

# Safe Travels USA Cost Saver Highlights

- Insurance for medical accident and sickness, emergency medical and political evacuation, repatriation of remains, trip interruption, baggage, and accidental death & dismemberment
- Persons traveling outside their home country to the United States
- \$75 Doctor Wellness Visit Benefit
- Unexpected recurrence of a Pre-Existing Medical Condition
- Up to \$1,000,000 in Primary emergency medical coverage
- Coverage from 5 days to 1 year
- Renewable with uninterrupted coverage for up to 24 consecutive months
- Athletic sports coverage available

# BENEFITS OF COVERAGE

Unexpected Recurrence of a Pre-Existing Condition  Hospital Room & Board Charge  100%  ICU Room & Board Charge  100%  Outpatient Medical  Doctor Visits, X-rays, Prescriptions, Ambulance  Emergency Medical Treatment of Pregnancy  Physiotherapy/Physical Medicine/ Chiropractic  Dental Treatment  \$250  Deductible Options  Urgent Care Co-Pay  Co-Insurance  Emergency Medical Evacuation  Political/Natural Disaster Evacuation  Repatriation of Remains  \$5,000  In Network-100%  Out of Network-80%-\$5,000  Repatriation of Remains  \$50,000  Emergency Reunion  \$15,000  Return of Minor Children or Travel Companion  \$5,000	Emergency Medical & Hospitalization	\$50,000, \$100,000, \$250,000 \$500,000 or \$1,000,000				
Outpatient Medical  Doctor Visits, X-rays, Prescriptions, Ambulance  Emergency Medical Treatment of Pregnancy  Mental or Nervous Disorders  Physiotherapy/Physical Medicine/ Chiropractic  Dental Treatment  \$250  Deductible Options  Urgent Care Co-Pay  Co-Insurance  Co-Insurance  Emergency Medical Evacuation  Political/Natural Disaster Evacuation  Emergency Reunion  \$50,000  Emergency Reunion  \$50,000  Emergency Reunion  \$50,000  Emergency Reunion  \$50,000	Unexpected Recurrence of a Pre-Existing Condition	Included				
Outpatient Medical  Doctor Visits, X-rays, Prescriptions, Ambulance  Emergency Medical Treatment of Pregnancy  Mental or Nervous Disorders  Physiotherapy/Physical Medicine/ Chiropractic  Dental Treatment  \$250  Deductible Options  Urgent Care Co-Pay  Co-Insurance  Demark Larea Evacuation  Political/Natural Disaster Evacuation  Emergency Medical  Local Burial/Cremation  Doctor Visits, X-rays, Prescriptions, Ambulance  100%  \$21,000  \$25,000  \$30  (In Network-\$0)  \$30  (If the \$0 deductible is chosen, there is no co-pay)  The Network-\$100%  Out of Network-\$25,000  Repatriation of Remains  \$50,000  Emergency Reunion  \$15,000	Hospital Room & Board Charge	100%				
Doctor Visits, X-rays, Prescriptions, Ambulance  Emergency Medical Treatment of Pregnancy  Mental or Nervous Disorders  Physiotherapy/Physical Medicine/ Chiropractic  Dental Treatment  \$250  Clin Network-\$0) \$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500 or \$5,000  Urgent Care Co-Pay  Co-Insurance  Co-Insurance  Emergency Medical Evacuation  Political/Natural Disaster Evacuation  Repatriation of Remains  \$50,000  Emergency Reunion  \$15,000	ICU Room & Board Charge	100%				
Emergency Medical Treatment of Pregnancy \$1,000  Mental or Nervous Disorders \$2,500  Physiotherapy/Physical Medicine/ \$50 per visit per day (10 visits)  Dental Treatment \$250  Deductible Options \$0,\$50,\$100,\$250,\$500,\$1,000,\$2,500 or \$5,000  Urgent Care Co-Pay (If the \$0 deductible is chosen, there is no co-pay In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation 100%  Political/Natural Disaster Evacuation \$25,000  Repatriation of Remains \$50,000  Local Burial/Cremation \$5,000  Emergency Reunion \$15,000	Outpatient Medical	100%				
Mental or Nervous Disorders  Physiotherapy/Physical Medicine/ Chiropractic  Dental Treatment  \$250  Deductible Options  Urgent Care Co-Pay  Co-Insurance  Co-Insurance  Emergency Medical Evacuation  Repatriation of Remains  S2,500  (In Network-\$0) \$30 (If the \$0 deductible is chosen, there is no co-pay) In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation  100%  Political/Natural Disaster Evacuation  Repatriation of Remains  \$50,000  Emergency Reunion  \$15,000	Doctor Visits, X-rays, Prescriptions, Am	nbulance 100%				
Physiotherapy/Physical Medicine/ Chiropractic  Dental Treatment  \$250  Deductible Options  Urgent Care Co-Pay  Co-Insurance  Emergency Medical Evacuation  Political/Natural Disaster Evacuation  Local Burial/Cremation  Physiotherapy/Physical Medicine/ \$50 per visit per day (10 visits)  (In Network-\$0)  \$30 (If the \$0 deductible is chosen, there is no co-pay)  In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation  \$25,000  Repatriation of Remains  \$50,000  Emergency Reunion  \$15,000	Emergency Medical Treatment of Preg	nancy \$1,000				
Chiropractic (10 visits)  Dental Treatment \$250  Deductible Options (In Network-\$0) \$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500 or \$5,000  Urgent Care Co-Pay \$30 (If the \$0 deductible is chosen, there is no co-pay)  Co-Insurance In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation 100%  Political/Natural Disaster Evacuation \$25,000  Repatriation of Remains \$50,000  Local Burial/Cremation \$5,000  Emergency Reunion \$15,000	Mental or Nervous Disorders	\$2,500				
Deductible Options \$0,\$50,\$100,\$250,\$500,\$1,000,\$2,500 or \$5,000  Urgent Care Co-Pay \$30  (If the \$0 deductible is chosen, there is no co-pay)  Co-Insurance In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation 100%  Political/Natural Disaster Evacuation \$25,000  Repatriation of Remains \$50,000  Local Burial/Cremation \$5,000  Emergency Reunion \$15,000						
Urgent Care Co-Pay  Urgent Care Co-Pay  (If the \$0 deductible is chosen, there is no co-pay In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation  Political/Natural Disaster Evacuation  Repatriation of Remains  \$50,000  Emergency Reunion  \$15,000	Dental Treatment	\$250				
Co-Insurance In Network-100% Out of Network-80%-\$5,000  Emergency Medical Evacuation 100%  Political/Natural Disaster Evacuation \$25,000  Repatriation of Remains \$50,000  Local Burial/Cremation \$15,000	Deductible Options \$0, \$50,	(In Network- <b>\$0</b> ) <b>\$100, \$250, \$500, \$1,000, \$2,500 or \$5,000</b>				
Co-Insurance Out of Network- 80%-\$5,000  Emergency Medical Evacuation 100%  Political/Natural Disaster Evacuation \$25,000  Repatriation of Remains \$50,000  Local Burial/Cremation \$5,000  Emergency Reunion \$15,000	Urgent Care Co-Pay (If the					
Political/Natural Disaster Evacuation \$25,000  Repatriation of Remains \$50,000  Local Burial/Cremation \$5,000  Emergency Reunion \$15,000	Co-Insurance					
Repatriation of Remains \$50,000  Local Burial/Cremation \$5,000  Emergency Reunion \$15,000	Emergency Medical Evacuation	100%				
Local Burial/Cremation \$5,000  Emergency Reunion \$15,000	Political/Natural Disaster Evacuation	\$25,000				
Emergency Reunion \$15,000	Repatriation of Remains	\$50,000				
	Local Burial/Cremation	\$5,000				
Return of Minor Children or Travel Companion \$5,000	Emergency Reunion	\$15,000				
	Return of Minor Children or Travel Co	mpanion <b>\$5,000</b>				
Trip Interruption \$5,000 per policy period	Trip Interruption	\$5,000 per policy period				
Lost Baggage \$1,000	Lost Baggage	\$1,000				
AD&D \$25,000	AD&D	\$25,000				
24/7 Emergency Assistance Included	24/7 Emergency Assistance	Included				

RADES	24-Hour AD&D	\$50,000, \$100,000, \$250,000, or \$500,000			
OPTIONAL UPGRADES	Athletic Sports Coverage	<b>Some Sports Covered</b> Refer to Optional Upgrades Rate Chart			
OPTION	Home Country/ Follow Me	\$50,000 Home Up to 60 days - prorated			

# Athletic Sports Coverage

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 noncontact and engaged in by you solely for leisure, recreation, entertainment, or fitness purposes only.

# Home Country/ Follow Me Home

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.

For additional descriptions of benefits see **Your Guide to Understanding Plan Coverage Descriptions**.

Max	Limit: \$50,000 Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
	Up to age 21	\$1.24	\$1.14	\$0.90	\$0.95	\$0.86	\$0.76	\$0.67	\$0.54
	22-29	\$1.26	\$1.20	\$1.07	\$0.97	\$0.87	\$0.78	\$0.68	\$0.60
	30-39	\$1.69	\$1.60	\$1.43	\$1.30	\$1.17	\$1.04	\$0.91	\$0.85
	40-49	\$2.60	\$2.45	\$2.20	\$2.00	\$1.80	\$1.60	\$1.40	\$1.25
	50-59	\$4.43	\$4.23	\$3.75	\$3.41	\$3.07	\$2.73	\$2.39	\$2.17
	60-64	\$5.10	\$5.00	\$4.39	\$3.90	\$3.50	\$3.10	\$2.60	\$2.50
	65-69	\$6.00	\$5.92	\$4.80	\$4.50	\$4.00	\$3.65	\$3.00	\$2.90
	70-79	\$8.50	\$8.25	\$7.20	\$6.50	\$5.90	\$4.90	\$4.55	\$4.00
	80-89	\$24.00	\$22.00	\$20.00	\$18.00	\$16.00	\$14.50	\$12.40	\$10.40
May		¥=	Ų-Livo	<b>7</b> =3133	*	******	<b>V</b>	¥ 1.2.10	,
IVIAX	Limit: \$100,000 Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
	Up to age 21	\$1.39	\$1.38	\$1.18	\$1.07	\$0.96	\$0.86	\$0.75	\$0.40
	22-29	\$1.66	\$1.64	\$1.41	\$1.28	\$1.15	\$1.02	\$0.90	\$0.67
	30-39	\$2.15	\$2.10	\$1.82	\$1.65	\$1.49	\$1.32	\$1.16	\$0.92
	40-49	\$3.30	\$3.00	\$2.70	\$2.45	\$2.21	\$1.96	\$1.72	\$1.31
	50-59	\$5.59	\$5.36	\$4.73	\$4.30	\$3.87	\$3.44	\$3.01	\$2.76
	60-64	\$6.40	\$6.20	\$5.60	\$5.15	\$4.91	\$4.36	\$3.50	\$3.34
	65-69	N/A	N/A	N/A	\$5.75	\$5.15	\$4.15	\$4.00	\$3.55
	70-79	N/A	N/A	N/A	\$8.50	\$7.50	\$7.00	\$5.50	\$4.50
Max Limit: \$250,000									
	Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
	Up to age 21	\$1.56	\$1.54	\$1.32	\$1.20	\$1.08	\$0.96	\$0.84	\$0.66
	22-29	\$1.89	\$1.84	\$1.60	\$1.45	\$1.31	\$1.16	\$1.02	\$0.76
	30-39	\$2.65	\$2.55	\$2.35	\$2.10	\$1.79	\$1.62	\$1.39	\$1.19
	40-49	\$3.70	\$3.60	\$3.30	\$2.90	\$2.70	\$2.39	\$2.15	\$1.56
	50-59	\$7.00	\$6.37	\$5.75	\$5.14	\$4.63	\$4.11	\$3.70	\$3.33
	60-64	\$8.00	\$7.35	\$6.90	\$6.35	\$5.65	\$5.25	\$4.60	\$3.75
Max	Limit: \$500,000								
	Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
	Up to age 21	\$1.82	\$1.78	\$1.54	\$1.40	\$1.26	\$1.12	\$0.98	\$0.73
	22-29	\$2.01	\$1.96	\$1.70	\$1.55	\$1.40	\$1.24	\$1.09	\$0.89
	30-39	\$2.73	\$2.65	\$2.31	\$2.10	\$1.89	\$1.68	\$1.47	\$1.23
	40-49	\$3.90	\$3.77	\$3.41	\$3.10	\$2.85	\$2.48	\$2.17	\$2.00
	50-59	\$7.09	\$6.74	\$6.00	\$5.45	\$4.91	\$4.36	\$3.82	\$3.09
	60-64	\$8.10	\$8.00	\$7.35	\$6.68	\$6.01	\$5.34	\$4.68	\$4.00
Max I	Limit: \$1,000,000	٨٥	٨٥٥	Å1.00	<b>0050</b>	<b>AF00</b>	Å1 000	40 500	ÅF 000
	Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
	Up to age 21	\$2.08	\$2.00	\$1.76	\$1.60	\$1.44	\$1.28	\$1.12	\$0.88
	22-29	\$2.21	\$2.14	\$1.87	\$1.70	\$1.53	\$1.36	\$1.19	\$0.88
	30-39	\$2.96	\$2.81	\$2.51	\$2.28	\$2.05	\$1.82	\$1.60	\$1.37
	40-49	\$4.28	\$4.05	\$3.91	\$3.55	\$3.20	\$2.84	\$2.49	\$2.10
	50-59	\$7.79	\$7.29	\$6.59	\$5.99	\$5.39	\$4.79	\$4.19	\$3.64
	60-64	\$9.50	\$9.25	\$8.42	\$7.65	\$6.89	\$6.12	\$5.36	\$4.60

## **Optional Upgrades**

# Home Country/ Follow Me Home:

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

#### 24 Hour AD&D:

- 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

# Policy cancellation and refund

100% refund for policies cancelled prior to the effective date; partial refund for policies cancelled after the effective date. All cancellations must be submitted in writing and are based on the date received.

### **Travel Assistance Services**

24-hour travel assistance services are provided by GBG Assist.

## Other Details

- Plan may be purchased before departure or after travel has begun. 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 1 year; renewable up to 2 years.

Benefits listed are per person and describe all of the travel insurance benefits, underwritten by GBG Insurance Limited. There are certain restrictions, exclusions and limitations that apply to all services and coverages. Plan benefits, limits, and provisions may vary by state. To review full plan details online, visit www.trawickinternational.com. You will receive a Certificate of Insurance depending on your country of residence and description of 24-hour emergency assistance services which describes the benefits and limitations in detail.

# Your Agent Information

# - Agent ID# 595

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