

# Plan Viva Well

Individual Health Insurance Policy

Effective  
September  
**2024**

OVERVIEW OF COVERAGES

Below please find a Summary of Benefits offered in plan VIVA WELL. Please refer to your selected plan options, Schedule of Benefits, and Certificate of Coverage in order to find your specific covered benefits. Unless otherwise stated, the benefits are offered on a per Insured/per Policy Year basis in which the chosen Deductible applies. All amounts are in U.S. Dollars (USD). The benefits are limited to the medical expenses covered under the Policy and are subject to Usual, Customary and Reasonable (UCR) expenses for the geographic area where the expenses were incurred. All benefits with **100% (✓)** coverage are up to the specific Policy limit. Benefits with established coverage will be up to the limits stated in your relevant Policy. Please refer to your Policy’s Schedule of Benefits for your applicable established benefits, including applicable deductibles Capitalized words are defined terms of special relevance and meaning in this document.

Viva Plan Well

SUMMARY OF BENEFITS

Viva Plan Maximum Annual Benefit	VIVA WELL
USD	\$5,000,000.00 / \$3M, \$2M, \$1M, \$500K
Viva Plan Deductibles	VIVA WELL
Outside USA	\$500, \$1,000, \$2,000, \$3,000, \$5,000, \$10,000, \$20,000
In USA	\$1,000, \$2,000, \$3,000, \$5,000, \$10,000, \$20,000
Viva Plan US Hospital Networks	VIVA WELL
	○ USA Network (Option B)
Viva In-Patient Benefits	VIVA WELL
Private and Semi-Private Room	○ In network - Standard Private/Semi-Private Room - 100% UCR ○ Out of network - 60%
Intensive Care Unit	✓ ○ Out of network - 60%
Surgery (Including Outpatient Surgery)	✓
Emergency Room	✓
Hospital Accommodation for Companion of Hospitalized Child under 18	\$150 per night, max. of 30 nights
Hospital Accommodation for Companion of Hospitalized for an insured 18 years and older	✓ max. of 21 nights
Surgeon and Anesthetist Fees	✓
Major Diagnostic Services (Inpatient)	✓



Inpatient Consultation by a Physician or Specialist	✓
Prescribed medications while hospitalized	✓
Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy) and medication	✓
Dialysis	✓
Congenital and Hereditary Conditions	Before the age of 18: * \$150,000 per Insured for life
The benefit can never exceed the policy's maximum benefit	After age 18: * \$2,000,000 per year for \$2M, \$3M, and \$5M maximum * 100% per year for maximum \$1M
Organ Transplant Procedures, Maximum per organ/tissue, per lifetime	\$300,000 lifetime per insured after deductible. Includes \$25,000 for living donor.
Surgical treatment for symptomatic disorders of the feet	✓ (Surgical treatment only)
Emergency Dental Coverage	✓
Reconstructive surgery in case of Illness or Accident	✓
Surgical Implants or prosthesis (Excluding dental)	✓
Viva Out Patient Benefits	VIVA WELL
Outpatient Diagnostic Testing - Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-Rays and Laboratory	✓
Nurse or Therapist care at home	\$6,000
Physician and Specialist Visits	✓
Physical Therapy & Rehabilitation	\$6,000
Durable Medical Equipment Special Devices, External prosthesis, Orthotic devices	\$8,000
Prophylactic surgery for cancer risk reduction	✗
Bariatric Surgery, gastric bypass and any type of surgical procedure for loss of weight, its complications, treatments, and/or medications	✗
Refractive Surgery (Lasik) Lifetime maximum	✗
Prescribed Medications	\$7,000
Treatment of Allergies	✓



HIV/AIDS	✗
Routine Health Check Up No deductible applies No waiting period	✗
Preventive Care No Deductible applies No waiting Period  * Deductible in/out U.S. \$5,000 or less - Worldwide * Deductible within the U.S. \$10,000 or more and outside the U.S. \$5,000 or less - Outside the U.S.	<ul style="list-style-type: none"><li>○ <i>Colon cancer screening</i> (45 years or older): \$1,200 per insured every ten years</li><li>○ <i>Mammogram</i> (from 40 years or older): \$400 per insured, per policy year</li><li>○ <i>Pap Smear</i> (Papanicolaou) (21 to 65 years old): \$150 per insured every three years</li><li>○ <i>Prostate cancer screening</i> (50 years or older): \$300 per insured per policy year</li></ul>
Hearing aid	\$500 Lifetime
HPV (treatment and vaccine)	✗
Specialized Treatments (occupational therapy, speech therapy, autism, sleep apnea and other sleep disorders)	\$1,500
Complementary Therapy; (Chiroprator, psychologist, psychiatrist, osteopathy, and/or acupuncture).	\$500 per person, per year
Viva Maternity Benefits	VIVA WELL
Maternity (normal delivery or c-section) (Up to \$3,000 deductible) (10 month waiting period applies)	\$3,000 benefit maximum per pregnancy
Maternity and Birth complications (10 month waiting period applies)	\$125,000 per Lifetime
Extraction and storage of Stem Cells	✗
Inclusion of the newborn within 90 days after the birth	Automatic without underwriting if born from a Covered Maternity
Additonal Benefits	VIVA WELL
Emergency Transportation Air Ambulance **	✓ \$40,000 per Insured per Policy Year. (to the closest hospital of qualified treatment)  No deductible applies
Emergency Transportation Ground Ambulance	✓ to the closest hospital of qualified treatment.  No deductible applies



Cost of return ticket for the insured and one companion after an evacuation by air ambulance	✗
Coverage Alzheimer disease	✓ (Hospitalization & RX)
Dementia	✓ (Hospitalization & RX)
Repatriation of Mortal Remains or Cremation Services	\$7,000
Palliative/Hospice Care	✓
Coverage for Accidents While Practicing Professional Sports	✗
Deductible will be waived up to a \$5,000 maximum in case of an Emergency or Accident that occurs while the Insured is travelling outside of his/her country of residence.	✓
In case of a Serious Accident, as defined in this Policy, no deductible will apply for the first Medically Necessary Hospitalization immediately following said Serious Accident.	✓
In the event of death of the Primary Insured, his/her Insured Dependents will have free coverage after the last paid period	1 year
Deductible reduction for no claims for 3 years	Reduction of 50% of the Deductible for 1 year after the 3rd year without claims
Deductible carry-over	✓
Second Medical Opinion	✓

<sup>1</sup> Routine medical checkups and claims where the Insurer does not issue payments to a Provider or to the Primary Insured will not be taken into account to qualify for this discount.

\* Emergency transportation on Air Ambulance to the nearest suitable medical facility, for treatment of a Covered Condition for which treatment cannot be provided locally and when transportation by any other method would result in loss of life or limb.  
\* All arrangements must be pre-approved and coordinated by The Company for this coverage to take effect.

OUR AGREEMENT

Trawick International LLC PIC, (hereinafter the “Company”), undertakes to pay the Primary Policyholder the benefits detailed in this Policy related to the covered expenses incurred by him/her or his/her eligible Dependents, as a result of any medical treatment, medical service and/or medical supply as of the Effective Date of the coverage of this Policy.

Trawick International LLC PIC is a segregated portfolio company licensed as an insurance company in the Cayman Islands and supervised by the Monetary Regulatory and Advisory Body of the Cayman Islands. Third Party Administrator (TPA), a designed entity (Trawick International LLC) by the Insurer for the purposes of providing administration services of this policy on behalf of the Company, hereafter referred to, sometimes collectively, as the “Plan Administrator”.



All compensable benefits are subject to the terms and conditions of the Policy, including the applicable Deductibles, maximum benefits and the limits detailed in the Table of Benefits and the Certificate of Coverage, which are an integral part thereof.

The company's International Health Insurance products are underwritten by Trawick International Ltd. PIC on behalf of Trawick International Inc. and registered in Grand Cayman, Cayman Islands.

Trawick International Ltd. PIC is a policy issuing company licensed as an insurance company in the Cayman Islands and supervised by the Monetary Regulatory and Advisory Body of the Cayman. The policy is issued through a Trust, AMD Trust and the Primary Insured receives a Certificate of Coverage with respect to the International Health Plan.



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## CONTACT INFORMATION

Trawick International, Inc  
300 Fairhope Ave. Suite G.  
Fairhope, AL 36532

 [www.trawicklatam.com](http://www.trawicklatam.com)

 USA Collect Call: +1-305-741-3919  
Toll Free in the USA: 1-866-695-5062  
Fax Number: +1-305-402-2738

 Email: [info@trawicklatam.com](mailto:info@trawicklatam.com)