaining the replacement of your lost or stolen passport.

### Missed Connection

The Insurer will pay up to \$1,000 should you miss your cruise or tour departure as the result of the cancellation or delay of or 12 more hours of your regularly scheduled airline flights due to inclement weather. For this benefit, Covered Expenses means additional transportation expenses incurred to join the departed cruise or tour, reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise or tour, and nonrefundable cruise or tour payments for the unused portion of your air, land or water travel arrangements. This coverage is available if no other coverage is provided by a Common Carrier or another party at no cost to you or as covered elsewhere in this policy.

### Emergency Medical Evacuation Benefit

We will pay 100% up to \$2,000,000 if you are traveling outside of your Home Country and suffer an Injury or Sickness during the course of the Trip which requires Emergency Medical Evacuation from the place where you suffer an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or transportation to your Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. If after hospitalization or treatment for a covered Injury or Sickness, you are unable to continue your journey, Our designated assistance provider, in conjunction with the local attending Doctor and/or your habitual Doctor, will organize your return to your Home Country. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to you during the return journey. If Our designated assistance provider and the local attending medical practitioner consider you stable enough to be medically repatriated, without endangering your health, and you refuse repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Benefits will not be payable unless 1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Injury or Sickness requires an Emergency Medical Evacuation; 2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4. do not include charges that would not have been made if there were no insurance.

### Political Evacuation Benefit

Up to \$25,000 maximum for extrication from the Host Country due to an Occurrence which could result in grave physical harm or death. You are covered if an Occurrence takes place while coverage is in effect; and while you are traveling outside of your Home Country or country of residence. Benefits will be paid for: 1. your Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2. your Transportation and Related Costs within 14 days of the Political Evacuation to either to the country in which you are traveling while covered by the Policy; or your Home Country; or 3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if you are kidnapped or are reported as a Missing Person to local or international authorities. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from you.

### Repatriation of Remains Benefit

We will pay 100% up to \$1,000,000 for preparation and return of your body to your Home Country if you die due to an Injury or Sickness. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Covered expenses include: 1. expenses for embalming or cremation; 2. the least costly coffin or receptacle adequate for transporting the remains; 3. transporting the remains by the most direct and least costly conveyance and route possible.

### Emergency Reunion Benefit

Up to \$15,000 maximum. Covers the cost of one economy airfare ticket and other local travel related expenses; or the reasonable expenses incurred for lodging and meals of your Immediate Family Member for a period of up to 10 days to accompany you to your Home Country or Hospital where you are confined if: 1. the Emergency Medical Evacuation Benefit is payable under the Policy; and 2. you are alone outside of your Home Country; and 3. the place of confinement is more than 100 miles from your Home Country; and 4. expenses were authorized in advance by the Company.

### Unexpected Recurrence of a Pre-Existing Condition Benefit

This plan shall pay, up to \$1,000 subject to the chosen Deductible and Coinsurance for Covered Medical Expenses resulting from a sudden, unexpected recurrence of a Pre-Existing Condition while traveling outside the Covered Person's Home Country. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage. This benefit is related to Covered Medical Expenses. Pre-Existing waiver for Cancellation or Interruption is included when certain purchase provisions have been met.

### Basic Lost Baggage Benefit

Up to \$1,000 maximum for the replacement costs of Necessities, up to \$75 per article, if your luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard 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.

### Hospital Confinement Benefit

\$50 per day per Policy Period, payable to you, when you are Hospital Confined, and all of the following conditions are met: 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, or Sickness that occurs while the Policy is in effect. 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. We will pay this benefit retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the following: 1. the date the Hospital stay ends; 2. the date you die; 3. 10th day of hospitalization; or 4. the date the coverage terminates.

### Return of Minor Child(ren) or Travel Companion Benefit

If you are the only person traveling with minor Dependent children who are under the age of 21 or a Travel Companion, and you suffer an Injury or Sickness and must be confined in a Hospital for at least 48 consecutive hours or are medically evacuated to another location, We will reimburse the cost of the Dependent or Travel Companion's one way economy airfare ticket and/or ground transportation ticket to their Home Country, not to exceed \$5,000. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

### Accidental Death & Dismemberment Benefit

Insured Principal Sum \$25,000 Spouse/Domestic Partner/Traveling Companion Principal Sum \$25,000 Dependent Child Principal Sum \$10,000  
If Injury to the Covered Person results, within 365 days from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

#### Covered Loss Benefit Amount

Life, Quadriplegia or Two or more Members	100% of the Principal Sum
Hemiplegia or Paraplegia	75% of the Principal Sum
One Member	50% of the Principal Sum
Uniplegia or Thumb and Index Finger of the Same Hand	25% of the Principal Sum

Exposure and Disappearance Benefit - 100% of the Principal Sum if you are exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks or is stranded or wrecked and your body is not found within six months of the Covered Accident.

Hijacking and Air or Water Piracy Benefit - Covers Injury during the: 1. hijacking of an Aircraft; 2. air or water piracy; or 3. unlawful seizure or attempted seizure of an aircraft or watercraft.

Coma Benefit - We will pay this benefit in a lump sum of \$10,000 if you become Comatose within 31 days of a Covered Accident or Sickness and remain in a Coma for at least 31 days.

Seatbelt and Airbag Benefit - 10% of the Principal Sum up to a maximum benefit of \$50,000 if you die or are dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile.

Felonious Assault and Violent Crime Benefit - 100% of the Principal Sum applicable to the Covered Loss to a maximum of \$50,000 and subject to the following conditions, when you suffer a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault.

Adaptive Home and Vehicle Benefit - Up to a \$5,000 maximum If you have an Injury which results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional benefit equal to the least of the actual cost of the alterations or \$5,000 for the one-time cost of alterations to your principal residence; and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable.

## ADDITIONAL COVERAGE OPTIONS

**Home Country/Follow Me Home Coverage** can cover you for the following by increasing the per person per day rate by (10%) This includes:

### Home Country Coverage

This benefit covers you for Injury or Sickness that occur during an Incidental Trip to your Home Country during your Policy Period. Maximum benefit is reduced to \$50,000. The chosen deductible applies and Coinsurance: 100% up to the \$50,000 maximum.

### Follow Me Home Coverage

This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country and treated during your Policy Period. The chosen deductible applies and Coinsurance: 100% up to the \$5,000 maximum. This Benefit does not apply when an Emergency Evacuation has occurred.

This benefit is limited to 60 days per 12 months of purchased coverage or pro rata thereof. (Example: 5 days per month of purchased coverage). You must purchase 30 days of coverage to add this benefit. Home Country Coverage cannot begin until you leave your Home Country.

### Athletic Sports Coverage

You can cover the following by increasing the person per day rate by 20% and adding **the rate per Class, per person, per month** as listed below. Coverage is for Injuries incurred during Amateur, Club, Intramural, Interscholastic, Intercollegiate activities. **Professional and Semi Professional Sports are always excluded. Rates per Class per person, per month:**

Class 1 - includes Archery, Tennis, Swimming, Cross Country, Track, Volleyball and Golf	\$0
Class 2 - includes Ballet, Basketball, Cheerleading, Equestrian, Fencing, Field Hockey, Football (no division 1), Gymnastics, Hockey, Karate, Lacrosse, Polo, Rowing, Rugby and Soccer	\$26 per person per month

Any Athletic Sport not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.

### Accidental Death and Dismemberment Upgrade

Increase to \$50,000 maximum AD&D benefit for all ages - Additional \$0.25 per person per day

Increase to \$100,000 maximum AD&D benefit for ages 19-79 - Additional \$0.50 per person per day

Increase to \$250,000 maximum AD&D benefit for ages 19-69 - Additional \$1.75 per person per day

Increase to \$500,000 maximum AD&D benefit for ages 19-69 - Additional \$4.00 per person per day

## EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any Accidental Death and Dismemberment loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. disease or bacterial infection except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. hernia of any kind.
7. piloting or serving as a crewmember or riding in any aircraft except as a passenger on a regularly scheduled or charter airline.
8. commission of, or attempt to commit, a felony.
9. Injury or Sickness that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
10. flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted.
11. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
12. All professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sports.

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

1. Pre-Existing Conditions, as defined.
2. services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician.
3. suicide or any attempt thereof while sane or self-destruction or any attempt thereof while insane.
4. declared or undeclared war or any act thereof.
5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport. (except as provided under the Athletic Sports Rider).
6. Sickness resulting from pregnancy (except as provided by the Policy).
7. Miscarriage resulting from Accident (except as provided by the Policy).
8. Immunizations, routine physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician.
9. cosmetic or plastic surgery, except as the result of an accident.
10. elective surgery which can be postponed until the Covered Person returns to his or her Home Country.
11. any mental or nervous disorders or rest cures (except as provided by the Policy).
12. any dental treatment (except as provided by the Policy).
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Policy.
14. congenital anomalies and conditions arising out of or resulting therefrom.
15. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
16. the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
17. expenses as a result of or in connection with intentionally self-inflicted Injury.
18. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain Biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
19. treatment paid for or furnished under any other individual or group policy, or other service or medical pre payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
20. childbirth, miscarriage, birth control, artificial insemination, treatment for fertility or impotency, sterilization or reversal thereof or abortion.
21. organ transplants, marrow procedures and chemotherapy.
22. sexually transmitted diseases or immune deficiency disorders and related conditions.
23. any treatment, service or supply not specifically covered by the Policy.
24. treatment by any Family Member or member of the Covered Person's household.
25. treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, osteomyelitis, cardiac disease or

- conditions, pathological fractures, congenital weakness whether or not caused by a Covered Accident.
26. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
  27. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
  28. contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, orthotic devices, artificial eyes and larynx.
  29. treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, educational or rehabilitative care or nursing care.
  30. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
  31. conditions that are not caused by a Covered Accident.
  32. vocational, recreational, speech or music therapy.
  33. traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
  34. any potential fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
  35. Expenses incurred in your Home Country.

**We will not pay benefits for any Trip Cancellation and Trip Interruption that is caused by, or results from:**

1. suicide or attempted suicide, intentional self-injury, or the effect of intoxicating liquors or drugs;
2. Any circumstance manifesting itself after the date of booking but prior to the date of issue of this certificate;
3. disinclination to travel;
4. any costs incurred in respect of visas obtained in connection with the booked trip;
5. Pre Existing Conditions except when purchase requirements are met;
6. any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim or Any person, including those who are not travelling, whose condition may give rise to a claim;
7. receiving or is on a waiting list for or has the knowledge of the need for inpatient treatment at a hospital or nursing home;
8. expecting to give birth before, or within eight weeks of the date of arrival home;
9. travelling against the advice of a Medical Practitioner;
10. travelling for the purpose of obtaining medical treatment abroad;
11. a terminal prognosis.

**We will not pay benefits for any Travel Delay loss that is caused by, or results from:**

1. strike or industrial action existing or publicly declared at the time of effecting this Insurance;
2. technical reasons such as aircraft commitment;
3. Where the Insured Person has not checked in according to the itinerary supplied and has failed to obtain written confirmation from the carrier (or their handling agents) of the period of or reason for the delay;
4. Arising directly or indirectly from withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.

**We will not pay benefits for any Missed Connection that is caused by, or results from:**

1. anything caused directly or indirectly through bankruptcy/ liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.

**We will not pay Political Evacuation Expense Benefits for expenses and fees:**

1. payable under any other provision of the Policy;
2. that are recoverable through the Covered Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons;
4. arising from or attributable to an alleged: a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or b. violation of the laws of the Covered Person's Home Country or country of residence;
5. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. for repatriation of remains expenses;
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
8. for medical services;
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping;
10. arising from or attributable, in whole or in part, to: a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license;
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

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## DEFINITIONS

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Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found on our website.

You can visit this link to view these definitions: <https://www.trawickinternational.com/assets/brochures/STT13416DEFINITIONS.pdf>

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## CLAIMS STATUS, ELIGIBILITY VERIFICATION AND COVERAGE QUESTIONS

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**GBG Administrative Services**  
26741 Portola Pkwy Ste. 1E #527  
Foothill Ranch, CA 92610



**For claim status or questions please call**  
**Toll Free: 877-916-7920 Local: 949-916-7941 or email [eclaims@gbg.com](mailto:eclaims@gbg.com)**

Provide the hospital or doctor with a copy of your ID card so they can bill us for the services provided to you. This shows your member ID and is how to find you in our system to verify benefits. Failure to give the correct information to the provider could result in bills getting sent to you, instead of the insurance company.

All claims, regardless of submission date, must be received in our office within 90 days of treatment or they will be denied. Initial treatment must occur within 90 days of the Accident or Sickness.

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## WORLDWIDE TRAVEL ASSISTANCE SERVICES

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### **GBG Assist**

**Available 24 hours a day, 365 days a year**

**Toll free within the United States and Canada: 877-916-7920**

**Outside the United States and Canada, call direct or collect: Worldwide Collect: 905-669-4920**

**[customerservice@gbg.com](mailto:customerservice@gbg.com)**

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

## PLAN ADMINISTRATOR

Trawick International Inc.

Post Office Box 2284

Fairhope, AL 36533

Toll Free: 888-301-9289 Direct: 251-661-0924

Email: [Info@trawickinternational.com](mailto:Info@trawickinternational.com)

