

Safe Travels USA Comprehensive Highlights

- Insurance for medical accident and sickness, emergency medical and political evacuation, repatriation of remains, trip interruption, baggage, and accidental death & dismemberment - COVID-19 Expenses are covered and treated as any other sickness
- Persons traveling outside their home country to the United States and Worldwide
- \$125 Doctor Wellness Visit Benefit
- Acute Onset of a Pre-Existing Medical Condition
- Up to \$1,000,000 in emergency medical coverage
- Coverage from 5 days to 364 days
- Extendable with uninterrupted coverage for up to 24 consecutive months
- Athletic sports coverage available

BENEFITS OF COVERAGE

Emergency Medical & Hospitalization Policy Max	\$50,000, \$100,000, \$250,000 \$500,000 or \$1,000,000
Deductible Options In Network- \$0 / Out of Network \$0, \$100, \$250, \$500, \$1,000, \$2500, \$5000	
Acute Onset of a Pre-Existing Condition	Included
Hospital/ICU Room & Board Charge	Up to the Policy Selected Medical Max
Outpatient Medical, Ambulance	100%
Doctor Visits, **Telemedicine X-rays	100%
Prescription Medicine - subject to Out of Network Deductible	
Emergency Medical Treatment of Pregnancy	\$1,000
Mental or Nervous Disorders	\$2,500
Physiotherapy/Physical Medicine/Chiropractic	\$50 per visit per day (10 visits)
Dental Treatment	\$250 (per policy period)
Urgent Care Co-Pay	\$30 If the \$0 Out of Network Deductible is chosen, there is no Co-Pay
Co-Insurance	In Network - up to 100% Out of Network- 80%- \$5,000 Outside of USA - up to 100%
Emergency Medical Evacuation*	100%
Political/Natural Disaster Evacuation*	\$25,000
Repatriation of Remains*	100%
Local Burial/Cremation*	\$5,000
Emergency Reunion*	\$15,000
Return of Minor Children or Travel Companion*	\$5,000
Trip Interruption*	\$5,000
Lost Baggage*	\$1,000
AD&D*	\$25,000
**24/7 Emergency 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.

OPTIONAL UPGRADES	AD&D	\$50,000, \$100,000, \$250,000, or \$500,000
	Athletic Sports Coverage	Some Sports Covered Refer to Optional Upgrades Rate Chart
	Return to Home Coverage	\$50,000 Up to 60 days - prorated

Athletic Sports Coverage -if chosen

Provides coverage for injuries incurred during amateur, Club, Intramural, Interscholastic, Intercollegiate activities such as archery, tennis, swimming, cross country, track, volleyball, golf, ballet, basketball, cheerleading, equestrian, fencing, field hockey, football (no division 1), gymnastics, hockey, karate, lacrosse, polo, rowing, rugby and soccer. Any athletic sport not listed 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.

Return to Home Coverage - if chosen

Provides coverage for injury or sickness that occurs during an incidental trip back to your home country or for covered expenses incurred in your home country for conditions first diagnosed outside your home country and treated during your policy period. You must purchase 30 days of coverage to add this benefit.

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 Description of Coverage, Exclusions and Limitations](#)

[Link to **Telemedicine Coverage](#)

[Link to Purchase Coverage](#)

Premium Rates

Max Limit: \$50,000 - \$0 In-Network Deductible

Out of Network Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
0-17	\$1.50	\$1.38	\$1.27	\$1.15	\$1.04	\$0.92	\$0.81	\$0.69
22-29	\$1.50	\$1.38	\$1.27	\$1.15	\$1.04	\$0.92	\$0.81	\$0.69
30-39	\$1.98	\$1.83	\$1.68	\$1.53	\$1.37	\$1.22	\$1.07	\$0.92
40-49	\$2.96	\$2.74	\$2.51	\$2.28	\$2.05	\$1.82	\$1.60	\$1.37
50-59	\$4.62	\$4.26	\$3.91	\$3.55	\$3.20	\$2.84	\$2.49	\$2.13
60-64	\$5.46	\$5.04	\$4.62	\$4.20	\$3.78	\$3.36	\$2.94	\$2.52
65-69	\$6.11	\$5.64	\$5.17	\$4.70	\$4.23	\$3.76	\$3.29	\$2.82
70-79	\$8.71	\$8.04	\$7.37	\$6.70	\$6.03	\$5.36	\$4.69	\$4.02
80-89	\$26.00	\$24.00	\$22.00	\$20.00	\$18.00	\$16.00	\$14.00	\$12.00

Max Limit: \$100,000 - \$0 In-Network Deductible

Out of Network Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$1.87	\$1.73	\$1.59	\$1.44	\$1.30	\$1.15	\$1.01	\$0.86
22-29	\$1.87	\$1.73	\$1.58	\$1.44	\$1.30	\$1.15	\$1.01	\$0.86
30-39	\$2.67	\$2.46	\$2.26	\$2.05	\$1.85	\$1.64	\$1.44	\$1.23
40-49	\$3.58	\$3.30	\$3.03	\$2.75	\$2.48	\$2.20	\$1.93	\$1.65
50-59	\$5.72	\$5.28	\$4.84	\$4.40	\$3.96	\$3.52	\$3.08	\$2.64
60-64	\$7.00	\$6.46	\$5.92	\$5.38	\$4.85	\$4.31	\$3.77	\$3.23
65-69	\$8.00	\$7.38	\$6.77	\$6.15	\$5.54	\$4.92	\$4.31	\$3.69
70-79	\$14.73	\$13.59	\$12.46	\$11.33	\$10.19	\$9.06	\$7.92	\$6.80

Max Limit: \$250,000 - \$0 In-Network Deductible

Out of Network Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$2.26	\$2.09	\$1.91	\$1.74	\$1.57	\$1.39	\$1.22	\$1.04
22-29	\$2.26	\$2.09	\$1.91	\$1.74	\$1.57	\$1.39	\$1.22	\$1.04
30-39	\$3.12	\$2.88	\$2.64	\$2.40	\$2.16	\$1.92	\$1.68	\$1.44
40-49	\$4.16	\$3.84	\$3.52	\$3.20	\$2.88	\$2.56	\$2.24	\$1.92
50-59	\$7.22	\$6.66	\$6.11	\$5.55	\$5.00	\$4.44	\$3.89	\$3.33
60-64	\$9.23	\$8.52	\$7.81	\$7.10	\$6.39	\$5.68	\$4.97	\$4.26

Max Limit: \$500,000 - \$0 In-Network Deductible

Out of Network Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$2.64	\$2.44	\$2.23	\$2.03	\$1.83	\$1.62	\$1.42	\$1.22
22-29	\$2.64	\$2.43	\$2.23	\$2.03	\$1.82	\$1.62	\$1.42	\$1.22
30-39	\$3.38	\$3.12	\$2.86	\$2.60	\$2.34	\$2.08	\$1.82	\$1.56
40-49	\$4.88	\$4.50	\$4.13	\$3.75	\$3.38	\$3.00	\$2.63	\$2.25
50-59	\$7.87	\$7.26	\$6.66	\$6.05	\$5.45	\$4.84	\$4.24	\$3.63
60-64	\$10.21	\$9.42	\$8.64	\$7.85	\$7.07	\$6.28	\$5.50	\$4.71

Max Limit: \$1,000,000 - \$0 In-Network Deductible

Out of Network Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$2.87	\$2.65	\$2.43	\$2.21	\$1.99	\$1.77	\$1.55	\$1.33
22-29	\$2.88	\$2.66	\$2.43	\$2.21	\$1.99	\$1.77	\$1.55	\$1.33
30-39	\$3.65	\$3.37	\$3.09	\$2.81	\$2.53	\$2.25	\$1.97	\$1.69
40-49	\$5.22	\$4.82	\$4.42	\$4.02	\$3.62	\$3.21	\$2.81	\$2.41
50-59	\$8.06	\$7.44	\$6.82	\$6.20	\$5.58	\$4.96	\$4.34	\$3.72
60-64	\$10.40	\$9.60	\$8.80	\$8.00	\$7.20	\$6.40	\$5.60	\$4.80

Plan includes a \$10 per person minimum premium.

OPTIONAL UPGRADES

Return to Home Coverage:

1.10 x the daily base plan rate

Athletic Sports Coverage:

1.20 x the daily base plan rate + monthly Sports Class rate

•Class 1 Sports: Rate \$0 per month

Archery, Tennis, Swimming, Cross Country, Track, Volleyball & Golf

•Class 2 Sports: Rate \$26 per month

Ballet, Basketball, Cheerleading, Equestrian, Fencing, Field Hockey, Football (no division 1), Gymnastics, Hockey, Karate, Lacrosse, Polo, Rowing, Rugby & Soccer

Accidental Death & Dismemberment

1. \$50,000 - \$0.25 per day - All Ages
2. \$100,000 - \$0.50 per day - Ages 19-79
3. \$250,000 - \$1.75 per day - Ages 19-69
4. \$500,000 - \$4.00 per day - Ages 19-69

OTHER DETAILS

- The effective date is based on the date requested and once payment has been received.
- Plan rates are per person and based on age of traveler at the time of enrollment.
- Rates are subject to change prior to enrollment.
- Coverage from 5 days to 364 days; extendable up to 2 years
- Apply Online - Accepting Visa, Mastercard, American Express or Discover

Travel Assistance Services

24-hour travel assistance services are provided by On Call International.

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 Description of Coverage, Exclusions and Limitations](#)

[Link to **Telemedicine Coverage](#)

[Link to Purchase Coverage](#)

This coverage contains a Pre-Existing Condition limitation. "Pre-Existing Condition" means Any Injury, illness, Sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the 36 months prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. This specifically includes but is not limited to any medical condition, Sickness, Injury, illness, disease, mental illness or mental nervous disorder, for which medical advice, diagnosis, care or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 36 month period immediately preceding the Effective Date of Coverage under this Certificate. 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.

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.

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.

By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, LTD.