

CoverAmerica Gold®



TRAVEL MEDICAL INSURANCE FOR VISITORS TO THE U.S.

Provides coverage while traveling to initial destination country of the United States, and any subsequent travel to or within any area of Canada, Mexico, Central America, Caribbean Islands or South America.



All coverages, benefits, and premium amounts are in U.S. dollars. Charges are reimbursed at usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable. Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Application, Master Policy and other governing documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

WWW.VISITORS_COVERAGE.COM



Worry Less.
experience more.

Why choose CoverAmerica Gold®?

At VisitorsCoverage®, we understand which benefits and coverages are most suitable for visitors and families traveling to the United States. Along with IMG®, we have designed a plan with a combination of benefits that will suit your needs. Specifically created for non-U.S. residents and non-U.S. citizens, CoverAmerica Gold is a necessity for any trip you take to the U.S. in the era of the Coronavirus, especially if you're also taking trips to Canada, Mexico, Central America, the Caribbean Islands, or South America. CoverAmerica Gold has medical coverage, an extensive network of providers, and 24-hour travel assistance. Let us take the worry out of your travel!

**The country of residence is the country where an Insured person(s) has his/her true, fixed and permanent home and principal residence.*

Available Add-Ons

- **Telehealth Rider:** If you'd like the option of seeing a doctor virtually during your trip in case of a non-emergency medical issue, consider adding the Telehealth rider. With Telehealth you have access to board-certified doctors 24/7 without having to visit an office. Your provider can meet with you over the phone or via a video consultation, and can help diagnose and treat non-emergency medical problems
- **Mobile Device Protection Rider:** Cell phones are essential when traveling internationally to keep you safe, connect with friends and family back home, and to take photos of your travels. Device protection provides coverage for repair or replacement of your cell phone if it is lost, stolen, or accidentally damaged during your trip—so you can continue your trip uninterrupted and stay digitally connected wherever you are in the world.
- **Adventure Sports Rider:** if you're a thrill-seeking traveler who enjoys life's more adventurous activities, you may want to consider adding supplemental coverage to your plan. The Adventure Sports Rider provides coverage for injuries sustained during certain extreme sports that would otherwise be excluded from your insurance policy. Lifetime Maximum Age 0-49: \$50,000 Age 50-59: \$30,000 Age 60-64: \$15,000

Exceptional features

- Widely accepted popular **United Healthcare PPO Network**
- **Plan pays 100%** in the network after the applicable deductible. For the covered benefit as per the policy.
- **Free cancellations**
- **Extensions at no extra fee**
- **Urgent Care and Walk-in Clinic Visits** Visit with only **\$15** copay
- Covers **Acute Onset of Pre-existing Conditions**
- **Border Entry Protection**, includes if denied entry due to COVID-19
- **Loss of Passport** or Travel Documents
- **Missed Connection**, benefit available during the International travel transit to U.S.
- Foreign Excursions and **Cruise Coverage** around North America
- Emergency **Dental Treatment & Eye Exam**
- Emergency **Medical Reunion**
- Return of Mortal Remains
- Natural Disaster & Terrorism Coverage
- Political Evacuation and Repatriation Coverage
- Flu Shot covered (separate deductible of \$25 applicable)
- **COVID-19 Coverage** and Daily Quarantine Benefit
- **COVID-19** screening test
- **COVID-19** medical coverage
- Quarantine indemnity allowance
- Repatriation of remains

See complete benefit details in policy document.

Free Rx Card with Universal Rx Pharmacy Discount Savings

Enjoy extra savings on eligible medications with a free prescription card included with your insurance. This discount savings program allows you to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price. This program is not insurance coverage. It is purely a discount program.

Downloadable ID Card

Insurance ID cards downloadable to iPhone and Android Wallets.

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Why should you buy?

You can feel confident with CoverAmerica Gold's strong financial backing through IMG® and SiriusPoint. Since 1990, IMG® has provided global benefits and assistance services to millions of customers in nearly every country around the world. Owned by SiriusPoint*, a multibillion-dollar, A.M. Best "A-" rated insurance industry leader, IMG is uniquely positioned to deliver the Global Peace of Mind® our members need.

- 24/7 medical and travel assistance services
- Peace of mind during global pandemics including COVID-19
- Multilingual staff & claims administrators
- Highly trained customer service professionals
- Core values driven by a commitment to customers
- Customer service centers located in the U.S. and U.K.
- Financial security to fulfill our promise when you need it most

Who can buy CoverAmerica Gold®?

You may buy coverage for yourself, your legal spouse, domestic partner, or civil partner and your unmarried dependent children over 14 days old and under 18 years. All applicants must be traveling outside of their country of residence.

Length of coverage

Your coverage length may vary from five to 365 days. Coverage can be purchased in daily periods by paying the appropriate plan cost. Coverage is only good outside of your country of residence.

Extension or renewal

An Insured Person can request coverage under this insurance plan to be extended a minimum of five (5) days for up to a three hundred sixty-five (365). The plan is renewable for up to 24 months.

Coverage start and end date

Coverage begins at 12:01 AM EST on the later of the following dates: 1) the day following receipt of your application and appropriate premium 2) the moment you depart your country of residence; or 3) the date request on your application.

Your coverage ends on the earlier of the follow 1) your return to your country of residence (except as provided under Incidental Trip); or 2) the expiration of 365 days from the Effective Date of Coverage; or 3) the end of the period for which plan cost has been paid; or 4) the date you fail to be considered an eligible person or 5) the maximum benefit amount has been paid.

Refund of premium/cancellation

We realize there is uncertainty in international travel. Refund of your total plan cost will be considered if written request is received by IMG prior to your coverage start date. If your request is received after your coverage start date, the unused portion of the plan cost may be refunded, if you have not submitted any claims to IMG.

Our Promise

YOU CAN CANCEL YOUR COVERAGE IF YOU ARE NOT COMPLETELY SATISFIED.

We realize there is uncertainty in international travel. Refund of your total plan cost will be considered if written request is received by VisitorsCoverage or IMG prior to your Effective Date of Coverage. If your request is received after your Effective Date of Coverage, the unused portion of the plan cost may be refunded with no additional cancellation fee, as long as you have not submitted any claims.

PROVIDER NETWORK & FINDING A DOCTOR

Inside the United States

This plan uses a PPO (Preferred Provider Organization). A PPO is a network of physicians, hospitals and clinics that accept discounted fees for their services. Use of the PPO is suggested, but not required. For treatment received within the PPO network the plan pays 100% to the selected medical maximum, after you pay the deductible. To locate a PPO Provider, please visit www.imglobal.com/find-a-doctor.

Providers not in the PPO network may require you to pay when you receive treatment. After you pay the deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected medical maximum.

Outside the United States

When seeking treatment outside the U.S. you may see any provider of your choice. However, there are potential savings if you use our International Provider Access (IPA) network, where direct billing agreements could exist. For treatment received outside the U.S. the plan pays 100% to the selected medical maximum, after you pay the deductible. Please visit www.imglobal.com/find-a-doctor.



UnitedHealthcare provides travelers in the U.S. with direct access to one of the largest networks of providers in the U.S.

- Over 1.4M physicians
- 6,797 hospitals
- Over 45,000 clinics
- 67,000 pharmacies
- 1,800 convenience clinics

*SiriusPoint is the DBA of SiriusPoint Ltd.

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CoverAmerica Gold®

Coverage Details

PUBLIC HEALTH EMERGENCY

COVID-19/SARS-CoV-2 shall be considered by the Company the same as any other Illness or Injury, subject to all other Terms and Conditions of this Insurance.

PRE-CERTIFICATION FOR TREATMENT

The following expenses must always be pre-certified:

- Chemotherapy
- Extended Care Facility
- Home Nursing Care
- Inpatient Hospitalization
- Interfacility Ambulance Transfer
- Radiation Therapy
- Surgery or Surgical procedure

To comply with the pre-certification requirements, you must do the following:

1. Contact the Company through the Plan Administrator at the contact information below and on the Insured Person's ID card as soon as possible and before the Treatment or supply is to be obtained.
Phone: +1.317.655.4500
E-mail: precertification@imglobal.com
Website: www.imglobal.com/member/precertification
2. Comply with the instructions of the Company and submit any information or documents required by the Company
3. Notify all Physicians, Hospitals and other healthcare providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Company.

If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the plan document. If covered:

1. The eligible medical expenses will be reduced by 50%; and
2. The deductible will be subtracted from the remaining amount; and
3. The coinsurance will be applied.

Emergency Pre-certification – In the event of an emergency hospital admission, pre-certification must be made within 48 hours, or as soon as reasonably possible. Pre-certification does not guarantee benefits – The fact that expenses are pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions under the plan.

Concurrent Review – For inpatient stays of any kind, IMG will precertify a limited number of days of confinement. Additional days of inpatient confinement may later be pre-certified if an insured receives prior approval.

ACUTE ONSET OF A PRE-EXISTING CONDITION

We cover an acute onset of a pre-existing condition through age 79, as stated in the Your Benefits section of this brochure, however:

- Treatment must be obtained within twenty-four (24) hours of the Sudden and Unexpected outbreak or reoccurrence
- The Insured Person must not be traveling against or in disregard of the recommendations, established Treatment programs, or medical advice of a Physician or other healthcare provider
 - Through age 69: up to the Period of Coverage limit
 - » Except Cardiac Coverage for Angina, Heart Attacks and Stroke: Maximum Limit \$36,000
 - Ages 70 to 79: Maximum Limit: \$30,000
 - » Except Cardiac Coverage for Angina, Heart Attacks and Stroke: Not covered
- The Insured Person must not be traveling with the intent or purpose to seek or obtain Treatment for the Pre-existing Condition
- The Insured Person must not be traveling during a period of time when the Insured Person is preparing or waiting for, involved in, or undertaking a new, changed or modified Treatment program with respect to the Pre-existing Condition, and is not traveling subsequent to any such new, changed or modified Treatment program having been advised or recommended
- The Pre-existing Condition must have been stabilized for at least thirty (30) days prior to the Effective Date without change in Treatment
- The Insured Person must be traveling outside their Country of Residence

IMPORTANT INFORMATION ABOUT YOUR COVERAGE

Please be aware this is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country of residence.

This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will control. Benefits and premiums are subject to change.

It is your responsibility to maintain all records regarding travel history, age, and provide necessary documents to IMG to verify your eligibility for coverage.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to your deductible, limits, and all terms, conditions, and exclusions of the CoverAmerica Gold plan as stated in the plan document.
2. Coverage with CoverAmerica Gold is secondary to any other available coverage and benefits.

CLAIMS

Submit your itemized bill to IMG within 180 days of service, along with a completed claim form. Payments can be converted to a currency of your choosing. You are responsible for your deductible and coinsurance and any non-eligible expenses. To find appropriate claims forms online please visit www.VisitorsCoverage.com/claims

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Benefit Summary

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Coverage			
Period of Coverage	5 days up to 12 months		
Period of Coverage limit options <ul style="list-style-type: none">As indicated on the Declaration	<ul style="list-style-type: none">Through age 64: \$50,000, \$100,000, \$250,000, \$500,000Ages 65 through 69: \$50,000, \$100,000Ages 70 through 79: \$50,000, \$100,000		
Area of Coverage	Initial Destination Country of the United States, and any subsequent travel to or within any of Canada, Mexico, Central America, Caribbean Islands, or South America		
Benefit Plan Features			
Benefit Levels	United States	United States	International
	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses			
Deductible Options <ul style="list-style-type: none">Per Insured PersonAs Indicated on the Declaration	<ul style="list-style-type: none">Through Age 69: \$0, \$100, \$250, \$500, \$1,000, \$2,500 or \$5,000Ages 70 through 79: \$100, \$250, \$500, \$1,000, \$2,500 or \$5,000Ages 70 through 79 when the \$100,000 Period of Coverage limit is elected: \$1,000, \$2,500 or \$5,000		
Coinsurance for Eligible Medical Expenses			
Coinsurance <ul style="list-style-type: none">In addition to Deductible	Plan pays 100% Insured pays 0%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$0	\$1,000	\$0
Pre-certification			
<ul style="list-style-type: none">Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.Deductible is taken after reduction.Coinsurance is applied to remainder of the reduced amount.Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.			
Pre-existing Conditions			
Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.			
Acute Onset of Pre-existing Conditions			
Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Acute Onset of Pre-existing Conditions <ul style="list-style-type: none">Refer to the ACUTE ONSET OF PRE- EXISTING CONDITIONS provision for further details and requirements	Through age 69: up to the Period of Coverage limit Except Cardiac Coverage for Angina, Heart Attacks and Stroke: Maximum Limit \$36,000 Ages 70 through 79: Maximum Limit: \$30,000 Cardiac Coverage for Angina, Heart Attacks and Stroke: Not covered		
Inpatient or Outpatient Services			
Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Benefit	United States	United States	International
	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	80%	100%
Physician Visits / Services <ul style="list-style-type: none">Including Virtual Physician Visits with your Physician	100%	80%	100%
Urgent Care Clinic and Walk-in Clinic <ul style="list-style-type: none">Physician visit Copayment: \$15Medical Services subject to Deductible and CoinsuranceCopayment is not applicable if the Declaration states \$0 Deductible	100%	80%	100%
Hospital Emergency Room: United States <ul style="list-style-type: none">Injury: Not subject to Emergency Room DeductibleIllness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission	100%	80%	Not Applicable
Hospital Emergency Room: International	Not Applicable	Not Applicable	100%

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Benefit	United States	United States	International
	In-Network	Out-of-Network	International
Hospitalization / Room & Board <ul style="list-style-type: none"> Average semi-private room rate Includes nursing services, miscellaneous and Ancillary services 	100%	80%	100%
Intensive Care	100%	80%	100%
Outpatient Surgical / Hospital Facility	100%	80%	100%
Laboratory	100%	80%	100%
Radiology / X-ray	100%	80%	100%
Chemotherapy / Radiation Therapy	100%	80%	100%
Pre-admission Testing	100%	80%	100%
Surgery	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> Surgery is incidental to and follows Surgery that was covered under the plan 	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> 20% of the primary surgeon's eligible fee 	100%	80%	100%
Anesthesia	100%	80%	100%
Durable Medical Equipment	100%	80%	100%
Chiropractic Care <ul style="list-style-type: none"> Medical order or Treatment plan required 	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> Medical order or Treatment plan required 	100%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> Upon direct transfer from an acute care Facility 	100%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> Provided by a Home Health Care Agency Upon direct transfer from an acute care Facility 	100%	80%	100%
Prescriptions			
Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Prescriptions <ul style="list-style-type: none"> Dispensing limit per prescription: 90 days 	Not Applicable	100%	100%
Emergency Services			
NOT Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Emergency Local Ambulance <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Injury Illness resulting in an Inpatient Hospital admission 	Not Applicable	80%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> Independent of Maximum Limit per Period of Coverage Maximum Limit: \$1,000,000 Includes coverage due to Pre-existing conditions Approved in advance and coordinated by the Company 	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> Independent of Maximum Limit per Period of Coverage Maximum Limit: \$100,000 Maximum days: 15 Maximum limit per day for reasonable and necessary travel costs, meals and accommodations: \$200 Approved in advance by the Company 	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> Transfer must be a result of an Inpatient Hospital admission 	100%	100%	100%
Political Evacuation and Repatriation <ul style="list-style-type: none"> Independent of Maximum Limit per Period of Coverage Maximum limit: \$100,000 Approved in advance by the Company 	100%	100%	100%

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Benefit	United States	United States	International
	In-Network	Out-of-Network	International
Emergency Services (continued)			
NOT Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Return of Minor Children <ul style="list-style-type: none">Independent of Maximum Limit per Period of CoverageMaximum limit: \$100,000Approved in advance by the Company	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none">Independent of Maximum Limit per Period of CoverageMaximum limit: \$25,000Local Burial / Cremation Maximum Limit: \$5,000Return of Insured Person's Mortal Remains to Country of ResidenceApproved in advance by the Company	100%	100%	100%
Other Services			
NOT Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Accidental Death & Dismemberment <ul style="list-style-type: none">Independent of Maximum Limit per Period of CoveragePrincipal Sum Maximum Limit: \$25,000Maximum Limit per Child: \$5,000Maximum Limit per Family: \$250,000Death must occur within 90 days of the Accident	Accidental Death: 100% of Principal Sum <u>Dismemberment:</u> Accidental Loss 50% Sight of one eye 50% One hand or one foot 100% One hand and the loss of sight of one eye 100% One foot and the loss of sight of one eye 100% One hand and one foot 100% Both hands or both feet 100% Sight of both eyes 100%		
Common Carrier Accidental Death <ul style="list-style-type: none">Independent of Maximum Limit per Period of CoverageMaximum Limit per adult: \$50,000Maximum Limit per Child: \$5,000Maximum Limit per Family: \$250,000	Not Applicable	100%	100%
Border Entry Protection <ul style="list-style-type: none">Maximum Limit: \$550Includes if denied entry due to COVID-19Valid B1 and B2 visaCommon Carrier exchange feeUnited States, Canada, Mexico	Not Applicable	100%	100%
Cruise and Foreign Excursions <ul style="list-style-type: none">Depart and return to a United States port of callTraveling to Canada, Mexico, Central America, Caribbean Islands, and South America	Not Applicable	Not Applicable	100%
Dental Treatment <ul style="list-style-type: none">Deductible per occurrence: \$50Limit: \$250Unexpected pain to natural teeth	Not Applicable	80%	100%
Emergency Dental Treatment <ul style="list-style-type: none">Subject to Deducible and CoinsuranceAccident Related	Not Applicable	80%	100%
Traumatic Dental Injury <ul style="list-style-type: none">Subject to Deductible and CoinsuranceTreatment at a Hospital due to an AccidentAdditional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%	100%	80%	100%
Emergency Eye Examination <ul style="list-style-type: none">Subject to CoinsuranceDeductible per occurrence: \$50 (plan Deductible waived)Limit: \$200Loss or damage to prescription corrective lenses due to an Accident	Not Applicable	80%	100%
Felonious Assault <ul style="list-style-type: none">Maximum Limit: \$10,000Applicable if the Felonious Assault is a result of a eligible Accidental Death and Dismemberment benefitRefer to the ACCIDENTAL DEATH AND DISMEMBERMENT provision for further details	Not Applicable	Not Applicable	100%

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Benefit	United States	United States	International
	In-Network	Out-of-Network	International
Other Services (continued)			
NOT Subject to Deductible and Coinsurance unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary. Maximum Limits per Period of Coverage unless otherwise stated.			
Identity Theft ▪ Limit: \$500	Not Applicable	100%	100%
Influenza (flu) Vaccination ▪ Deductible: \$25 (Plan Deductible waived) ▪ Limit: \$50 ▪ Available only in the United States	100%	100%	Not Applicable
Legal Fees ▪ Limit: \$250	Not Applicable	100%	100%
Lost Luggage ▪ Limit: \$1,000 ▪ Limit: \$50 per item	Not Applicable	100%	100%
Lost or Stolen Passport ▪ Maximum Limit: \$200	Not Applicable	100%	100%
Missed International Connection ▪ Limit: \$400 ▪ International transit only en route to the United States and outside of Country of Residence ▪ Initial Commercial Carrier scheduled departure to United States: delay of 3 hours or longer ▪ Scheduled departure of the Commercial Carrier Connection: 12 hours after scheduled originating flight ▪ Adverse weather, overbooking, or mechanical breakdown of Commercial Carrier ▪ Refer to the MISSED INTERNATIONAL CONNECTION provision for further details	Not Applicable	100%	100%
Natural Disaster ▪ Limit per day: \$250 ▪ Maximum days: 5	Not Applicable	100%	100%
Personal Liability ▪ Maximum Limit: \$50,000 ▪ Secondary to any other insurance ▪ No coverage for Injury to a related third party or damage to related third person's property ▪ Refer to the PERSONAL LIABILITY provision for further details and requirements	Not Applicable	100%	100%
COVID-19/SARS-CoV-2 Treatment ▪ Subject to Deductible and Coinsurance	100%	80%	100%
Public Health Emergency Screenings ▪ Not subject to Deductible ▪ Maximum Limit: \$150 ▪ In the event of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster ▪ Must have a minimum of 30 days initial purchase under this insurance plan prior to leaving the Country of Residence ▪ This benefit does not guarantee coverage for further Treatment ▪ Refer to the PUBLIC HEALTH EMERGENCY SCREENINGS provision for further details and requirements	100%	100%	100%
Quarantine Daily Indemnity ▪ Maximum Limit: \$50 per day for quarantine ▪ Maximum days: 10 ▪ Maximum benefit: \$500 ▪ Proof of quarantine mandate required from a medical doctor or state or governmental authority ▪ Quarantine is due to either testing positive for or being exposed to someone who has tested positive for COVID-19/SARS-CoV2 or the Insured Person is symptomatic for COVID-19/SARS-CoV2 and is waiting on diagnostic test results ▪ Available while in transit to or in the Destination Country but outside of the Country of Residence ▪ Refer to the QUARANTINE DAILY INDEMNITY provision for further details and requirements	100%	100%	100%
Terrorism	Not Applicable	100%	100%
Travel Delay ▪ Delay of 12 hours or longer ▪ Limit: \$100	Not Applicable	100%	100%
Trip Interruption ▪ Limit: \$10,000	Not Applicable	100%	100%

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Daily Rates

\$250 Deductible	\$50,000	\$100,000	\$250,000	\$500,000
0 - 17	\$1.58	\$2.01	\$2.22	\$2.79
18 - 29	\$1.58	\$2.01	\$2.22	\$2.83
30 - 39	\$2.13	\$2.95	\$3.44	\$3.76
40 - 49	\$2.84	\$3.54	\$4.01	\$4.81
50 - 59	\$4.56	\$5.73	\$7.57	\$8.14
60 - 64	\$5.68	\$7.38	\$10.37	\$10.95
65 - 69	\$6.84	\$8.73	N/A	N/A
70 - 79*	\$11.48	\$15.06	N/A	N/A

*Minimum deductible for ages 70 - 79 is \$1,000 for the 100K coverage limit

Returning customers will enjoy a preferred rate that is approximately 5% lower. Returning customer = Insured previously had a CoverAmerica Gold insurance policy purchased on or after April 01, 2020, and administrated by IMG.

Deductible**	\$0	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Factor	1.25	1.10	1.00	0.90	0.80	0.70	0.65

**Please note: if \$100,000 coverage limit is selected for ages 70-79, minimum deductible is \$1,000 per Insured Person, as indicated in the declaration.

Adventure Rider	20% additional premium
Activities include	Abseiling; Bmx; Bobsledding; Bungee Jumping; Canyoning; Caving; Hot Air Ballooning; Jungle Zip Lining; Parachuting; Paragliding; Parascending; Rappelling; Skydiving; Spelunking; And Windsurfing
Other Optional Buy-Ups	Daily Rate
Telehealth Rider	\$0.12
Mobile Device Protection Rider	\$0.59



All coverages, benefits, and premium amounts are in U.S. dollars. Charges are reimbursed at usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable. Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Application, Master Policy and other governing documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



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This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered, and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the Insurance Contract as defined. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the Insurance Contract. Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

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