



VENBROOK® Basic

International Travel Medical

Plan Highlights

- Coverage for up to \$1,000,000 in accident and sickness medical expenses
- Emergency Medical Evacuation and Medically Necessary Repatriation | Natural Disasters Evacuation | Repatriation of Mortal Remains or Local Burial
- Coverage for non-US citizens who reside outside the USA | Coverage Includes travel outside of Your Home Country to visit the United States or any combination of the United States and other countries worldwide.
- Available up to age 79 | Extendable from 5 days up to a maximum of 364 days | Optional Sports Activity coverage available.

Optional Sports Coverage

If optional Sports coverage is purchased, this benefit provides coverage up to the maximum as stated in the Schedule of benefits if the Covered Person suffers an Injury due to an Accident while performing, practicing, or participating in Interscholastic Sports, Bodily Contact Sports, Recreational Sports, or Intramural Sports. See Policy for details.

Adventure Activity Coverage - If Purchased

This benefit provides coverage up to the maximum as stated in the Schedule of Benefits if the Covered Person suffers an Injury due to an Accident while performing, practicing, or participating in Adventure Activities, Mountaineering, or Rock Climbing. (See Policy for a list of covered activities)

Travel Assistance Services

24-hour travel assistance services are provided by Robin Assist. This plan includes both insurance and non-insurance benefits. Limitations and exclusions apply. *Not affiliated with Crum & Forster SPC.

Optional Accidental Death & Dismemberment (AD&D) - 24 Hour

Accidental Death and Dismemberment will apply to Covered Accidents incurred by a Covered Person while this coverage is in effect

Underwritten by:
Crum & Forster SPC

Plan Admin:
Venbrook Insurance Services

Schedule of Benefits (page 1 of 3)

POLICY MAXIMUM BENEFITS	
BENEFITS	MAXIMUM BENEFIT
Medical Maximum Per Policy Period	\$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000
Deductible Per Policy Period	\$0, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000
Co-Insurance Per Policy Period	After deductible, plan pays 80% up to \$10,000, then 100% to the selected Policy Maximum
Urgent Care Copay	To the selected Policy Maximum subject to a \$50 copay
Emergency Room Visit	\$200 Additional deductible per visit
Benefit Period	180 days
MEDICAL EXPENSE BENEFITS	
COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
Hospital Room & Board Expense	Up to Age 70: The average semi-private room rate For Ages 70+: The average semi-private room rate to a maximum of \$20,000
Emergency Room Injury/Accident or Illness	URC to the selected Policy Maximum
Ancillary Hospital Expenses	Up to Age 70: To the selected Policy Maximum For Age 70+: Up to a maximum of \$20,000
ICU Room & Board Charges	Up to Age 70: To the selected Policy Maximum For Age 70+: Up to a maximum of \$20,000
Physician's Non-Surgical Visits	To the selected Policy Maximum
Physician's Surgical Expenses	To the selected Policy Maximum
Assistant Physician's Surgical Expenses	20% of primary surgeon charge. No standby availability coverage.
Anesthesiologist Expense	To the selected Policy Maximum

Schedule of Benefits (page 2 of 3)

MEDICAL EXPENSE BENEFITS CONTINUED	
COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
Outpatient Medical Expense	To the selected Policy Maximum
Physiotherapy / Physical Medicine / Chiropractic Expense	Limited to \$50 per visit, one visit per day and 10 visits per Policy Period
X-Ray	To the selected Policy Maximum
Physician Out-Patient Visits In-Office Visits Telemedicine if offered by Physician	To the selected Policy Maximum To the selected Policy Maximum
Prescription Drugs	To Policy Maximum of \$50,000 per Policy Period. Subject to a 30-day maximum supply per prescription.
Cardiovascular Event	Not Covered
COVID-19	Not Covered
ADDITIONAL MEDICAL EXPENSE BENEFITS	
Dental Treatment for Injury, For Pain to Sound Natural Teeth	Up to \$150 maximum per Policy Period
Emergency Eye Exam - Accident Only	Up to \$50 maximum per Policy Period
TRANSPORTATION EXPENSES	
Ambulance Service Benefits	Up to selected Policy Maximum
Emergency Medical Evacuation*	Up to \$500,000 per Policy Period
Medically Necessary Repatriation*	Up to \$15,000 per Policy Period
Emergency Reunion*	\$25,000 maximum per Policy Period Maximum of \$250 per day to a max of 10 days for Reasonable Expenses
Return of Minor Children or Grandchildren or Traveling Companion*	\$25,000 per Policy Period
Repatriation of Mortal Remains*	\$25,000 per Policy Period
Local Burial / Cremation*	\$5,000 per Policy Period
Natural Disasters Evacuation*	\$5,000 per Policy Period. Up to \$250 per day to a max of 10 days for Reasonable Expenses

*Not subject to Deductible



Schedule of Benefits (page 3 of 3)

ADDITIONAL BENEFITS	
COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
Accidental Death & Dimemberment - Common Carrier*	\$25k per adult, \$15k per child, max \$150k per family or group
Incidental Trips Outside the United States	Up to the selected Policy Maximum
Lost Baggage*	\$50 per item to a maximum of \$250 per Policy Period
Trip Interruption*	\$2,500 per Policy Period
OPTIONAL BENEFITS	
Optional Adventure Activity Coverage	\$25,000 per Policy Period
Optional Sports Coverage	\$25,000 per Policy Period
Optional Accidental Death & Dismemberment - 24 Hours*	\$15k per adult, \$5k per child, max \$100k per family or group
OPTIONAL BENEFITS	
Travel Assistance**	Included

*Not subject to Deductible

**This is a non-insurance service and is not a part of the insurance underwritten by Crum & Forster, SPC.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

View the Description of Coverage, Exclusions, and Limitations [HERE](#).

Purchase Coverage [HERE](#).



Important Details

- The effective date is based on the date requested and once payment has been received. If purchased today, the earliest effective date is 12:01 am tomorrow.
- Plan rates are per person and based on the age of the traveler at the time of purchase, and the deductible and medical maximum chosen.
- Rates are subject to change prior to enrollment. Apply today!
- Coverage is extendable from 5 days to 364 days total.
- **AUTOMATIC EXTENDED COVERAGE** - Coverage will be automatically extended when a scheduled return is delayed due to unavoidable circumstances beyond your control. This extension of coverage will end on the earlier of the date you reach your originally scheduled date to return or 5 days after the Termination Date.
- Apply Online - Accepting Visa, Mastercard, American Express or Discover

Cancellations and Refund Procedure

Full cancellation and refund will only be considered if we receive a written or emailed request prior to or on the Effective Date of the coverage. Requests for cancellation received after the Effective Date of coverage may receive a pro-rata cancellation and refund. The following may affect your refund: a) If any claims have been filed on your Plan, the premium is fully earned and is non-refundable. b) If no claims have been filed with the Company, then a cancellation fee of U.S. \$25 will be charged, and only unused days premiums will be considered refundable; and c) If after a refund is made, it is determined that a claim was presented to Us on a Covered Person's behalf, the Covered Person will be fully responsible for that claim in its entirety.

Notice

For further information on this Plan, visit www.Venbrookinternational.com. Please keep this Brochure as a brief description of the important features of the Plan. It is not a contract of insurance. This Plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to Fairmont Specialty Trust. For a detailed plan description, exclusions, and limitations, please view the Plan on file with Fairmont Specialty Trust at www.Venbrookinternational.com. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at **888-868-6053** or by visiting us at <https://www.Venbrookinternational.com/privacy-policy>.

 **Complaints**

In the event that you wish to make a complaint, you can do so by contacting the Complaints team at: 888-868-6053 • 6320 Canoga Ave. Ste 12, Woodland Hills, CA 91367.

 **Data Protection**

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

 **Standard Disclosure**

Plans are underwritten Crum & Forster SPC. C&F and Crum & Forster are registered trademarks of Crum & Forster. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2024.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan. For a detailed plan description, exclusions, and limitations please view the plan on file with the plan administrator. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

This is a summary of the features available in this Plan. It is not a contract of insurance. This Plan includes both insurance and non-insurance benefits. Limitations and exclusions apply.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not the minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust. Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain U.S. citizens or U.S. residents to obtain PPACA-compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA-compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage and on certain employers who do not offer PPACA-compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.