



VENBROOK® Essential

International Travel Medical

Scheduled Benefits Accident and Sickness Medical Coverage

Plan Highlights

- Coverage for up to \$150,000 in accident and sickness medical expenses.
- Emergency Medical Evacuation and Medically Necessary Repatriation | Political and Natural Disasters Evacuation | Repatriation of Mortal Remains or Local Burial
- Doctors Wellness Benefit
- Coverage for non-US citizens who reside outside the USA. Coverage Includes travel outside of Your Home Country to visit the United States or any combination of the United States and other countries worldwide.
- Available up to age 89 | Extendable from 5 days up to a maximum of 364 days.
- Covers Acute Onset of Pre-Existing Medical Conditions | See policy for details.

POLICY MAXIMUM PER POLICY PERIOD	\$25,000	\$50,000	\$100,000	\$150,000
COVERED TREATMENT OR SERVICES	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS
Age Eligibility	Ages 0-89	Ages 0-79	Ages 0-79	Ages 0-69
Deductible per Policy Period	Ages 0-69: \$0 Ages 70-89: \$100, \$200	Ages 0-69: \$0 Ages 70-79: \$100, \$200	Ages 0-69: \$0 Ages 70-79: \$100, \$200	Ages 0-69: \$0
Co-Insurance per Policy Period	After deductible plan pays 100% up to the selected Policy Maximum	After deductible plan pays 100% up to the selected Policy Maximum	After deductible plan pays 100% up to the selected Policy Maximum	After deductible plan pays 100% up to the selected Policy Maximum
Benefit Period	180 days	180 days	180 days	180 days
MEDICAL - INPATIENT SERVICES				
COVERED TREATMENT OR SERVICES	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS
Hospital Room and Board	Up to \$1,500 per day, 30 days	Up to \$2,250 per day, 30 days	Up to \$2,500 per day, 30 days	Up to \$3,250 per day, 30 days
Including Ancillary Hospital Services	Maximum per annual period	Maximum per injury/ illness	Maximum per injury/ illness	Maximum per injury/ illness
Intensive Care Unit	Up to \$2,250 per day, 10 days maximum per annual period	Up to \$2,750 per day, 8 days maximum per injury/illness	Up to \$3,000 per day, 8 days maximum per injury/illness	Up to \$4,750 per day, 8 days maximum per injury/illness
Inpatient Surgery	Up to \$4,000 per surgical session	Up to \$6,000 per surgical session	Up to \$7,250 per surgical session	Up to \$8,000 per surgical session
Anesthesia	Up to \$900 per surgical session	Up to \$1,250 per surgical session	Up to \$1,500 per surgical session	Up to \$2,000 per surgical session
Assistant Surgeon	Up to \$900 per surgical session	Up to \$1,250 per surgical session	Up to \$1,500 per surgical session	Up to \$2,000 per surgical session
Physician's Non-Surgical Visits	Up to \$60 per visit, 30 visits per Policy Period	Up to \$80 per visit, 30 visits per Policy Period	Up to \$125 per visit, 30 visits per Policy Period	Up to \$150 per visit, 30 visits per Policy Period
Consult Physician when Requested by Attending Physician	Up to \$500 per Policy Period	Up to \$600 per Policy Period	Up to \$650 per Policy Period	Up to \$750 per Policy Period
Private Duty Nurse	Up to \$500 per Policy Period	Up to \$600 per Policy Period	Up to \$650 per Policy Period	Up to \$750 per Policy Period
Pre-Admission Tests within 7 Days Before Hospital Admission	Up to \$1,250 per Policy Period	Up to \$1,375 per Policy Period	Up to \$1,500 per Policy Period	Up to \$1,750 per Policy Period

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MEDICAL - OUTPATIENT SERVICES				
COVERED TREATMENT OF SERVICES	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS
Physician Visit	Up to \$60 per visit, 1 per day, 30 visits maximum	Up to \$80 per visit, 10 visits maximum	Up to \$110 per visit, 10 visits maximum	Up to \$150 per visit, 10 visits maximum
Virtual Visit / Telemedicine	Included	Included	Included	Included
Urgent Care / Walk-in Clinic	Up to \$60 per visit, 1 per day, 30 visits maximum	Up to \$80 per visit, 10 visits maximum	Up to \$100 per visit, 10 visits maximum	Up to \$150 per visit, 10 visits maximum
Emergency Room - All Expenses Incurred	\$400 per injury/illness. Extra \$250 deductible for illness visit that does not result in hospital admission.	\$600 per injury/illness. Extra \$250 deductible for illness visit that does not result in hospital admission.	\$750 per injury/illness. Extra \$250 deductible per illness visit that does not result in hospital admission.	\$750 per injury/illness. Extra \$250 deductible for illness visit that does not result in hospital admission.
Prescription Drugs	Up to \$250 per annual Policy Period, maximum of 90 days per prescription	Up to \$400 per injury/illness, maximum of 60 days per prescription	Up to \$400 per injury/illness, maximum of 60 days per prescription	Up to \$500 per injury/illness, maximum of 60 days per prescription
Diagnostic X-rays & Lab Services	Up to \$500; Up to \$750 for on CAT scan, PET scan, or MRI per injury/illness	Up to \$750; Up to \$900 for on CAT scan, PET scan, or MRI per injury/illness	Up to \$900; Up to \$1,100 for on CAT scan, PET scan, or MRI per injury/illness	Up to \$1,100; Up to \$1,300 for on CAT scan, PET scan, or MRI per injury/illness
Outpatient Surgery	Up to \$4,000 per surgical session	Up to \$6,000 per surgical session	Up to \$7,250 per surgical session	Up to \$8,000 per surgical session
Anesthesia	Up to \$900 per surgical session	Up to \$1,250 per surgical session	Up to \$1,500 per surgical session	Up to \$2,000 per surgical session
Assistant Surgeon	Up to \$900 per surgical session	Up to \$1,250 per surgical session	Up to \$1,500 per surgical session	Up to \$2,000 per surgical session
Outpatient Surgical Facility	Up to \$1,250 per surgical session	Up to \$1,300 per surgical session	Up to \$1,400 per surgical session	Up to \$1,500 per surgical session
ADDITIONAL MEDICAL EXPENSE BENEFITS				
Acute Onset of Pre-Existing Condition				
Benefit Maximum	Up to Policy Maximum	Up to Policy Maximum	Up to Policy Maximum	Up to Policy Maximum
Medical Evacuation Sub-Limit	\$25,000	\$25,000	\$25,000	\$25,000

POLICY MAXIMUM PER POLICY PERIOD	\$25,000	\$50,000	\$100,000	\$150,000
COVERED TREATMENT OF SERVICES	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS
Acute Onset of Pre-Existing Condition (cont.)				
Cardiovascular Event Sub-Limit	\$15,000	\$25,000	\$25,000	\$25,000
Age Limit	Upon attaining age 70 Acute Onset of Pre-existing Condition benefits are not available.	Upon attaining age 70 Acute Onset of Pre-existing Condition benefits are not available.	Upon attaining age 70 Acute Onset of Pre-existing Condition benefits are not available.	Upon attaining age 70 Acute Onset of Pre-existing Condition benefits are not available.
COVID-19	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness
Well Doctor Visit	\$250 for one visit. Minimum initial purchase of 30 days. Must occur within first 14 days from effective date.	\$250 for one visit. Minimum initial purchase of 30 days. Must occur within first 14 days from effective date.	\$250 for one visit. Minimum initial purchase of 30 days. Must occur within first 14 days from effective date.	\$250 for one visit. Minimum initial purchase of 30 days. Must occur within first 14 days from effective date.
Dental Treatment for Injury to Sound Natural Teeth	Up to \$650 per annual period	Up to \$850 per annual period	Up to \$850 per annual period	Up to \$850 per annual period
Physical Therapy	Limited to \$50 per visit, 1 per visit per day, 12 visits maximum Must be ordered in advance by physician.	Limited to \$55 per visit, 1 per visit per day, 12 visits maximum Must be ordered in advance by physician.	Limited to \$65 per visit, 1 per visit per day, 12 visits maximum Must be ordered in advance by physician.	Limited to \$75 per visit, 1 per visit per day, 12 visits maximum Must be ordered in advance by physician.
Initial Orthopedic Prosthesis	Up to \$1,250 per annual period for a standard basic hospital bed, standard basic wheelchair or the initial orthopedic prosthetic	Up to \$1,500 per annual period for a standard basic hospital bed, standard basic wheelchair or the initial orthopedic prosthetic	Up to \$1,750 per annual period for a standard basic hospital bed, standard basic wheelchair or the initial orthopedic prosthetic	Up to \$2,000 per annual period for a standard basic hospital bed, standard basic wheelchair or the initial orthopedic prosthetic
TRANSPORTATION EXPENSES				
Local Ambulance	Up to \$750 per injury/illness	Up to \$750 per injury/illness	Up to \$750 per injury/illness	Up to \$750 per injury/illness
Emergency Medical Evacuation	Up to \$100,000	Up to \$100,000	Up to \$100,000	Up to \$100,000
Medically Necessary Repatriation	Up to \$25,000	Up to \$25,000	Up to \$25,000	Up to \$25,000

POLICY MAXIMUM PER POLICY PERIOD	\$25,000	\$50,000	\$100,000	\$150,000
COVERED TREATMENT OF SERVICES	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS	MAXIMUM BENEFITS
Emergency Reunion	\$15,000, maximum of 15 days	\$15,000, maximum of 15 days	\$15,000, maximum of 15 days	\$15,000, maximum of 15 days
Return of Minor Chil(ren) or Traveling Companion	\$2,250 per day for up to 10 days.	\$2,250 per day for up to 10 days.	\$2,250 per day for up to 10 days.	\$2,250 per day for up to 10 days.
Return of Mortel Remains	\$25,000	\$25,000	\$25,000	\$25,000
Local Burial / Cremation	\$5,000	\$5,000	\$5,000	\$5,000
ADDITIONAL BENEFITS & SERVICES				
AD&D - Common Carrier	\$25,000, maximum \$125,000 per family or group	\$25,000, maximum \$125,000 per family or group	\$25,000, maximum \$125,000 per family or group	\$25,000, maximum \$125,000 per family or group
Incidental Trips Outside the United States	Included	Included	Included	Included
Home Country Coverage	Incidental: 14 days after 30 days continuous coverage	Incidental: 14 days after 30 days continuous coverage	Incidental: 14 days after 30 days continuous coverage	Incidental: 14 days after 30 days continuous coverage
**Travel Assistance	Included	Included	Included	Included

*Not subject to Deductible

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



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. This Policy is not available to anyone age 90 or above.

This Policy is not available to any individual who has been residing within the United States for more than 365 days prior to their Effective Date.

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.

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; or 2. the day after 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 Covered Person shall terminate at 12:01 AM North American Central Time on the earliest of the following dates: 1. The day after the Termination 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; or 4. The date the Covered Person becomes a United States citizen; or 5. The date the Covered Person is no longer eligible for this plan.

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



Travel Assistance Services

24-hour travel assistance services are provided by *Robin Assist. This plan includes both insurance and non-insurance benefits. Limitations and exclusions apply. *Not affiliated with Crum & Forster SPC.

Non-Insurance Travel Assistance Services

The Travel Assistance program feature provides a variety of travel related services that include, Medical Monitoring; Medical, Dental and Pharmacy Referrals, and Hospital Admission Guarantee. Travel assistance services are provided by an independent organization and not by the Company. There may be times when circumstances beyond *Robin Assist's control, hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency. *Not affiliated with Crum & Forster SPC.

Privacy Statement

Your privacy is important to us, 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 888-860-6053 or by visiting us at www.venbrookinternational.com/privacy-policy.

Complaints

In the event that you wish to make a complaint you can do so by contacting the Complaints team at: 888-860-6053 • 6320 Canoga Avenue, 12th Floor, Woodland Hills, CA 91367.

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.

This is a 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.

*Not subject to Deductible

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

**Standard Disclosure:**

Insurance benefits are underwritten by Crum & Forster, SPC. C&F and Crum & Forster are registered trademarks of the parent of Crum & Forster, SPC. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2024.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan. For a detailed plan description, exclusions, and limitations please view the plan on file with the plan administrator. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

This is a 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.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust. 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. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.