



**Collegiate Care Silver**

Underwritten by: GBG Insurance Limited

**Policy Number: SS16-15241-18**

**Member ID #: 999999999**

**School Name:** Collegiate Care Silver

**Covered Person:** John Q. Traveler

**DOB:** 2/5/1958

**Address:** 1024 Anytown Lane  
Apt. 204B

**Effective Date:** 11/2/2018

**Premium Paid:** 1,500

**If you have questions about your coverage, please contact your agent:**

Trawick International, Inc.

888-301-9289

Collegiate Care Silver	In Network	Out of Network
Maximum for all Medical Expense Per Injury or Sickness	\$150,000 per Sickness or Injury \$400,000 Annual Maximum (Motor Vehicle Accident Maximum: \$10,000 per Period of Insurance)	\$150,000 per Sickness or Injury \$400,000 Annual Maximum (Motor Vehicle Accident Maximum: \$10,000 per Period of Insurance)
Deductible - Per Injury or Sickness	\$45 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center	\$45 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center
Coinsurance	Refer to below for specifics	Refer to below for specifics
Maximum Benefit Period	13 weeks from the date first treated	13 weeks from the date first treated
1) Physician Visit (Inpatient) or Outpatient	100% of the Preferred Allowance up to \$50 maximum; 1 visit per day 30 visits maximum	60% of URC up to \$50 maximum; 1 visit per day 30 visits maximum
2) Specialist Visits	Same as any other Sickness	Same as any other Sickness
3) Consultation Fee	100% of the Preferred Allowance up to \$400 maximum benefit	60% of URC up to \$400 maximum benefit
2) Hospital Room & Board	100% of the Preferred Allowance up to \$1,000 per day, maximum 30 days per Occurrence, subject to a \$100 Co-Pay	60% of URC up to \$1,000 per day maximum, 30 days per Occurrence, subject to a \$100 Co-Pay
5) ICU Room and Board Charges:	100% of the Preferred Allowance up to \$1,525 per day maximum 30 days per Occurrence subject to a \$100 Co-Pay	60% of URC up to \$1,525 per day maximum 30 days per Occurrence subject to a \$100 Co-Pay
6) Hospital Miscellaneous	100% of the Preferred Allowance up to \$500 maximum; 30 days maximum per Occurrence	60% of URC up to \$500 maximum; 30 days maximum per Occurrence
7a) Surgeon (In or Outpatient)	100% of the Preferred Allowance up to \$3,000 maximum	60% of URC up to \$3,000 maximum
7b) Day Surgery – Outpatient	100% of the Preferred Allowance up to \$1,000 maximum	60% of URC up to \$1,000 maximum
8) Assistant Surgeon	100% of the Preferred Allowance up to 25% of the Surgeon Allowance	60% of URC up to 25% of the Surgeon Allowance
9) Emergency Room	80% of the Preferred Allowance, \$300 Co-Pay waived if admitted	60% of URC \$300 Co-Pay waived if admitted
10) Pre-Admission Testing – within 3 days of admission	100% of the Preferred Allowance up to \$900 maximum	60% of URC up to \$900 maximum

11) Anesthesia	100% of the Preferred Allowance up to 25% of the Surgeon Allowance	60% of URC up to 25% of the Surgeon Allowance
12) Diagnostic X-Ray and Lab	100% of the Preferred Allowance up to \$500 maximum; Cat Scan, PET Scan or MRI up to \$850	60% of URC up to \$500 maximum; Cat Scan, PET Scan or MRI up to \$850
13) Physiotherapy – Inpatient or Outpatient	100% of the Preferred Allowance up to \$35 per visit, 1 visit per day, 12 visits maximum	60% of URC up to \$35 per visit, 1 visit per day, 12 visits maximum
14) Ambulance Benefit	100% of the Preferred Allowance up to \$400 maximum	60% of URC up to \$400 maximum
15a) Mental & Nervous Conditions Inpatient	100% of the Preferred Allowance 30 days maximum	60% of URC 30 days maximum
15b) Mental & Nervous Conditions Outpatient	40 visits per year at 100% of the Preferred Allowance up to \$5,000 maximum, per Period of Insurance	40 visits per year at 60% of URC up to \$5,000 maximum, per Period of Insurance
16) Alcohol and Drug Abuse In-Patient or Outpatient	100% of Preferred Allowance Same as any other Sickness	60% of URC Same as any other Sickness
17) Emergency Dental	100% of Preferred Allowance up to \$500 maximum	60% of URC up to \$500 maximum
18) Prescriptions	\$100 per Period of Insurance	
19) Durable Medical Equipment	100% of the Preferred Allowance up to \$1,000 maximum	60% of URC up to \$1,000 maximum
20a) Emergency Medical Evacuation or Repatriation	100% of actual expense up to \$60,000	
20b) Return of Mortal Remains	100% of actual expense up to \$50,000	
21) Emergency Reunion	100% of actual expense up to \$10,000	
22) Maternity and Prenatal Care (Conception must occur while covered under the current policy)	100% of Preferred Allowance up to \$5,000 maximum for normal delivery; \$7,500 for C section delivery	60% of URC up to \$5,000 maximum for normal delivery; \$7,500 for C section delivery
23) Radiation/Chemotherapy	100% of Preferred Allowance \$1,000 maximum	60% of URC up to \$1,000 maximum

**This is a short term limited benefit plan.**

## ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown. Payment for any covered medical expense will be no more than the benefit limits shown below; up to \$50,000 per event. After benefits have been paid up to these amounts, additional covered medical expenses will be paid at 100% of URC to the Per Sickness/Injury maximum as stated above, subject to the coordination of benefits provision. Covered Expenses are the Preferred Allowance for In Network or URC for Non Network medically necessary services and supplies incurred within 13 weeks from the date of the accident causing the Injury or the date of the Sickness. Treatment must begin no later than 30 days after the onset of Sickness to be covered.

Covered Medical Expenses Include:

- 1) Physician visits expense: Inpatient or Outpatient and limited to one visit per day. \$50 per visit 30 visits maximum per Sickness or Injury. Benefit limitations do not apply when related to surgery;
- 2) Specialist visits expense: Inpatient or Outpatient and limited to one visit per day. \$50 per visit 30 visits maximum per Sickness or Injury. Benefit limitations do not apply when related to surgery;
- 3) Consultation fees expense: up to \$400 maximum; When requested and approved by the attending physician if, by reason of Injury or Sickness, a Covered Person requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis. We will pay the amount incurred unless the cost of this service is included in a negotiated case rate with the provider or facility;
- 4) Hospital Room and Board expense: daily semi-private room rate when hospital confined. Subject to a \$100 Co-Pay, \$1,000 a day maximum, 30 days per Occurrence for the most common semi-private daily room rate for each day of the Hospital Stay. In computing the number of days payable, under this benefit, the date of admission will be counted, but not the date of discharge. Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private

room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation;

- 5) ICU Room and Board expense: Subject to a \$100 Co-Pay, \$1,525 per day Maximum 8 days per Occurrence. This payment is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services;
- 6) Hospital miscellaneous expense: while hospital confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray exams; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services and supplies up to \$500 per day 30 days maximum; We will pay for services, supplies and charges during a Hospital Stay.
- 7) Surgery/Surgeon's Expense – inpatient or Outpatient: a) physician's fees for surgery. Covered Expenses will be paid under this benefit or the Outpatient benefit but not both. \$3,000 maximum; We will pay charges for: A Physician, for primary performance of a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Eligible Expenses for the additional surgeries; b) Day Surgery-Outpatient expense: excluding non-scheduled surgery and surgery performed in a hospital emergency room, trauma center, physician's office or clinic. Covers the cost of the operating room; laboratory tests; x-ray exams; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services and supplies up to \$1,000 maximum. We will pay charges for: A Physician, for primary performance of a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Eligible Expenses for the additional surgeries;
- 8) Assistant Surgeon expense – Inpatient or Outpatient: 25% of the Surgeon's benefit payable; If, in connection with such operation, the services of an Assistant Surgeon are required, We will pay the Covered Expense incurred;
- 9) Emergency room expense: includes attending Physician charges, x-rays, laboratory test and procedures, use of emergency room and supplies. Subject to a **Co-Pay** of \$300 per Occurrence. If admitted after the Emergency Room visit the **Co-Pay** is waived. We will pay if the Covered Person requires Emergency Room treatment due to a Covered Loss resulting directly and independently of all other causes from a Covered Accident or Sickness. Emergency Room means a trauma center or special area in a Hospital that is equipped and staffed to give people Emergency treatment on an Outpatient basis. An Emergency Room is not a clinic or Physician's office;
- 10) Pre-admission testing expense: \$900 maximum and inpatient confinement must occur within 3 days of testing;
- 11) Anesthesia expense: 25% of the paid Surgeon's expense; We will pay benefits for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or Outpatient basis;
- 12) Diagnostic x-rays and lab services: \$500 maximum. Cat Scan, PET scan or MRI up to \$850;
- 13) Physiotherapy: \$35 per visit, 1 visit per day, 12 visits maximum per Period of Insurance; We will pay benefits as described in the Schedule of Benefits for eligible Physiotherapy expenses incurred by the Covered Person. In no event will the Company's Maximum liability exceed the Maximum stated in the Schedule of Benefits, as to Eligible Expenses during any Period of Insurance. For the purpose of this section, Physiotherapy means charges for physiotherapy if recommended by a Physician for the treatment of a specific Disablement or following hospitalization and administered by a licensed physiotherapist as an Outpatient, up to the Maximum amount shown in the Schedule of Benefits for the Outpatient Physiotherapy benefit. Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, or any form of physical therapy;
- 14) Ambulance expense: When Injury or Sickness requires the use of a community or Hospital Ambulance in a Medical Emergency, We will pay up to \$400 for transportation, within the metropolitan area in which the Covered Person is located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air

transportation is covered up to \$350 when Medically Necessary because of a life threatening Injury or Sickness or if the Covered Person is in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care. Search and rescue charges are not covered;

- 15) Mental and Nervous a) Inpatient: maximum of 30 days per Period of Insurance; If a Covered Person requires treatment for a Mental or Nervous Condition, We will pay for such treatment as follows: Benefits for Inpatient Hospital Confinement -When a Covered Person requires Hospital Confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement. Such confinement must be in a licensed or certified facility, including Hospitals. Biologically Based Mental Sickness means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness; b) Mental and Nervous Outpatient: maximum of 40 visits per year, \$5,000 maximum; Benefits for Outpatient Services - We will pay the Eligible Expenses incurred for the Outpatient treatment of Mental and Nervous Conditions as defined. The Mental and Nervous Condition must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary. Outpatient treatment and Physician services include charges made by an Outpatient treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law. Biologically Based Mental Sickness means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness;
- 16) Alcohol and Drug Abuse Inpatient or Outpatient: same as any other Sickness; If a Covered Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows: Benefits for Inpatient Hospital Confinement - When a Covered Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement. Such Confinement must be in a licensed or certified facility, including Hospitals. Benefits for Outpatient Services - We will pay the Covered Percentage of the Eligible Expenses incurred for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency. Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an Outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies every three months that a Covered Person needs to continue such treatment. Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social. Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social. Detoxification Facility means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social and emotional needs of the individual by: monitoring the amount of alcohol and other toxic agents in the body of the individual; managing withdrawal symptoms; and motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse;
- 17) Emergency dental expense: up to \$500 maximum. We will pay for expenses for emergency dental treatment due to Injury to Natural Teeth;
- 18) Prescription drugs: \$100 per Period of Insurance; Prescription Drug means a drug which: 1. Under Federal law may only be dispensed by written prescription; and 2. is utilized for the specific purpose approved for general use by the Food and Drug Administration. The Prescription Drug must be dispensed for Outpatient use by the Covered Person: 1. on or after the Covered Person's Effective Date and 2. Dispensed by a licensed pharmacy provider;
- 19) Durable medical equipment: \$1,000 per Period of Insurance maximum. If, by reason of Injury or Sickness, a Covered Person requires the use of Durable Medical Equipment, We will pay the Eligible Expenses incurred by a Covered Person for such Durable Medical Equipment. We pay the Eligible Expenses incurred by a Covered Person for the purchase or rental of such item. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date. If Durable Medical Equipment is purchased, it is Our property and is to be returned to Us, at Our expense, upon completion of a Covered Person's need, if so requested by Us. We do not pay for the replacement of Durable Medical Equipment. Durable Medical Equipment means medical equipment that: 1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use; 2. can withstand long-term repeated use without replacement; 3. is

not useful in the absence of an Injury or Sickness; and 4. can be used in the home without medical supervision. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items;

- 20) Emergency Medical Evacuation and Repatriation: up to \$60,000 When You suffer loss of life for any reason or incur a covered Sickness or Injury during the course of Your Period of Insurance, the following benefits are payable: a) *Emergency Medical Evacuation*: If the local attending Legally Qualified Physician and the Program Medical Advisor and authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment. Medical Repatriation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company: one-way Economy Transportation; commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been preapproved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route; b) Return of Mortal Remains: In the event of Your death during the Period of Insurance, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence;
- 21) Emergency Reunion: If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation or Medical Repatriation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion for hotel and meals to a Maximum of \$50 per day up to the Maximum stated in Schedule of Benefits, Emergency Medical Reunion;
- 22) Maternity and Pre-Natal expense: \$5,000 maximum for normal delivery and \$7,500 maximum for C-section delivery. After a 12 month waiting period and conception must occur after the waiting period and while covered on the plan. LMP is used to determine conception date. In no event will the Company's Maximum liability as to Eligible Expenses during any one period of individual coverage. Benefits will be payable for expenses incurred before, during, and after delivery of a Child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Covered Person and her newborn Child in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care. Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Covered Person's attending Physician determines further Inpatient postpartum care is not necessary for her or her newborn Child provided the following are met: In the opinion of the Covered Person's attending Physician, the newborn Child meets the criteria for medical stability in the guidelines for Perinatal Care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of: The antepartum, intrapartum, postpartum course of the mother and infant; The gestational stage, birth weight, and clinical condition of the infant; The demonstrated ability of the mother to care for the infant after discharge; and The availability of post discharge follow up to verify the condition of the infant after discharge; and One (1) at-home post-delivery care visit is provided to the Covered Person at her residence by a Physician or Registered Nurse performed no later than forty-eight (48) hours following discharge of the Covered Person and her newborn Child from the Hospital. Coverage for this visit includes, but is not limited to: Parent education; Assistance in training in breast or bottle feeding; and Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Covered Person or newborn Child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. At the Covered Person's discretion, this visit may occur at the Physician's office. Any newborn child must be enrolled in the coverage within 30 days of birth;
- 23) Radiation therapy or chemotherapy: \$1,000 maximum per Period of Insurance;
- 24) Up to \$500 per Period of Insurance for services rendered in your Home Country.

#### **ACCIDENTAL DEATH AND DISMEMBERMENT PRINCIPAL SUM**

For Injury resulting in the loss of:

Both hands or both feet; the sight of both eyes; or One hand and one foot, one hand or one foot and the sight of one eye: \$10,000

One hand or one foot or the sight of one eye: \$7,500

“Loss of hand or foot” means severance at or above the wrist or ankle joint. “Loss of sight” must be entire and irrecoverable.

**Accidental Death Benefit** – the plan pays \$10,000 when your death occurs as a result of accidental **Injury**. Loss of life must result within 90 days of the date of the accident causing such loss. Your coverage under the Policy must be in force on the date of the accident and when loss of life occurs.

**Dismemberment Benefit** - If you sustain accidental **Injury** that results in loss of a limb or sight the plan will pay the portion of the Principal Sum shown below. Loss must occur within 90 days of the accident causing such loss. In the event of more than one loss only one sum, the largest, will be paid.

## DEFINITIONS

The male pronoun includes the female whenever used. Additional terms may be defined within the provision to which they apply. For the purposes of the Policy the capitalized terms used herein are defined as follows:

**Accident** means an unforeseeable event which: 1) Causes Injury to one or more Covered Persons; and 2) Occurs while coverage is in effect for the Covered Person.

**Benefit Period** means the period of time from the date of the Accident causing the Injury or Sickness for which benefits are payable, and the date after which no further benefits will be paid.

**Child** means the Covered Person’s natural Child, adopted Child (or Child placed in the Covered Person’s home for purposes of adoption), foster Child, stepchild, or other Child for whom the Covered Person has legal guardianship (proof will be required). A Child must reside with the Covered Person in a parent-Child relationship. NOTE: In the event the Covered Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Covered Person will be waived.

**Coinsurance** means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

**Company** means GBG Insurance Limited. Also hereinafter referred to as We, Us and Our.

**Complications of Pregnancy** means a condition which when pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or is caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy. Complications of Pregnancy will not include: False Labor; Occasional spotting; Physician prescribed rest during the period of pregnancy; Morning Sickness; and Similar conditions associated with the management of a difficult pregnancy but which are not a separate **Complications of Pregnancy**. Delivery by cesarean section is considered a **Complications of Pregnancy** if the cesarean section is *non*-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

**Co-Pay** means a specified charge that the Covered Person is required to pay when a medical service is rendered.

**Cosmetic Surgery** means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

**Covered Accident** means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.

**Covered Loss or Covered Losses** means an accidental death, dismemberment or other Injury covered under the Policy and indicated on the Schedule of Benefits.

**Covered Person** means a Person eligible for coverage as identified in the Enrollment/Application, for whom proper premium payment has been made when due, and who is therefore a Covered Person under the Policy.

**Covered Percentage** means the percentage of a billed expense that would be considered to be the allowable amount for the particular service.

**Deductible** means the dollar amount of Eligible Expenses which must be incurred and paid by the Covered Person before benefits are payable under the Policy. It applies separately to each Covered Person.

**Dependent** means a Covered Person’s lawful spouse, if not legally separated or divorced, or Civil Union Partner; unmarried Children under age 26. The age limitations will not apply to a Covered Person’s unmarried Child who is dependent on the Covered Person or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Policy is in force.

**Emergency** means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child; His bodily functions would be seriously impaired; or A body organ or part would be seriously damaged.

**Experimental/Investigational** means that a drug, device or medical care or treatment will be considered experimental/investigational if: The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law; The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval; Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its Maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its Maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred. Management staff in Our Claims Department or a Claims Payer acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

**Health Care Plan** means any contract, Policy or other arrangement for benefits or services for medical or dental care or treatment under: 1) Group or blanket insurance, whether on an insured or self-funded basis; 2) Hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis. 4) Group labor management plans; 5) Employee benefit organization plan; 6) Professional association plans on a group basis; or 7) Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or

**Home Country** means the country where a Covered Person has his or her true, fixed and permanent home and principal establishment.

**Hospital** means an institution licensed, accredited or certified by the State that: 1) Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; 2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; 3) Provides 24-hour nursing service by registered nurses (R.N.) on duty or call; 4) Has a staff of one or more licensed Physicians available at all times; 5) Provides organized facilities for diagnosis, treatment and surgery, either a) on its premises; or b) in facilities available to it, on a pre-arranged basis; 6) Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 7) Is not a place for drug addicts, alcoholics or the aged. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following: 1) the Joint Commission on Accreditation of Hospitals; or 2) the American Osteopathic Association; or 3) the Commission on the Accreditation of Rehabilitative Facilities. In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is an Eligible Expense under the Policy. Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated herein.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. You should always confirm that a Network Provider is participating at the time services are required by GBG Assist or by asking the provider when you make an appointment for services.

**Injury** means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Covered Person's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim.

All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Inpatient** means a Covered Person who is confined in an institution and is charged for room and board.

**Insurance** means the coverage that is provided under the Policy.

**Intensive Care Unit** means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Maximum Benefit** means the largest total amount of Eligible Expenses that the Company will pay for the Covered Person as shown in the Covered Person's Schedule of Benefits for an incident.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is: 1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; 2) Prescribed or ordered by a Physician or furnished by a Hospital; 3) Performed in the least costly setting required by the condition; 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an Outpatient basis. The purchasing or renting of air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it: 1) Is Experimental/Investigational or for research purposes; 2) Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider; 3) Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; 4) Could have been omitted without adversely affecting the person's condition or the quality of medical care; 5) Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration; 6) Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or 7) It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

**Natural Teeth** means the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

**Non-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Covered Person may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Covered Person's responsibility.

**Occurrence** means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

**Outpatient** means a Covered Person who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for a Sickness or Injury, but who is not confined and is not charged for room and board.

**Outpatient Surgical Facility** means a surgical or medical center which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate Registered Nurses; (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved under law).

**Period of Insurance** means the period of time following the Covered Person's Effective Date until the last date for which premium has been paid or 364 days whichever is lesser. Unless plan is made renewable by contract.

**Physician** means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother or sister or other relative.

**Physical Therapy** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; or (5) manipulation or massage.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the 365 day period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person : 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms



which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 180 day period before coverage is effective under the Covered Person's Plan.

**Pregnancy** means the physical condition of being pregnant, including Complications of Pregnancy.

**Prescription Drugs** means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration.

**Registered Nurse** means a licensed registered professional Registered Nurse (R.N.).

**Sickness** means Sickness or disease contracted and causing loss commencing while the Policy is in force as to the Covered Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

**Spouse** means lawful spouse, if not legally separated or divorced; or Civil Partner.

**Substance Abuse** means alcohol, drug or chemical abuse, overuse or dependency.

**Surgery or Surgical Procedure** means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of 1) The actual amount charged by the provider; or 2) The negotiated rate; or 3) The charge which would have been made by the provider (Physician, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply. "Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

**We, Our, Us** means GBG Insurance Limited underwriting this insurance.

**You, Your, Yours, He or She** means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

#### **EXTENSION OF ACCIDENT AND SICKNESS MEDICAL BENEFIT AND BENEFIT PERIOD**

If a Covered Person is hospital confined at term of coverage, benefits will continue to be paid until the earlier of either discharge from the hospital they are confined to or until the Maximum benefit has been paid, whichever occurs first. In no event will benefits continue beyond 30 days beyond the term of coverage or beyond the 13 week benefit period.

#### **COORDINATION OF BENEFITS PROVISION**

If a Covered Person is covered for Benefits under the Policy, and is also covered for these Benefits under one or more other Plans, the benefits payable under the Policy will be coordinated with the benefits payable under all other Plans. Coordination of Benefits will be used to determine the benefits payable for a Covered Person for any Claim Determination Period if, for the Allowable Expenses incurred in that period, the sum of (1) and (2) below would exceed those Allowable Expenses: The benefits that would be payable under the Policy without coordination; and The benefits that would be payable under all other Plans without the coordination of benefits provisions in those Plans. The benefits that would be payable under the Policy for Allowable Expenses incurred in any Claim Determination Period without Coordination of Benefits will be reduced to the extent required so that the sum of: Those required benefits; and All the benefits payable for those Allowable Expenses from all other Plans will not exceed the total of those Allowable Expenses. Benefits payable under all other Plans include the benefits that would have been payable had proper claim been made for them. However, the benefits of another Plan will be ignored when the benefits of the Policy are determined if: The Benefit Determination Rules would require the Policy to determine its benefits before that Plan; and The other Plan has a provision that coordinates its benefits with those of the Policy and would, based on its rules, determine its benefits after the Policy. When Coordination of Benefits reduces the total amount otherwise payable in a Claim Determination Period for a Covered Person, each benefit that would be payable in the absence of Coordination of Benefits will be reduced in proportion. The reduced amount will be charged against any applicable benefit limit of the Policy. We reserve the right to release to or obtain from any other insurance company or other organization or person, any information that, in Our opinion, We or it needs for the purpose of the Coordination of Benefits. When payments that should have been made under the Policy based on the terms of this provision have been made under any other Plans, We have the right to pay to any other organization making these payments the amount it determines to be warranted. Amounts paid in this manner will be considered benefits paid under the Policy. We will be released from all liability under the Policy to the extent of these payments. When an overpayment has been made by us, at any time, We will have the right to recover that payment, to the extent of the excess, from the person to whom it was made or any other insurance company or organization, as We may determine.

## EXCLUSIONS AND LIMITATIONS

### PRE-EXISTING CONDITIONS

The "Pre-existing Condition Waiting Period" is 6 months. If you receive treatment or service for a Pre-Existing Condition: a) No benefits will be paid for such condition until the day after a 6 consecutive month period has passed from your effective date; and b) The plan will pay only for Covered Expenses incurred after such 6 consecutive month period.

### EXCLUSIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self- destruction or intentional self-inflicted Injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. Injury sustained while in the service of the armed forces of any country;
4. Voluntary, active participation in a riot or insurrection;
5. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
6. Treatment for an Injury or Sickness resulting from the Covered Person's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Covered Person's Physician;
7. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
8. Eligible Expenses for which the Covered Person would not be responsible in the absence of the Policy;
9. Treatment of acne;
10. Charges which are in excess of Usual, Reasonable and Customary charges;
11. Charges that are incurred outside of the Period of Insurance either prior to coverage commencing after coverage has terminated;
12. Charges that are not Medically Necessary; charges provided at no cost to the Covered Person;
13. Expenses incurred for treatment while in Your Home Country which exceed 30 days or \$1000;
14. Expenses incurred for an Accident or Sickness after the termination date of coverage;
15. Regular health checkups, routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
16. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources;
17. Pre-existing conditions; however a Pre-Existing condition will be covered after the Covered Person has been continuously insured for 6 months under the same insurance plan;
18. Unless covered herein, Pregnancy or childbirth, elective abortion, or any complications of any of these conditions;
19. Dental care or treatment other than care, of sound Natural Teeth and gums, required for Injury resulting from an Accident while covered under the Policy, and rendered within 6 months of the Accident;
20. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
21. Travel in or upon a snowmobile, a water jet ski, any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel, or any off road motorized vehicle not requiring licensing as a motor vehicle;
22. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, and snowboarding; or other hazardous activities as determined by the insurance company;
23. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports, contest or competition;
24. Rest cures or custodial care;
25. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body. Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness.

### TIME LIMITS FOR COVERED LOSS

Covered expenses will be paid as shown in the Schedule.

1. Due to Injury when:
  - a. The accident causing the Injury occurs before the end of your term of coverage;

- b. Treatment by a doctor begins within 30 days after the date of the accident causing Injury;
  - c. Treatment and services received are included under the definition of covered expenses; and
  - d. All treatment is received during the period in which the covered person is eligible.
2. Due to your Sickness provided:
- a. Treatment by a doctor begins during the Period of Insurance;
  - b. Treatment and services received are included under the definition of covered expenses; and
  - c. All treatment is received during the period in which the covered person is eligible.

## GENERAL PROVISIONS

### RIGHT OF REIMBURSEMENT / SUBROGATION

If a Covered Person recovers expenses for Sickness or Injury that occurred due to the negligence of a third party, We have the right to first reimbursement for all benefits We paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement, or compromise, by the Covered Person, the Covered Person's parents if the Covered Person is a minor, or the Covered Person's legal representative as a result of that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that We may reasonably require in order to exercise Our rights under this provision. This provision applies whether or not the third party admits liability.

We are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits We paid for that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that We may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

### PRE-AUTHORIZATION

**USA/Canada Toll Free: 1-877-916-7920 Upon completion Fax Authorization Form To: 1-905-669-2524**

Pre-authorizations are subject to certification by the Plan Administrator. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. Certain medical procedures or treatments will require a request form to be received by the Company or the Company's authorized representative. This must be received a minimum of 5 business days prior to the scheduled procedure date if the procedure is elective, or within 48 hours after the initial admission if the admission is due to an emergency. Approval from the Company must be given prior to the commencement of the proposed medical treatment. If certification is received, covered charges will be paid as shown in the Schedule of Benefits.

***Failure to comply with prior authorization procedures will result in a 20% reduced benefit penalty, provided that the care is determined to be a procedure that would have been approved by the Plan Administrator.*** If upon review of medical records, it is determined to be a medical procedure which would not have been approved, the entire claim and all related charges will be denied.

Pre-authorization is based on information provided to the Company at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the **doctor** and you.

#### Services requiring prior authorization are:

1. All Inpatient admissions and/or treatments, including but not limited to Admissions to an Inpatient Facility or Partial Hospitalization Unit; Emergencies must be post-certified **within 48 hours** of discharge or as soon as reasonably possible;
2. Any surgeries requiring general anesthesia (Outpatient or Inpatient);
3. Accidental Dental treatment for emergency dental repair of **Natural Teeth** damaged in an Accident;
4. Purchase or rental of Durable Medical Equipment;
5. RSV Immunization and other medications priced in excess of \$1,000 per refill;
6. All cancer treatments/therapies;
7. Hemodialysis and Peritoneal Dialysis for renal failure;
8. Substance Abuse treatments/therapies;
9. Any condition, including chronic conditions that do not meet the above criteria, but are expected to accumulate \$3,000 or more in Covered Expenses per Period of Insurance.

### CLAIMS STATUS, ELIGIBILITY VERIFICATION & COVERAGE QUESTIONS

GBG Administrative Services  
26741 Portola Pkwy Ste. 1E #527



Foothill Ranch, CA. 92610

**Toll Free: 877-916-7920 [eclaims@gbg.com](mailto:eclaims@gbg.com)**

Find a Provider at <https://www.trawickinternational.com/resources/healthcare-provider-search>

- Provide the hospital or doctor with a copy of your ID card so they can bill us for the services provided to you. This shows your member ID and is how to find you in our system to verify benefits. Failure to give the correct information to the provider could result in bills getting sent to you, instead of the insurance company.
- In most cases, you are only required to pay your deductible and the cost for any services which may not be covered under your Policy. However, if you are required to pay for services in full, then you will need to provide the necessary documentation for reimbursement: a. Signed medical statement which includes medical coding for service performed by the service provider; b. Proof of payment (receipts) and c. Copy of your ID card. If you get a bill from a provider call them to make sure they have your insurance information. Failure to contact them with your information will delay the processing of your claim and could result in you being solely responsible for the charges.
- All claims, regardless of submission date, must be received in our office within 90 days of treatment or they will be denied. Initial treatment must occur within 90 days of the Accident or Sickness.
- Once a claim has been reviewed, additional documentation may be required for processing. This request will be made in writing to the address on file or via email. Please make sure your mailing address and email address are current.
- Your Insurance ID is the number beginning with 999...
- After a claim has been processed you and the provider will receive an explanation of benefits (EOB). Claim status and downloadable EOB's are available online through the Trawick website. The EOB has a claim number, date of service, paid date, amount paid, amount applied to your deductible and an explanation as to why/how the claim was processed. The EOB will also state if you owe the provider anything for the service. If there is a reimbursement to you, a check or direct deposit to your account will be noted on the EOB. If you get a bill from a provider and do not get an EOB from us within 60 days, please contact us at the number above for claim status.
- If a claim is denied you will receive a written explanation on the EOB. If you feel the decision is wrong, you have the right to appeal the decision. You can get an appeal form by calling the claim office at 877-916-7920.

**Payment of loss under this Policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").**

This is a brief description of coverage provided under this short term limited benefit group policy number [SS16-15241](#) and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for details. Coverage may vary or may not be available in all states.

#### **Plan Administrator**



**PO Box 2284**

**Fairhope, Alabama 36533**

**Toll Free: 888-301-9289 Direct: 251-661-0924**

**Email: [info@trawickinternational.com](mailto:info@trawickinternational.com)**

**Website: [www.trawickinternational.com](http://www.trawickinternational.com)**