



SAFE TRAVELS ADVANTAGE

INTERNATIONAL TRAVEL MEDICAL INSURANCE

Scheduled Benefits Accident and Sickness Medical Coverage

- INCLUDING medically necessary treatment for COVID-19, SARS-CoV2, and any mutation or variant of SARS-CoV2.
- Emergency Medical Evacuation and Repatriation coverage.
- For NON-US Citizens/Residents traveling from other countries to USA or USA worldwide.
- Plans available for ages 14 days to 89 years.
- A minimum period of 5 days up to a maximum period of 364 days.



Plan Benefits	Safe Travels Advantage 25k	Safe Travels Advantage 50k	Safe Travels Advantage 100k	Safe Travels Advantage 150k
Policy Maximum	\$25,000 Max per Incident / \$25,000 Annual Max for Ages 70-89	\$50,000 Max per Incident / \$50,000 Annual Max for Ages 70-89	\$100,000 Max per Incident / \$100,000 Annual Max for Ages 70-89	\$150,000 Max per Incident / \$150,000 Annual Max for Ages 70-89
Deductible per Incident	\$0	\$0	\$0	\$0
Co-Insurance	80% Coinsurance	80% Coinsurance	80% Coinsurance	80% Coinsurance
Out of Pocket Maximum PER PERIOD OF INSURANCE:	\$5,000 (Ineligible Charges do not count towards the Out-of-Pocket Maximum)	\$5,000 (Ineligible Charges do not count towards the Out-of-Pocket Maximum)	\$5,000 (Ineligible Charges do not count towards the Out-of-Pocket Maximum)	\$5,000 (Ineligible Charges do not count towards the Out-of-Pocket Maximum)
Pre-Certification	Coverage Contingent meeting Pre-Certification Requirements	Coverage Contingent meeting Pre-Certification Requirements	Coverage Contingent meeting Pre-Certification Requirements	Coverage Contingent meeting Pre-Certification Requirements
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	\$3,000 per day to a maximum of 30 days
Inpatient Ancillary Hospital Services	Included under Hospital Room and Board	Included under Hospital Room and Board	Included under Hospital Room and Board	Included under Hospital Room and Board
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	\$3,000 per day to a maximum of 8 days	\$4,500 per day to a maximum of 8 days
Physician's Surgical Treatment	\$3,500 per Incident	\$5,000 per Incident	\$6,000 per Incident	\$7,500 per Incident
Anesthesiologist Expense	\$850 per Incident	\$850 per Incident	\$1,400 per Incident	\$1,800 per Incident
Assistant Physician's Surgical Expenses	\$850 per Incident	\$850 per Incident	\$1,400 per Incident	\$1,800 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 \$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
Consulting Physician	\$450 per Incident	\$450 per Incident	\$550 per Incident	\$700 per Incident
Private Duty Nurse	\$450 per Incident	\$450 per Incident	\$550 per Incident	\$700 per Incident
Pre-Admission Test within 7 days of Admission	\$1,100 per Incident	\$1,100 per Incident	\$1,200 per Incident	\$1,500 per Incident
OUTPATIENT - MAXIMUM DAILY BENEFIT ALL SERVICES \$10,000 – UP TO THE SELECTED POLICY MAXIMUM				
Outpatient Surgical Facility	\$1,000 per Incident	\$1,100 per Incident	\$1,275 per Incident	\$1,400 per Incident
Physician's Surgical Treatment	\$3,500 per Incident	\$5,000 per Incident	\$6,000 per Incident	\$7,500 per Incident
Anesthesiologist Expense	\$850 per Incident	\$850 per Incident	\$1,400 per Incident	\$1,800 per Incident
Assistant Physician's Surgical Expenses	\$850 per Incident	\$850 per Incident	\$1,400 per Incident	\$1,800 per Incident

Plan Benefits	Safe Travels Advantage 25k	Safe Travels Advantage 50k	Safe Travels Advantage 100k	Safe Travels Advantage 150k
Physician's Visits/ Urgent Care	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 \$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
Diagnostic X-rays and Lab Services	\$450 per Incident	\$750 per Incident	\$750 per Incident	\$1,000 per Incident
Chemotherapy and/or radiation therapy	\$1,100 per Incident	\$1,100 per Incident	\$1,350 per Incident	\$1,750 per Incident
Scans, PET scan or MRI	\$650 per Incident	\$650 per Incident	\$1,050 per Incident	\$1,300 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.	\$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.
Emergency Room injury/Accident or Illness with direct Hospital Admission	\$350 per Incident	\$500 per Incident	\$600 per Incident	\$800 per Incident
Prescription drugs and medications	\$250 per Incident	\$350 per Incident	\$350 per Incident	\$350 per Incident
ADDITIONAL MEDICAL TREATMENT AND SERVICES				
Acute Onset of Pre-Existing Condition(s) per Policy Period Subject to the sub limits for each benefit listed	Up to Policy Maximum Coverage related to Cardiac Conditions or Stroke are limited to \$25,000 / For ages 80 and above, up to \$15,000 /Coverage related to Cardiac Conditions or Stroke are limited to \$15,000	Up to Policy Maximum Coverage related to Cardiac Conditions or Stroke are limited to \$25,000 / For ages 80 and above, up to \$15,000 /Coverage related to Cardiac Conditions or Stroke are limited to \$15,000	Up to Policy Maximum Coverage related to Cardiac Conditions or Stroke are limited to \$25,000 / For ages 80 and above, up to \$15,000 /Coverage related to Cardiac Conditions or Stroke are limited to \$15,000	Up to Policy Maximum Coverage related to Cardiac Conditions or Stroke are limited to \$25,000 / For ages 80 and above, up to \$15,000 /Coverage related to Cardiac Conditions or Stroke are limited to \$15,000
Cardiac Conditions	\$25,000 per Policy Period \$15,000 per Policy Period for Ages 70-89	\$25,000 per Policy Period \$15,000 per Policy Period for Ages 70-89	\$25,000 per Policy Period \$15,000 per Policy Period for Ages 70-89	\$25,000 per Policy Period \$15,000 per Policy Period for Ages 70-89
COVID-19 Expenses	Covered as any other Sickness	Covered as any other Sickness	Covered as any other Sickness	Covered as any other Sickness
Well Doctor Visit	Pays \$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.			
Anesthesiologist Expense	\$850 per Incident	\$850 per Incident	\$1,400 per Incident	\$1,800 per Incident
Dental Treatment for Injury to sound natural teeth	\$600 per Incident	\$750 per Incident	\$750 per Incident	\$750 per Incident

Plan Benefits	Safe Travels Advantage 25k	Safe Travels Advantage 50k	Safe Travels Advantage 100k	Safe Travels Advantage 150k
Mental or Nervous Disorder & Substance Abuse treatment	\$5,000 per Incident	\$5,000 per Incident	\$5,000 per Incident	\$20,000 per Incident / 30 days Max
Physiotherapy Physical Medicine/Chiropractic Expenses	\$40/visit, 1/day, 12 visits max 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
Initial Orthopedic Prosthesis/brace	\$1,100 per Incident	\$1,100 per Incident	\$1,350 per Incident	\$1,750 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 90 days per 12 months Max \$7,500
TRANSPORTATION EXPENSES				
Ambulance Service Benefits	\$500 per Incident	\$650 per Incident	\$650 per Incident	\$750 per Incident
*Emergency Medical Evacuation	\$100,000 per Policy Period	\$100,000 per Policy Period	Unlimited	Unlimited
*Medically Necessary Evacuation	\$15,000 per Policy Period	\$15,000 per Policy Period	\$15,000 per Policy Period	\$15,000 per Policy Period
*Policitcal Evacuation	\$500 per Policy Period	\$500 per Policy Period	\$1,500 per Policy Period	\$2,000 per Policy Period
*Natural Disasters Evacuation	\$500 per Policy Period	\$500 per Policy Period	\$1,500 per Policy Period	\$2,000 per Policy Period
*Return of Minor Children or Grandchildren	\$5,000 per Policy Period	\$5,000 per Policy Period	\$7,500 per Policy Period	\$10,000 per Policy Period
*Repatriation of Mortal Remains	\$7,500 per Policy Period	\$7,500 per Policy Period	\$20,000 per Policy Period	\$25,000 per Policy Period
*Local Burial/Cremation	\$5,000 per Policy Period	\$5,000 per Policy Period	\$5,000 per Policy Period	\$5,000 per Policy Period
ADDITIONAL BENEFITS				
*Common Carrier Accidental Death and Dismemberment (AD&D)	\$25,000 Principal Sum	\$25,000 Principal Sum	\$35,000 Principal Sum	\$35,000 Principal Sum
*Felonious Assault Accidental Death and Dismemberment (AD&D)	\$5,000 Principal Sum	\$5,000 Principal Sum	\$7,500 Principal Sum	\$10,000 Principal Sum
ADDITIONAL SERVICES				
**Telemedicine	MUST USE https://trawickinternational.com/telemedicine			
**Travel Assistance	Included	Included	Included	Included

* Not subject to the Medical Deductible

** This is a non-insurance service and is not a part of the insurance underwritten.

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 certificate 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 (certain countries may be restricted at different times). The Insured must arrive in the USA before traveling to other countries. Coverage in countries outside the USA and your Home Country is available for up to 30 days during your Period of Insurance. This certificate is not available to any individual who has been residing within the United States for more than 365 days prior to their Effective Date or who is considered a Habitual Resident of the country or jurisdiction in which care is received.

It is the Covered Person's obligation to ensure eligibility and to provide all information relating to their eligibility. The failure to disclose or to otherwise withhold information pertaining to eligibility renders this coverage void and may be reported as fraud to the relevant authorities. 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.

BENEFIT PERIOD

- While the Policy is in effect, we will pay eligible medical expenses for up to 180 days beginning on the first day of diagnosis or treatment of a covered Sickness or Injury; or
- Upon termination of the Policy, provided the Covered Person remains outside their Home Country and has not traveled back to their Home Country, we will continue to pay eligible medical expenses; up to 2 days following your Termination Date; or for up to 180 days beginning on the first day of diagnosis or treatment of a covered Sickness or Injury; or up to the maximum as stated under the Policy Medical Maximum; whichever occurs first; or
- Upon termination of the Policy, whereas the Covered Person returns to their Home Country the Benefit Period shall discontinue on the date of termination and the plan will no longer pay eligible medical expenses.

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 an enrollment form and Their correct premium is received; or 3. the Effective Date requested and shown on the certificate. However, this coverage shall never be effective and will be void if a person completes an enrollment form but does not depart their Home Country before receiving care for which a benefit is claimed.

TERMINATION DATE

Coverage will end on the earliest of the date:

- 1.the Covered Person's return to Their Home Country, except as provided under Return to Home Country Benefit, if eligible; or
- 2.the day after the Termination Date shown on the certificate for which premium has been paid; 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 Habitual Resident; or
- 5.The date the Covered Person is no longer eligible for this plan;
- 6.the next day following the maximum time period; or
- 7.the first date for which no corresponding premium is timely received;
- 8.the date specified by the Company in any notice of cancellation, forfeiture or rescission issued pursuant to or as a result of the circumstances described in the MISREPRESENTATION, FRAUDULENT CLAIMS and RIGHT OF RECOVERY.

OPTIONAL 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: In order to extend, the Policy Period must be initially purchased for a minimum of 5 days. If available, an extension period can be purchased

1. at the premium rate in force at the time of the extension;
2. for a minimum of 5 days;
3. for up to a maximum of 364 days, provided the Covered Person's Policy Period does not exceed 364 days in total.

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. If no claims have been filed with the Company, then (i) a cancellation fee of US \$50 will be charged; and (ii) 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.

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 On Call'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 situation.

TELEMEDICINE

Telemedicine provided is a non-insurance service.

To qualify you must contact the Assistance Provider directly for service. Please use this link for details <https://trawickinternational.com/telemedicine>

DISCLOSURES Client must notify the Plan Administrator within 30 days of a change of address or domicile.

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 AMD Global Trust. For a detailed plan description, exclusions, and limitations please view the plan on file with AMD Global Trust. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten. 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 SureGo Administrative Services: 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 under the jurisdiction of the Cayman Islands, you become a member of the AMD Global Trust.

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.

Sanctions Limitation Clause

The Insurer will not provide any cover, pay any claim or provide any benefit under this Plan to the extent that the provision of such cover, the payment of such claim or the provision of such benefit would expose them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Disclosure Details

- 1.This plan summary contains a description of the insurance benefits provided by the insurance plan you have purchased. The coverage is provided by a group insurance policy issued to the AMD Global Trust by Zurich Insurance Europe AG, Belgian branch. By purchasing this coverage, you have become a participant in the AMD Global Trust and a copy of the subscription agreement is contained herein. Please keep this summary as an explanation of the benefits available. This summary is not intended to be a contract of insurance. Complete provisions pertaining to the insurance coverage are contained in the policy. In the event of any conflict between this plan summary and the policy, the policy will govern. The policy is not designed to cover US citizens or residents, and it is not subject to guaranteed issue or renewal. 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").
- 2.Insurance coverage 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." 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.
- 3.Privacy Statement. We know that privacy is important to you and we strive to protect the confidentiality of 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 non-public personal information. You can find a copy of our Privacy Policy here: <https://www.trawickinternational.com/privacy-policy/> and Privacy Policy | SureGo Administrative Services (mysurego.com)
- 4.Data Protection. Please note that sensitive health and other information that is provided to us may be used by us, our representatives, the insurers and industry governing bodies and regulators to process the 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 the 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. Insureds have the right to access their personal records.
- 5.By purchasing this insurance provided by Zurich Insurance Europe AG, Belgian branch, you agree to subscribe and become a participant in the AMD Trust and understand that participation in the Trust is a prerequisite to procuring the insurance coverage.
- 6.In the event that you are dissatisfied and wish to make a complaint, you can do so at: complaints@trawickinternational.com

Your Agent Information

Visitor Insurance Services of America
Visitor Insurance Services of America LLC

1073 Willa Springs Dr., Suite 1009
Winter Springs, FL 32708

1-407-669-6400
1-877-778-4562

info@visoa.com
<https://www.VISOA.com>