

SAFE TRAVELS ELITE



Scheduled Benefits Accident and Sickness Medical Coverage

- INCLUDING Medically Necessary treatment for COVID-19, SARS-CoV-2, and any mutation or variation of SARS-CoV
- Emergency Medical Evacuation and Repatriation Coverage
- For NON US Citizens/Residents traveling from other countries to USA or USA and Worldwide
- Plans available for ages 14 days to 89 years
- A minimum period of 5 days up to a maximum period of 364 days
- Extendable for up to 24 months



TRAWICK
INTERNATIONAL

AH-3729

Medical Schedule Benefits by Plan

	ECONOMY AGE 14 DAYS TO AGE 69	BASIC AGE 14 DAYS TO AGE 69	SILVER AGE 14 DAYS TO AGE 69	GOLD AGE 14 DAYS TO AGE 69	PLATINUM AGE 14 DAYS TO AGE 69	DIAMOND and DIAMOND Plus AGE 70 TO AGE 89
Policy Maximums	\$25,000 Max per Injury/Sickness	\$50,000 Max per Injury/Sickness	\$75,000 Max per Injury/Sickness	\$100,000 Max per Injury/Sickness	\$175,000 Max per Injury/Sickness	Diamond \$50,000 Annual Max Diamond Plus \$100,000 Annual Max
	Acute Onset of Cardiac Conditions/Treatment \$25,000 per Policy Period Limit					Acute Onset of Cardiac Conditions/ Treatment \$15,000
Deductible options (per Incidence)	\$0					\$100 or \$200

MEDICAL EXPENSE BENEFIT AND EXPENSES ARE PAYABLE UP TO THE MAXIMUM AMOUNT LISTED

Inpatient Hospital Expense

Hospital Room and Board Expenses	\$1,400 per day to a maximum of 30 days	\$2,000 per day to a maximum of 30 days	\$2,000 per day to a maximum of 30 days	\$2,000 per day to a maximum of 30 days	\$3,000 per day to a maximum of 30 days	\$1,500 per day to a maximum of 15 days
Hospital Intensive Care Unit Expenses	\$2,100 per day to a maximum of 10 days	\$2,500 per day to a maximum of 8 days	\$2,500 per day to a maximum of 8 days	\$3,000 per day to a maximum of 8 days	\$4,500 per day to a maximum of 8 days	\$2,300 per day to a maximum of 8 days
Inpatient Ancillary Hospital Services	Included under the Hospital Room and Board Expenses					
Physician's Surgical Treatment	\$3,500 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$6,000 per Incident	\$7,500 per Incident	\$3,500 per Incident
Anesthesiologist Expense	\$850 per Incident	\$850 per Incident	\$1,200 per Incident	\$1,400 per Incident	\$1,800 per Incident	\$850 per Incident
Assistant Physician's Surgical Expenses	\$850 per Incident	\$850 per Incident	\$1,200 per Incident	\$1,400 per Incident	\$1,800 per Incident	\$850 per Incident
Physician's Non-Surgical Visits	Limited to \$55 per visit, one visit per day and 30 visits per Policy Period	Limited to \$75 per visit, one visit per day and 30 visits per Policy Period	Limited to \$75 per visit, one visit per day and 30 visits per Policy Period	Limited to \$90 per visit, one visit per day and 30 visits per Policy Period	Limited to \$130 per visit, one visit per day and 30 visits per Policy Period	Limited to \$75 per visit, one visit per day and 30 visits per Policy Period
Consulting Physician	\$450 per Incident	\$450 per Incident	\$550 per Incident	\$550 per Incident	\$700 per Incident	\$450 per Incident
Private Duty Nurse	\$450 per Incident	\$450 per Incident	\$550 per Incident	\$550 per Incident	\$700 per Incident	\$450 per Incident
Pre-Admission Test within 7 days of Admission	\$1,100 per Incident	\$1,100 per Incident	\$1,100 per Incident	\$1,200 per Incident	\$1,500 per Incident	\$1,100 per Incident

OUTPATIENT - Maximum Daily Benefit All Services \$10,000 – up to the selected maximum

Outpatient Surgical Facility	\$1,000 per Incident	\$1,100 per Incident	\$1,150 per Incident	\$1,275 per Incident	\$1,400 per Incident	\$1,100 per Incident
Physician's Surgical Treatment	\$3,500 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$6,000 per Incident	\$7,500 per Incident	\$3,500 per Incident
Anesthesiologist Expense	\$850 per Incident	\$850 per Incident	\$1,200 per Incident	\$1,400 per Incident	\$1,800 per Incident	\$700 per Incident
Assistant Physician's Surgical Expenses	\$850 per Incident	\$850 per Incident	\$1,200 per Incident	\$1,400 per Incident	\$1,800 per Incident	\$700 per Incident
Physician's Visits/ Urgent Care or **Telemedicine	Limited to \$55 per visit, one visit per day and 30 visits per Policy Period	Limited to \$75 per visit, one visit per day and 30 visits per Policy Period	Limited to \$75 per visit, one visit per day and 30 visits per Policy Period	Limited to \$100 per visit, one visit per day and 30 visits per Policy Period	Limited to \$130 per visit, one visit per day and 30 visits per Policy Period	Limited to \$75 per visit, one visit per day and 30 visits per Policy Period
Diagnostic X-rays and Lab Services	\$450 per Incident	\$750 per Incident	\$750 per Incident	\$750 per Incident	\$1,000 per Incident	\$750 per Incident
Scans, Pet Scan or MRI	\$650 per Incident	\$650 per Incident	\$875 per Incident	\$1,050 per Incident	\$1,300 per Incident	\$650 per Incident
Emergency Room Illness with no direct Hospital Admission	\$350 and an additional \$200 Deductible per visit - Only applies when receiving care in an Emergency room for an illness that does not result in a hospital admittance.	\$500 and an additional \$200 Deductible per visit - Only applies when receiving care in an Emergency room for an illness that does not result in a hospital admittance.	\$500 and an additional \$200 Deductible per visit - Only applies when receiving care in an Emergency room for an illness that does not result in a hospital admittance.	\$600 and an additional \$200 Deductible per visit - Only applies when receiving care in an Emergency room for an illness that does not result in a hospital admittance.	\$800 and an additional \$200 Deductible per visit - Only applies when receiving care in an Emergency room for an illness that does not result in a hospital admittance.	\$500 and an additional \$200 Deductible per visit - Only applies when receiving care in an Emergency room for an illness that does not result in a hospital admittance.
Emergency Room injury/Accident or Illness with direct Hospital Admission	\$350 per Incident	\$500 per Incident	\$500 per Incident	\$600 per Incident	\$800 per Incident	\$500 per Incident
Prescription drugs and medications	\$250 per Incident	\$350 per Incident	\$350 per Incident	\$350 per Incident	\$350 per Incident	\$250 per Incident

ADDITIONAL MEDICAL TREATMENT AND SERVICES

COVID-19 EXPENSES	Covered and treated as any other Sickness
Acute Onset of a Pre-Existing Condition	For ages up to and including 69 the limit is up to the Medical Policy Maximum purchased per Period of Coverage except for any coverage related to cardiac disease or conditions, which will be limited to \$25,000 up to and including age 69 and \$15,000 for ages 70 and above. Upon attaining ages 70-79 Acute Onset benefits will be reduced to a Maximum of \$35,000, upon attaining age 80 Acute Onset benefits will be reduced to a Maximum of \$15,000 with a \$25,000 Maximum Lifetime Limit for Emergency Medical Evacuation. Provides coverage for an Acute Onset of a Pre-Existing Condition. Any repeat/reoccurrence within the same policy period will no longer be considered Acute Onset of a Pre-Existing Condition and will not be eligible for additional coverage. A Pre-Existing Condition which is a chronic or congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. This benefit covers only ONE (1) Acute Onset episode of a Pre-Existing condition. Sudden and Acute Onset of a Pre-Existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute, or you are discharged from a medical facility.
Well Doctor Visit	Pays up to \$125- One Visit per person per Policy Period. The Well Doctor Visit must occur within the first 21 days from the effective date of coverage. To be eligible you must purchase at least 30 days of coverage initially.

Dental Treatment for Injury to sound natural teeth	\$600 per Incident	\$750 per Incident	\$750 per Incident	\$750 per Incident	\$750 per Incident	\$750 per Incident
Mental or Nervous Disorder & Substance Abuse treatment	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$20,000 per Incident /30 days Max	\$5,000 per Incident
Physiotherapy Physical Medicine/Chiropractic Expenses	Limited to \$40 per visit, one visit per day and 12 visits per Policy Period	Limited to \$50 per visit, one visit per day and 12 visits per Policy Period	Limited to \$50 per visit, one visit per day and 12 visits per Policy Period	Limited to \$60 per visit, one visit per day and 12 visits per Policy Period	Limited to \$60 per visit, one visit per day and 12 visits per Policy Period	Limited to \$50 per visit, one visit per day and 12 visits per Policy Period
Chemotherapy &/or radiation therapy	\$1,100 per Incident	\$1,100 per Incident	\$1,225 per Incident	\$1,350 per Incident	\$1,750 per Incident	\$1,100 per Incident
Initial Orthopedic Prosthesis/brace	\$1,100 per Incident	\$1,100 per Incident	\$1,225 per Incident	\$1,350 per Incident	\$1,750 per Incident	\$1,100 per Incident
*Return to Home Coverage	Up to 30 days per 12 months Max \$2,000	Up to 30 days per 12 months Max \$2,000	Up to 60 days per 12 months Max \$2,500	Up to 60 days per 12 months Max \$2,500	Up to 90 days per 12 months Max \$7,500	N/A

TRANSPORTATION EXPENSES

AMBULANCE SERVICE BENEFITS	\$500 per Incident	\$650 per Incident	\$650 per Incident	\$650 per Incident	\$750 per Incident	\$650 per Incident
*EMERGENCY MEDICAL EVACUATION	\$100,000	\$100,000	\$100,000	Unlimited	Unlimited	\$50,000 and \$25,000 Lifetime Maximum for Acute Onset over age of 80
*NATURAL DISASTERS, POLITICAL EVACUATION & REPATRIATION	\$500	\$500	\$1,000	\$1,500	\$2,000	\$500
*RETURN OF MINOR CHILDREN OR GRAND-CHILDREN	\$5,000	\$5,000	\$7,500	\$7,500	\$10,000	\$5,000
*REPATRIATION OF MORTAL REMAINS	\$7,500	\$7,500	\$10,000	\$20,000	\$25,000	\$7,500
*LOCAL BURIAL / CREMATION	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident

ADDITONAL BENEFITS

*COMMON CARRIER ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) - Insured	\$25,000 Principal Sum	\$25,000 Principal Sum	\$35,000 Principal Sum	\$35,000 Principal Sum	\$35,000 Principal Sum	N/A
*FELONIOUS ASSAULT ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) - Insured	\$5,000 per Policy Period	\$5,000 per Policy Period	\$7,500 per Policy Period	\$7,500 per Policy Period	\$10,000 per Policy Period	\$5,000 per Policy Period
**TRAVEL ASSISTANCE	Included					

*Not Subject to the Deductible

** This is a non-insurance service and is not a part of the insurance underwritten by Crum & Forster, SPC.

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 using these links:

[Link to Review and Purchase Coverage](#)

GENERAL TERMS OF COVERAGE

ELIGIBILITY

This Policy provides coverage to non-US citizens who reside outside the USA and are traveling outside of Their Home Country to visit solely the United States, or to visit a combination of the United States and other countries worldwide. The Insured must arrive in the USA before traveling to other countries. This Policy is not available to green card holders in the USA. This Policy is not available to anyone age 90 or above. Coverage in countries outside the USA and your Home Country is available for up to 180 days during your Policy Period.

We maintain Our right to investigate to verify that the eligibility requirements have been met. If and whenever We discover that the eligibility requirements have not been met, Our only obligation is refund of premium. Maximum Age: Coverage ceases on the Covered Person's 90th birthday.

CONTINUATION OF TREATMENT PERIOD

If a covered Sickness or Injury requires continuing Treatment after the expiration of the Policy Period, a Covered Person may receive continuing Treatment for the covered Sickness or Injury for up to six (6) months per Sickness or Injury, subject to the following: if the Policy Period expires while the Covered Person is outside the Home Country, a covered Sickness or Injury incurred while outside and prior to returning to the Home Country, and that covered Sickness or Injury requires continuing Treatment, the Company will review and determine the date of initial Treatment for the covered Sickness or Injury, and if such date is prior to the expiration of the Policy Period, Eligible Medical Expenses for the covered Sickness or Injury will continue to be reimbursed until there has been at least the minimum number of days of continuous Treatment for the covered Sickness or Injury, subject to the limits set forth in the Schedule of Benefits/Limits, and all other Terms of the insurance plan. In order to be eligible for coverage under the Continuation of Treatment Period provision, the Covered Person must be covered by an insurance policy, benefit plan, or Other Coverage for expenses or charges incurred by the Covered Person, and the Other Coverage remains in effect during the duration of coverage with the Company.

EFFECTIVE DATE

An eligible person will be insured on the latest of the following dates: 1. the Covered Person's departure from Their Home Country; 2. the date and time the Covered Person completed enrollment form and Their correct premium is received; or 3. the effective date requested and shown on the certificate.

TERMINATION DATE

The coverage provided with respect to the Named Insured shall terminate at 12:01 AM North American Central Time on the earliest of the following dates:

1. The date shown on the insurance confirmation card, for which the premium is paid; or 2. The date the Covered Person returns to Their Home Country, except as provided under Return to Home Country Benefit, if eligible; or 3. Three hundred and sixty-four (364) days after the Covered Person's original

effective date, unless extended; or 4. The date the Covered Person becomes a United States citizen.

EXTENSION PROCEDURES

An extension notice will be sent to the Covered Person before the Policy Period ends and includes links to extend prior to the termination date. The Covered Person is subject to the following rules at extension: If it is initially purchased for a minimum of 5 days. If available, additional periods are charged at the premium rate in force at the time of extension. 5 days premium is the minimum acceptable extension premium and 364 days premium is the maximum. There are no grace periods for extension. Once the policy has lapsed, reapplication is required. Please note, upon application for a new policy, the Pre-Existing Condition exclusion, deductible and co-insurance start over.

CANCELLATION AND REFUND PROCEDURE PROVISIONS

Full cancellation and refund will only be considered if We receive written request prior to or on the Effective Date of the coverage. If We receive a written request for cancellation and refund after the Effective Date of coverage, a partial cancellation and refund may be allowed. The following conditions apply: a) If any claims have been filed with Us, the premium is fully earned and is non-refundable. b) If no claims have been filed with the Company, then (i) a cancellation fee of US \$25 will be charged; and (ii) only unused days premiums will be considered as refundable; and c) If after a refund is made, it is determined that a claim was presented to Us on a Covered Person’s behalf, the Covered Person will be fully responsible for that claim in its entirety.

RATES per person per day– Plans include a \$10.00 per person minimum premium

	Economy	Basic	Silver	Gold	Platinum	Diamond	Diamond	Diamond Plus	Diamond Plus
Plan Maximum	\$25,000	\$50,000	\$75,000	\$100,000	\$175,000	\$50,000	\$50,000	\$100,000	\$100,000
Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$100 Deductible	\$200 Deductible	\$100 Deductible	\$200 Deductible
0-18	\$0.54	\$1.01	\$1.15	\$1.41	\$1.70	n/a	n/a	n/a	n/a
19-29	\$0.54	\$1.01	\$0.95	\$1.41	\$1.63	n/a	n/a	n/a	n/a
30-39	\$0.60	\$1.14	\$1.10	\$1.53	\$1.90	n/a	n/a	n/a	n/a
40-49	\$0.63	\$1.18	\$1.23	\$1.59	\$2.00	n/a	n/a	n/a	n/a
50-59	\$0.90	\$1.69	\$2.11	\$2.25	\$2.72	n/a	n/a	n/a	n/a
60-69	\$1.13	\$2.10	\$2.44	\$2.77	\$3.62	n/a	n/a	n/a	n/a
70-74	n/a	n/a	n/a	n/a	n/a	\$2.84	\$2.52	\$4.36	\$3.70
75-79	n/a	n/a	n/a	n/a	n/a	\$2.84	\$2.53	\$4.36	\$3.80
80-84	n/a	n/a	n/a	n/a	n/a	\$6.53	\$5.45	\$12.75	\$10.50
85-90	n/a	n/a	n/a	n/a	n/a	\$8.00	\$6.80	\$18.00	\$15.75

APPLICATION – SAFE TRAVELS ELITE Includes a \$10 per person minimum premium

Plan Chosen: Economy Basic Silver Gold Platinum Diamond 100 Diamond 200 Diamond Plus 100 Diamond Plus 200

Personal Information:	
Last Name	
First Name	
Gender	
Date of Birth	
Passport Number	
Home Country/Address	
Effective Date	
Termination Date	
Number of Days	
Daily Rate <i>(from the chart)</i>	
Premium Due <i>(number of days times the daily rate)</i>	

Make Check or Money Order payable to "Trawick International Inc." and must be in U.S. dollars and from a US bank.

Check Money Order MasterCard Visa Discover American Express

Credit Card Number _____ Expiration Date (MM/YY) _____ / _____ CVV: _____

Cardholder Name _____

Cardholder Address _____

City _____ State _____ Zip Code _____ Country _____

By signing below, I acknowledge the following: If paying by credit card, I authorize Trawick Travel Inc. to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Your payment information will be stored by a PCI-DSS compliant payment gateway. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of application or prior to the Effective Date of Coverage. I understand this insurance contains a Pre-existing Condition exclusion, and other restrictions and exclusions. I understand that the information contained herein is a summary of the certificate and that I will receive my certificate upon acceptance by Trawick. I understand that Crum and Forster SPC, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand and agree that the agent/ broker/representative, if any, assisting with this AH-3729

application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. I hereby apply for membership in the ITA Global Trust, LTD and for the insurance provided to me by Crum and Forster SPC. I understand the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden or unexpected event while traveling outside my Home Country as declared on my application. By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, LTD.

Notice

For further information on this Plan, visit www.trawickinternational.com

Please keep this Brochure as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to with ITA Global Trust, LTD. For a detailed plan description, exclusions, and limitations please view the plan on file with ITA Global Trust, LTD. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

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 insureds or former insureds 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 policy by calling us toll-free at (888) 301-9289 or by visiting us at <https://www.trawickinternational.com/privacy-policy>

COMPLAINTS

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at Co-Ordinated Benefit Plans Toll Free 866-669-9004 PO Box 2069 Fairhope AL 36533.

Data Protection

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

Signature of Applicant or Proxy

Date

AH-3729