



VISIT USA- HEALTH CARE™ INSURANCE

***Doctor and hospital costs
are very expensive in the
United States.***

***If you are sick or injured
during your visit...***

...how will you pay?

Yes, it can happen to you.

Every year, thousands of international visitors to the United States require emergency medical treatment, hospitalization or medical evacuation to their home country.

Most health care facilities in the United States are privately owned and medical care is very expensive.

Hospital costs can average \$2,000 per day, and a major illness or injury could cost you as much as \$100,000. Medical evacuation to your home country is also costly. For example, U.S. to Asia can easily cost \$90,000.

You will also have to pay for your medical care at the time of treatment unless you have health care insurance coverage acceptable in the United States.

“But I already have health insurance.”

Your present health coverage may not pay for medical expenses in the United States.

Travel insurance issued in a foreign country may not be accepted by doctors and hospitals in the United States or be able to arrange direct claims payment.

An inexpensive solution!

VISIT USA-HEALTHCARE™ is designed for foreign nationals while in the United States, and is available for up to 12 months. It provides excellent illness and accident expense protection at a low cost.

VISIT USA-HEALTHCARE™ will help you find a doctor or hospital and pay for treatment. You pay the deductible and coinsurance.

After you pay the deductible per policy period and 20 percent of the first \$5,000 covered medical expenses per incident, the insurance covers 100 percent of most other health care costs (see Brief Outline of Coverages for details).

With **VISIT USA-HEALTHCARE™** insurance, the possibility of a large, unexpected medical expense or even being denied medical attention can be avoided.

Two Visit USA-HealthCare™ Plans

Depending on your needs, you can choose from two insurance plans to protect you. The plans differ in their benefit limits. Each plan offers a choice of deductibles.

Brief Outline of Coverages

This is a descriptive brochure, not a Policy. Upon receipt of your Certificate of Insurance, please read it carefully as it will describe the provisions of the Master Policy which will prevail. Your benefit limits depend upon your choice of coverage Plan A or Plan B, plus your purchase of the Optional Benefits.

Medical Expense* A: \$50,000 / B: \$100,000 per incident No Per Policy Maximum Limit

If Injury or Illness occurs during the Period of Coverage and you, your insured spouse or dependent children require medical or surgical treatment, the policy will pay, after you pay the selected deductible per period of coverage, 80 percent of all reasonable and customary charges per incident for Covered Expenses up to \$5000, then 100 percent up to the maximum amount applicable to the insurance plan selected. *The Medical Expense Benefit Limit is reduced to \$10,000 for Insureds who are ages 80+ on the effective date.

Covered Expenses

- 1) Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services 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 semiprivate room and board accommodation.
- 2) Charges made for diagnosis, treatment and surgery by a physician.
- 3) Charges made for the cost and administration of anesthetics.
- 4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment.
- 5) Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
- 6) Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. The first expense must be incurred within 30 days of the commencement of covered Injury or Illness. Benefit period is 26 weeks. However, all benefits will cease when an insured person arrives in his home country from the United States, or from Incidental Travel (14 days maximum) to Canada, Mexico, or U.S. territories.

Emergency Medical Evacuation Expense A: \$50,000 / B: \$100,000

If Injury or Illness commencing during the Period of Coverage requires emergency evacuation to either the nearest medical facility where appropriate medical treatment can be obtained, or to the Country of Residence, all expenses incurred are covered up to the maximum benefit selected. An emergency evacuation must be recommended by a legally licensed physician who certifies that the severity of Injury or Illness necessitates such emergency evacuation and agreed to by you or your representative. Arrangements must be made by AIGAssist.

Accidental Death & Dismemberment (AD&D) A: \$50,000 / B: \$100,000

If an Injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the Policy will pay as follows: *Loss of Life - A: \$50,000 / B: \$100,000; Loss of two Members - A: \$50,000 / B: \$100,000; Loss of one Member - A: \$25,000 / B: \$50,000*

Regarding this Included coverage, "Member" means hand, foot or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

Repatriation of Remains Expenses A: \$10,000 / B: \$20,000

If Injury or Illness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence will be paid up to the maximum selected. Arrangements must be made by AIGAssist.

Family Travel Benefit A: \$10,000 / B: \$10,000

- 1) When covered Emergency Medical Evacuation is necessary and the attending physician considers it beneficial for the Insured Person to have a family member join him, the company will pay for the family member's economy fare travel and lodging (maximum \$5,000).
- 2) When covered hospitalization of the Insured Person causes accompanying minor child(ren) to be unattended, the Company will pay up to the one way economy fare (maximum \$5,000) less the applied value of the child's/children's unused travel tickets to their country of origin.

Emergency Travelers Assistance

- 24-hour verification of medical coverage for hospitals and physicians
- 24-hour medical care location service • Medical case monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy • Emergency medical transportation arrangements • Emergency message service for medical situations
- Multilingual services • 24-hour contact for legal emergencies • Legal referral, to help you locate a consular official or attorney

Optional Benefit: Additional Accidental Death & Dismemberment Flight Only AD&D - \$250,000 and AD&D - \$100,000

This optional benefit may be purchased in addition to Basic Plan A or Plan B. If the optional benefit is selected and the premium paid in advance of the Period of Coverage, the policy will pay, **in addition to Basic Plan limits**, as follows:

Flight Only AD&D In the event injury is sustained while riding as a fare paying passenger on a scheduled airline: *Loss of Life - \$250,000; Loss of two Members - \$250,000; Loss of one Member - \$125,000.*

AD&D In the event injury is sustained by any other cause, and not otherwise excluded from the policy: *Loss of Life - \$100,000; Loss of two Members - \$100,000; Loss of one Member - \$50,000.*

Regarding this Optional coverage, "Member" means hand, foot or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

Optional Benefit: Hazardous Activity Coverage

This optional benefit may be purchased in addition to Basic Plan A or Plan B. If the optional benefit is selected and the premium paid in advance

of the Period of Coverage, Medical Expense Coverage will be provided for motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing.

Exclusions

For Medical Expense, this insurance does not cover:

- 1) **Pre-Existing Conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three years prior to the effective date of this insurance.**
- 2) Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature.
- 3) Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional athletics; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing; or e) Commission of a felony.
- 4) Expenses for: a) Pregnancy, childbirth, or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental or nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder; h) Alcoholism, drug addiction, or use of any drug or narcotic agent; i) Treatment by the Insured's Immediate Family; or j) Expenses incurred within the Insured's home country.
- 5) Traveling expressly for the purpose of obtaining medical treatment.
- 6) All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

For Accidental Death and Dismemberment this insurance does not cover:

Any loss, fatal or non-fatal, caused by or resulting from: a) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; b) War or any act of war, declared or undeclared, or service in the military, naval or air service of any country; or c) Piloting or acting as a crew member, or riding in any aircraft except as a fare paying passenger on a scheduled airline; d) Illness, disease, pregnancy, childbirth, miscarriage; e) Any bacterial infection other than one occurring from an accidental cut or wound; f) Hernia; or g) The insured being under the influence of drugs (unless taken under the advice of a physician and within the amounts prescribed by a physician) or intoxicants of any type including alcohol.

For Emergency Medical Evacuation and Repatriation of Remains Expense, this insurance does not cover:

Any loss fatal or non-fatal caused by or resulting from (a), (b) or (c) above.

Visit USA-HealthCare™

Visit USA-HealthCare™ is exclusively administered by Travel Insurance Services, 2950 Camino Diablo, Suite 300, Walnut Creek, California, 94597-3991, USA. Travel Insurance Services has designed and marketed international travel/health insurance since 1973.

Visit USA-HealthCare™ is underwritten by The Insurance Company of the State of Pennsylvania, Philadelphia, Pennsylvania, A++ rated by A.M. Best Company and a member of the American International Group of Companies (AIG).

Visit USA-HealthCare™ emergency assistance is provided by AIGAssist, Houston, Texas.

Visit USA-HealthCare™ claims are adjusted by AIG Life Insurance Company, Wilmington, Delaware.

Visit USA-HealthCare™ is a registered trademark of Travel Insurance Services and is also available through certain insurance agents and brokers throughout the U.S.

BASIC PLAN BENEFITS

Included Benefits	Plan A Limits	Plan B Limits
Illness and Injury Medical Expenses/Incident*	\$50,000	\$100,000
Emergency Medical Evacuation	\$50,000	\$100,000
Accidental Death & Dismemberment (AD&D)	\$50,000	\$100,000
Repatriation of Remains	\$10,000	\$ 20,000
Family Travel Benefit	\$10,000	\$ 10,000
Incidental Travel (To Canada, Mexico or U.S. Territories, Max. 14 Days)	Included	Included
Emergency Travelers Assistance	Included	Included

* The Medical Expense benefit is reduced to \$10,000 for ages 80+.

OPTIONAL BENEFITS

Additional AD&D

Flight Insurance - \$250,000 Limit

AD&D Due to Other Accidents - \$100,000 Limit

Hazardous Activity Coverage - Medical Expense coverage for activities normally excluded from coverage such as motorcycling, scuba diving, skiing, and whitewater rafting.

ENROLLMENT DETAILS

ELIGIBILITY Apply early to begin coverage when you leave your home country. Coverage is available to international visitors who come to the U.S. for pleasure, business or study, and to new immigrants to the U.S.

EFFECTIVE DATE

Coverage begins at 12:01 a.m. on the latest of:

- (1) the departure of the Insured Person from his home country for his trip to the United States;
- (2) the date after the Insured Person's completed enrollment form and correct premium are postmarked to Travel Insurance Services; or
- (3) the requested effective date on the enrollment form.

EXPIRATION DATE

Coverage will terminate on the earliest of:

- (1) the return of the Insured Person to his home country from his trip to the United States;
- (2) twelve (12) months after the effective date of coverage; or
- (3) the requested termination date on the Insured Person's enrollment form for which premium has been paid.

PROOF OF INSURANCE will be sent by mail to your U.S. address on the Enrollment Form unless otherwise instructed. Correctly completed enrollments are processed and Certificates of Insurance are normally mailed within 1-3 business days after receipt. Please keep this brochure for reference.

BASIC PLAN MONTHLY PREMIUMS

Age	Plan A \$50,000 / incident			Plan B \$100,000 / incident		
	Deductible Per Policy Period:					
	\$250	\$500	\$1,000	\$250	\$500	\$1,000
Under 19	\$48	\$43	\$38	\$72	\$65	\$58
19 - 29	\$50	\$45	\$40	\$76	\$68	\$60
30 - 39	\$70	\$63	\$56	\$106	\$95	\$85
40 - 49	\$97	\$87	\$78	\$146	\$132	\$117
50 - 59	\$137	\$123	\$110	\$207	\$186	\$165
60 - 64	\$160	\$144	\$128	\$242	\$217	\$193
65 - 69	\$210	\$189	\$168	\$317	\$285	\$254
70 - 79	\$350	\$315	\$280	n/a	n/a	n/a
80* +	\$450	\$405	\$360	n/a	n/a	n/a

* The Medical Expense benefit is reduced to \$10,000 for ages 80+.

BASIC PLAN 15-DAY PREMIUMS

Age	Plan A \$50,000 / incident			Plan B \$100,000 / incident		
	Deductible Per Policy Period:					
	\$250	\$500	\$1,000	\$250	\$500	\$1,000
Under 19	\$27	\$24	\$21	\$40	\$36	\$32
19 - 29	\$28	\$25	\$22	\$42	\$38	\$33
30 - 39	\$39	\$35	\$31	\$59	\$53	\$47
40 - 49	\$54	\$48	\$43	\$81	\$73	\$65
50 - 59	\$76	\$68	\$61	\$114	\$103	\$91
60 - 64	\$88	\$80	\$71	\$134	\$120	\$107
65 - 69	\$116	\$104	\$93	\$175	\$157	\$140
70 - 79	\$193	\$174	\$154	n/a	n/a	n/a
80* +	\$248	\$223	\$198	n/a	n/a	n/a

* The Medical Expense benefit is reduced to \$10,000 for ages 80+.

OPTIONAL BENEFITS RATES

- **Additional Accidental Death & Dismemberment Coverage**
- **Hazardous Activity Coverage.**

This will increase your Basic Plan Premium as follows:

Add **One** Optional Benefit - Multiply Basic Plan Premium by **1.20**

Add **Two** Optional Benefits - Multiply Basic Plan Premium by **1.30**

Visit USA-HealthCare™ Insurance Enrollment Form

OFFICIAL USE ONLY

Cert # _____	PC # _____	0103/25M
Eff. Date ___ / ___ / ___	Date Rec'd ___ / ___ / ___	

VISITOR INFORMATION (please print)

Insured Surname _____

First _____ Initial _____

Home Country Address _____

City _____

Postal Code _____ Country _____

Passport Number _____ Country of Citizenship _____

Beneficiary (You will be the beneficiary for your insured spouse & children.)

U.S. MAILING ADDRESS

Send Insurance Certificate to this U.S. Address, in care of U.S. Resident:

c/o Name _____

Address _____

City _____

State _____ Zip Code _____

() - _____

Home Phone _____

() - _____

Business Phone _____

Arrival Date in the U.S. ___ / ___ / ___
month / day / year

REQUESTED EFFECTIVE DATE

We request the coverage to begin on: ___ / ___ / ___
month / day / year

ENROLLMENT AGREEMENT

I hereby subscribe to the AIG Life Trust and enroll in the group coverage for which I am eligible under the group contract issued by the Insurance Company of the State of Pennsylvania, a member company of the American International Group of Companies (AIG). The insured(s) understand(s) that this insurance will not pay benefits for any medical expenses caused by any pre-existing condition (refer to Exclusions). All claims will be fully investigated. Refund of premium, less a \$20 processing fee, will be returned only if a written request is received by Travel Insurance Services prior to the effective date of coverage. After the effective date of coverage, the premium is considered fully earned and non-refundable.

X _____
Signature of Insured or Proxy Date

CALCULATING YOUR PREMIUM

Basic Plan	Choose Plan:	<input type="checkbox"/> Plan A (\$50,000)	<input type="checkbox"/> Plan B (\$100,000)	
	Choose Deductible:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
	Date of Birth	Monthly Premium	# Months	15 Day Premium (if applicable)
Insured	___ / ___ / ___ month / day / year	\$ _____	x _____	+ \$ _____ = \$ _____
Spouse	___ / ___ / ___	\$ _____	x _____	+ \$ _____ = \$ _____
Child (age 14 days thru 18 years)	___ / ___ / ___	\$ _____	x _____	+ \$ _____ = \$ _____
Child (age 14 days thru 18 years)	___ / ___ / ___	\$ _____	x _____	+ \$ _____ = \$ _____
			Subtotal	\$ _____
Optional Benefits	<input type="checkbox"/> Add Additional AD&D Coverage	One Option, Multiply by 1.20		x _____
	<input type="checkbox"/> Add Hazardous Activity Coverage	Both Options, Multiply by 1.30		x _____
		Total Premium		\$ _____
		Enrollment Fee		+ 5.00
		Total Payment Due		\$ _____

PAYMENT

Check or Money Order, payable to **Travel Insurance Services**.
Must be U.S. dollars drawn on a U.S. bank.

VISA MasterCard Discover

Card Number _____ Exp. Date ___ / ___

Card Holder Name _____

Billing Address _____

City, State, Zip _____

Signature _____

Mail completed Enrollment with payment to:

BuyAmericanInsurance.com
3105 Broken Bow Way, Suite 100,
Plano, TX 75093, USA

Or fax with credit card information only to:

Fax: 972-767-4470

Please note:

Incomplete forms will not be processed and will be returned.