# Plan Viva Max

Individual Health Insurance Policy

September 2024

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





### **OVERVIEW OF COVERAGES**

Below please find a Summary of Benefits offered in plan VIVA MAX. 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% ( $\checkmark$ ) 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 Max

## **SUMMARY OF BENEFITS**

Viva Plan Maximum Annual Benefit	VIVA MAX
USD	\$5,000,000.00 / \$3M, \$2M, \$1M
Viva Plan Deductibles	VIVA MAX
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 MAX
	o Free Choice (Worldwide) or
	o USA Network (Option A or B)
Viva In-Patient Benefits	VIVA MAX
Private and Semi-Private Room	<ul><li>o In network - Standard Private/Semi-Private Room - 100% UCR</li><li>o Out of network - 60%</li></ul>
Intensive Care Unit	Out of network - 60%
Surgery (Including Outpatient Surgery)	✓
Emergency Room	<b>✓</b>
Hospital Accommodation for Companion of Hospitalized Child under 18	\$350 per night, max. of 30 nights
Hospital Accommodation for Companion of Hospitalized Child under 18  Hospital Accommodation for Companion of Hospitalized for an insured 18 years and older	\$350 per night, max. of 30 nights  where the state of the
Hospital Accommodation for Companion of Hospitalized for an insured 18	✓
Hospital Accommodation for Companion of Hospitalized for an insured 18 years and older	max. of 21 nights

# Plan **VIVA MAX**



Inpatient Consultation by a Physician or Specialist	<b>✓</b>
Prescribed medications while hospitalized	✓
Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy) and medication	<b>✓</b>
Dialysis	<b>✓</b>
Congenital and Hereditary Conditions  The benefit can never exceed the policy's maximum benefit	<ul> <li>* \$2,000,000 per Insured for life (applies to \$2M, \$3M, and \$5M maximum)</li> <li>* 100% lifetime maximum for \$1M</li> <li>After age 18:</li> <li>* 100% up to the policy limits</li> </ul>
Organ Transplant Procedures, Maximum per organ/tissue, per lifetime	\$1,000,000 per organ or tissue, lifetime per Insured, after deductible, including \$60,000 for living donor
Surgical treatment for symptomatic disorders of the feet	(Surgical treatment only)
Emergency Dental Coverage	<b>✓</b>
Reconstructive surgery in case of Illness or Accident	<b>✓</b>
Surgical Implants or prosthesis (Excluding dental)	
ourgiour implants or prostrices (Excluding defital)	•
Viva Out Patient Benefits	VIVA MAX
	VIVA MAX
Viva Out Patient Benefits  Outpatient Diagnostic Testing - Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-Rays	
Viva Out Patient Benefits  Outpatient Diagnostic Testing - Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-Rays and Laboratory	✓
Viva Out Patient Benefits  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	✓
Viva Out Patient Benefits  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  Physician and Specialist Visits	✓
Viva Out Patient Benefits  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  Physician and Specialist Visits  Physical Therapy & Rehabilitation  Durable Medical Equipment Special Devices, External prosthesis, Orthotic	
Viva Out Patient Benefits  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  Physician and Specialist Visits  Physical Therapy & Rehabilitation  Durable Medical Equipment Special Devices, External prosthesis, Orthotic devices	\$30,000 Lifetime
Viva Out Patient Benefits  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  Physician and Specialist Visits  Physical Therapy & Rehabilitation  Durable Medical Equipment Special Devices, External prosthesis, Orthotic devices  Prophylactic surgery for cancer risk reduction  Bariatric Surgery, gastric bypass and any type of surgical procedure for loss	\$30,000 Lifetime (after a 12-month Waiting Period)
Viva Out Patient Benefits  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  Physician and Specialist Visits  Physical Therapy & Rehabilitation  Durable Medical Equipment Special Devices, External prosthesis, Orthotic devices  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	\$30,000 Lifetime (after a 12-month Waiting Period)  \$10,000 Lifetime (after a 24-month Waiting Period)



Treatment of Allergies	<b>✓</b>
HIV/AIDS	\$1,000,000 per Lifetime (after a 24-month Waiting Period)
Routine Health Checkup	* Deductible inside/outside the U.S.\$5,000 or less - \$350 Worldwide
No deductible applies  No waiting period	* Deductible inside the U.S. \$10,000 or more and outside the U.S. \$5,000 or less - \$350 Outside the U.S.
Preventive Care No deductible applies No waiting period  * Deductible inside/outside the U.S.\$5,000 or less - Worldwide  * Deductible inside the U.S. \$10,000 or more and outside the U.S. \$5,000 or less -Outside the U.S.	<ul> <li>Colon cancer screening         <ul> <li>(45 years or older): \$1,200 per insured every ten years</li> </ul> </li> <li>Mammogram         <ul> <li>(from 40 years or older): \$400 per insured, per policy year</li> </ul> </li> <li>Pap Smear         <ul> <li>(Papanicolaou)</li> <li>(21 to 65 years old): \$150 per insured every three years</li> </ul> </li> <li>Prostate cancer screening</li> <li>(50 years on older): \$200 per insured page of insured every three years</li> </ul>
Hearing aid	(50 years or older): \$300 per insured per policy year \$2,000 Lifetime
HPV (treatment and vaccine)	✓
Specialized Treatments (occupational therapy, speech therapy, autism, sleep apnea and other sleep disorders)	\$3,000
Complementary Therapy; (Chiroprator, psychologist, psychiatrist, osteopathy, and/or acupuncture).	\$5,000 per person, per year
Viva Maternity Benefits	VIVA MAX
Maternity (normal delivery or c-section) Up to \$3,000 deductible in and out of United States 10 month waiting period applies	\$8,500 benefit maximum per pregnancy
Maternity and Birth complications 10 month waiting period applies	\$1,000,000 per Lifetime
Extraction and storage of Stem Cells	\$1,000 per covered pregnancy
Inclusion of the newborn within 90 days after the birth	Automatic without underwriting if born from a Covered Maternity
Additonal Benefits	VIVA MAX
Emergency Transportation Air Ambulance **	(to the closest hospital of qualified treatment) No deductible applies
Emergency Transportation Ground Ambulance	to the closest hospital of qualified treatment.  No deductible applies

# Plan VIVA MAX



Cost of return ticket for the insured and one companion after an evacuation by air ambulance	\$1,000 per person
Coverage Alzheimer disease	(Hospitalization & RX)
Dementia	(Hospitalization & RX)
Repatriation of Mortal Remains or Cremation Services	<b>✓</b>
Palliative/Hospice Care	<b>✓</b>
Coverage for Accidents While Practicing Professional Sports	<b>✓</b>
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.	<b>✓</b>
In the event of death of the Primary Insured, his/her Insured Dependents will have free coverage after the last paid period	2 years
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	<b>✓</b>
Second Medical Opinion	<b>✓</b>

<sup>\*</sup> 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.

### **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".

<sup>\*\*</sup> All arrangements must be pre-approved and coordinated by The Company for this coverage to take effect.

# Plan VIVA MAX



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.

# Plan Viva Max

Individual Health Insurance Policy

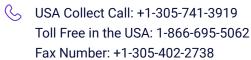
September 2024

## **CONTACT INFORMATION**

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