

Safe Travels USA

Travel Medical Insurance for Non-U.S. Citizens Traveling to the U.S.

Plan Highlights

- Up to $1,000,000 Medical Maximum per Period of Insurance | Emergency Medical Evacuation | Medically Necessary Repatriation | Political and Natural Disasters Evacuation | Repatriation of Mortal Remains or Local Burial | Emergency Reunion | Wellness Benefit
- 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.
- This plan is not available to any individual who has been residing within the US for more than 365 days prior to their Effective Date.
- Limited Coverage for an unexpected recurrence of a Pre-Existing Condition
- Coverage from 5 days to a maximum of 364 days
- Optional Sports Activity coverage and Return to Home Country coverage available

Optional Sports Activity Coverage – If Chosen

If coverage is purchased this benefit provides coverage to the Covered Person while performing, practicing, or participating in archery, tennis, swimming, cross country, track, volleyball, golf, ballet, baseball, basketball, cheerleading, equestrian, fencing, gymnastics, polo, rowing, soccer, and softball. Any Collision Sport, Extreme Sport or Sport Activity not expressly covered hereunder is excluded from this coverage. Professional and Semi-Professional sports are never covered.

Optional Return to Home Country Coverage – If Chosen

If Coverage is purchased, the Covered Person may return to their Home Country for up to 60 days per 12 months of Coverage Purchased during the Period of Insurance for an Incidental Trip. If a Covered Injury or Sickness occurs while on their Incidental Trip, this benefit will pay to the maximum as outlined in the Schedule of Benefits for covered medical expenses incurred during the Incidental Trip. To be eligible for an Incidental Trip the Covered Person's Period of Insurance must be greater than 30 days in length. If the Covered Person does not return from their Incidental Trip on their scheduled return date, the Coverage will be Terminated on the date of their scheduled return from their Home Country. If the Covered Person's scheduled return date cannot be verified, the Coverage will terminate on the date the Covered Person departed for their Home Country. Any Injury or Sickness that occurred during the Incidental Trip will be considered a Pre-Existing Condition once the Incidental Trip has concluded and no further expenses for that Injury or Sickness will be covered.

Non-Insurance Travel Assistance Services

24-hour travel assistance services are provided by On Call International.
*Not affiliated with Zurich Insurance Europe AG Belgian branch.

Underwritten by:

Zurich Insurance
Europe AG Belgian branch

Plan Admin:

Trawick International
(888) 301 - 9289
PO Box 2284 Fairhope, AL 36533
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TRAWICK International

Benefits of Coverage

Benefits	Maximum Benefit Amount
Medical Maximum per Period of Insurance	$50,000, $100,000, $250,000, $500,000, or $1,000,000
Deductible Options	$0, $50, $100, $250, $500, $1,000, $2,500, or $5,000
Co-Insurance	90% of the first $2,500 then 100% up to the Policy Maximum
Physician's Visit	Covered
Urgent Care Co-Pay	$30 per Incident (Not subject to Deductible); copayment not applicable if the Deductible is $0
Walk In Clinic	$15 copayment (Not subject to Deductible); copayment not applicable if the Deductible is $0
COVID-19, SARS-CoV-2	Covered
Unexpected Recurrence of a Pre-Existing Condition	Up to $1,000 for those up to age 69
Cardiac Conditions and Stroke Expenses	Up to $25,000 per Period of Insurance for ages up to 69 or $15,000 per Period of Insurance for ages 70+
Hospital Room & Board Charge	The average semi-private room rate
Emergency Room Sickness (No Direct Admission)	$200 Additional deductible per visit
Emergency Room Injury/Accident (No Direct Admission)	Covered
Hospital Intensive Care Unit	3 times the average semi-private room rate
Ambulance Service	Covered
Diagnostic X-rays and Lab Services	Covered
Well Doctor Visit	$125 - One Visit per Period of Insurance
Prescription Drugs and Medications	Up to the plan Maximum (if your Maximum is $50,000, $100,000, or $250,000); If your Maximum is $500,000 or $1,000,000, the Limit is up to $250,000
Emergency Medical Treatment of Pregnancy	Up to $1,000
Mental or Nervous Disorders	Up to $2,500
Physiotherapy/Physical Medicine/Chiropractic	$50 per visit per day (10 visits per Period of Insurance)
Dental Treatment	$250
Emergency Medical Evacuation*	100% up to $1,000,000 (up to $25,000 for any condition covered under Unexpected Recurrence of a Pre-Existing Condition)
Medically Necessary Repatriation*	100% up to $15,000
Political Evacuation*	$25,000
Natural Disasters Evacuation*	$10,000 ($250/day to a max of 5 days)
Repatriation of Mortal Remains*	100% up to $50,000
Local Burial/Cremation*	$5,000
Emergency Reunion*	$15,000
Return of Minor Children or Grandchildren or Traveling Companion*	$5,000
Trip Interruption*	$5,000
Lost Checked Baggage*	$1,000
Accidental Death & Dismemberment - 24 Hour*	$25,000 Principal Sum

Additional Services	
**Travel Assistance	Included
Optional Benefits	
Return to Home Country Coverage	$25,000
Sports Activity Coverage	$50,000
Accidental Death & Dismemberment - 24 Hour	$50,000 (all ages), $100,000 (ages 19 - 79 only), $250,000 (ages 19 - 69 only), or $500,000 (ages 19 - 69 only)

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

Pre-certification Requirements and Procedures

Pre-certification is a general determination of Medical Necessity only.
• Inpatient Hospitalization, Surgery or Surgical procedure: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.
• Deductible is taken after reduction.
• Coinsurance and Out of Pocket Maximum are applied to remainder of the reduced amount.
• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.
• Emergency Medical Evacuation or Medically Necessary Repatriation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION or MEDICALLY NECESSARY REPATRIATION provisions for complete requirements and coverage.
• Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.
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. 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 family members 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.
1. SPECIFIC REQUIREMENTS: The following must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator before admission or receiving the Treatments and/or supplies: (a) Inpatient Hospitalization (b) Surgery or Surgical procedure.
2. GENERAL REQUIREMENTS: To comply with the Pre-certification requirements of this insurance for the Treatments and/or supplies or services listed in the SPECIFIC REQUIREMENTS provision, above, the Covered Person or their Physician or healthcare provider must perform all of the following: (a) contact the Company through the Plan Administrator at the contact information below and on the Covered Person's ID card as soon as possible and before the Treatment or supply is to be obtained (b) comply with the instructions of the Company and submit any information or documents required by the Company (c) notify all Physicians, Hospitals, and other healthcare providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Company.
3. LOSS OF COVERAGE/ BENEFITS FOR NON-COMPLIANCE OF PRE-CERTIFICATION REQUIREMENTS: If the Covered Person or their healthcare providers do not comply with the Pre-certification requirements for the Treatment or supplies identified in the SPECIFIC REQUIREMENTS subparagraphs above, or if such Treatment or supplies are not Pre-certified then (a) Eligible Medical Expenses incurred with respect to said Treatment and/or supplies will be reduced by the amount shown in the BENEFIT SUMMARY (b) any Deductible will be subtracted from the remaining amount (c) Coinsurance will be applied.
4. EMERGENCY PRE-CERTIFICATION: In the event of an Emergency Hospital admission, Pre-certification must be completed within forty-eight (48) hours after the admission, or as soon as is reasonably possible.
5. CONCURRENT REVIEW: For Inpatient Treatment of any kind, the Company will Pre-certify a limited number of days of confinement based upon the disclosed medical condition. Thereafter, Pre-certification must again be requested and approved if additional days of Inpatient Treatment are necessary.

Pre-existing Condition Limitation

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, existing at the time of Application or at any time during the three (3) years 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.

Pre-Existing shall also include any Unexpected Recurrence of a Pre-existing Condition; meaning, a sudden and Unexpected outbreak or reoccurrence that is of short duration, is rapidly progressive, and requires urgent medical care. A Pre-existing Condition that is chronic or congenital, or that gradually becomes worse over time is not an Unexpected Recurrence of a Pre-existing Condition. An Unexpected Recurrence of Pre-existing Condition does not include any condition for which, as of the Effective Date, the Covered Person (i) knew or reasonably foresaw he/she would receive, (ii) knew he/she should receive, (iii) had scheduled, or (iv) were told that he/she must or should receive, any medical care, drugs, or Treatment.

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. If not claims have been filed with the Company, then (i) a cancellation fee of US $50 will be charged; and only unused days b) 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. Upon effectuation of such cancellation and refund, neither the Company nor the Covered Person shall have any further rights, liabilities, or obligations under this insurance.

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.

Complaints:

In the event that you remain dissatisfied and want to make a complaint, you can contact the Complaints team at SureGo Administrative Services: Toll Free 866-669-9004 PO Box 2069 Fairhope, AL 36533

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.

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.

Your Agent Information

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