

### Dream. Explore. Travel On.



### **PLAN BENEFITS**

Benefits	Coverage <sup>1</sup>
Trip Cancellation	100% of trip cost (\$100,000 limit)
Trip Interruption	100% of trip cost (\$100,000 limit)
Trip Interruption-Return Air Only <sup>3</sup>	\$750
License Fee Reimbursement	License Cost <sup>5</sup>
Trip Delay	\$1,500 (\$100/day)
Missed Connection	\$200
Baggage & Personal Effects	\$1,500
Baggage Delay	\$750
Sporting Equipment Delay	\$500
Emergency Medical & Dental Expense	ses \$50,000 (\$500 dental sublimit)
Emergency Medical Evacuation	\$250,000
Search & Rescue	\$10,000
Accidental Death & Dismembermen	t \$25,000
Travel Assistance & Concierge Servio	ces <sup>2</sup> Included
CUSTOMIZED UPGRADE	
Adventure Sports Coverage	Available

# TRAVEL PROTECTION DESIGNED FOR THE AFRICA ADVENTURE COMPANY

This travel protection plan gives you and your loved ones options when unexpected situations affect your trip. Let us help you *Dream. Explore. Travel On.* 

## PLAN HIGHLIGHTS

- Available to CA, CO, and NY residents only. Plan rates and coverages disclaimer under the states.
- Primary coverage, no deductibles
- 3 hour missed connection benefit
- 5 hour trip delay benefit
- 6 hour baggage delay
- 24 hour sporting equipment delay
- Fast online claims<sup>4</sup>
- Ability to provide coverage for all your trip components, including tours and flights
- Travel up to 364 days<sup>6</sup>

### PRE-EXISTING CONDITION EXCLUSION WAIVER

Pre-existing medical conditions are eligible for coverage when:

- Full trip cost is insured
- The traveler is medically able to travel at the time of plan purchase
- Plan is purchased within 21 days of initial trip deposit

A pre-existing condition is an Injury, Sickness or other condition (excluding any condition from which death ensues) of an Insured, Traveling Companion, Business Partner or Family Member within the 180 day period immediately preceding and including the Insured's coverage effective date.

This exclusion applies to those not traveling.

Learn more or enroll, contact: The Africa Adventure Company at 800.882.9453

VIEW PLAN DETAILS (policy effective after plan purchase) View policy details: <u>policy.travelexinsurance.com/354A-0720</u>

# Available to CA, CO, and NY residents only.

Plan rates and coverages may fluctuate at the discretion of Travelex Insurance and its underwriter. 1 All coverages per insured up to limits listed. Coverage, rates and maximum trip length may vary by state. Please see your policy for details or call 844.845.8692. 2 Provided by the designated provider as listed in the Policy. 3 Coverage for Trip Interruption and Trip Interruption - Return Air Only cannot be combined. 4 Based on industry average. Fastest payment on approved claims is based on 'electronic payment' of claim. 5 Up to \$200 for NY residents. 6 180 days for NY. 7 Mountain climbing that requires the use of equipment such as; pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring or other specialized equipment. 354A-0720 | 07.23



## **PLAN RATES**<sup>1</sup>

### PLAN RATES PER PERSON

Base Plan Cos	Trip Cost
\$7.	\$1,001-\$1,500
\$98	\$1,501-\$2,000
\$123	\$2,001-\$2,500
\$140	\$2,501-\$3,000
\$163	\$3,001-\$3,500
\$180	\$3,501-\$4,000
\$204	\$4,001-\$4,500
\$220	\$4,501-\$5,000
\$26	\$5,001-\$5,500
\$300	\$5,501-\$6,000
\$32	\$6,001-\$6,500
\$353	\$6,501-\$7,000
\$392	\$7,001-\$8,000
\$430	\$8,001-\$9,000
\$470	\$9,001-\$10,000
\$54	\$10,001-\$11,000
\$60	\$11,001-\$12,000
\$674	\$12,001-\$13,000
\$74	\$13,001-\$14,000
\$809	\$14,001-\$15,000
\$89	\$15,001-\$16,000
\$953	\$16,001-\$17,000
\$1,01	\$17,001-\$18,000
\$1,068	\$18,001-\$19,000
\$1,120	\$19,001-\$20,000
\$1,184	\$20,001-\$21,000

Questions about plan benefits?

Call 844.845.8692 and use Plan # 354A-0720 or email <u>customersolutions@travelexinsurance.com</u>

#### PLAN RATES PER PERSON

Trip Cost	Base Plan Cost
\$21,001-\$22,000	\$1,242
\$22,001-\$23,000	\$1,300
\$23,001-\$24,000	\$1,358
\$24,001-\$25,000	\$1,415
\$25,001-\$26,000	\$1,473
\$26,001-\$27,000	\$1,531
\$27,001-\$28,000	\$1,589
\$28,001-\$29,000	\$1,647
\$29,001-\$30,000	\$1,704

For rates up to \$100,000 trip cost, contact The Africa Adventure Company.

## CUSTOMIZE YOUR PLAN WITH AN UPGRADE<sup>1</sup>

### ADVENTURE SPORTS COVERAGE

Exclusion waiver for participation in professional athletic events, mountain climbing<sup>7</sup>, operating an aircraft and travel on air-supported devices such as hot air ballooning and our Flight of Angels excursion.

#### ADVENTURE SPORTS UPGRADE RATE (add to base rate)

\$10
\$11

Rates are per traveler, may vary by state of residence and are subject to change.

This plan does not cover any loss caused by or resulting from: intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane; Normal Pregnancy or Childbirth, other than Unforeseen Complications of Pregnancy, of the Insured, a Traveling Companion or a Family Member; participation in professional athletic events; motor sport, or motor racing, including training or practice for the same; mountain climbing that requires the use of equipment such as; pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring or other specialized equipment; operating or learning to operate any aircraft, as student, pilot, or crew; air travel on any air-supported device, other than a regularly scheduled airline or air charter; war (whether declared or not) or act of war, participation in a civil disorder, riot, insurrection or unrest; any unlawful acts committed by the Insured; Mental, Nervous or Psychological Disorder; if the Insured's tickets do not contain specific travel dates (open tickets); being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit; any Loss that occurs at a time when this coverage is not in effect; traveling solely or substantially for the purpose of securing medical treatment; any Trip taken outside the advice of a Physician; Pre-Existing Medical Conditions of an Insured, Traveling Companion, Business Partner or Family Member (within a 180 day period immediately preceding coverage effective date). The following exclusions also apply to the Medical Expense Benefit: routine physical examinations; mental health care; replacement of hearing aids, eye glasses, contact lenses, sunglasses; routine dental care; any service provided by the Insured, a Family Member, or Traveling Companion; alcohol or substance abuse or treatment for the same; Experimental or Investigative treatment or procedures; care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease; coverage for Trips less than 100 miles from the Insured's Primary Residence (also applies to the Emergency Evacuation Benefit). The following exclusions also apply to Accidental Death and Dismemberment: Loss caused by or resulting directly or indirectly from Sickness or disease of any kind; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm. Please refer to your policy for a complete list of plan exclusions and limitations. The purchase of this product is not required in order to purchase any other travel product or service. Your travel retailer might not be licensed to sell travel insurance and will only be able to provide general information about the product. An unlicensed travel retailer may not answer questions about the terms and conditions of the insurance offered and may not evaluate the adequacy of your existing insurance coverage. The products being offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending upon the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home and automobile insurance policies you may have. If you have questions about your coverage under your existing insurance policies, contact your insurance agent or broker. The product descriptions provided here are only brief summaries and may be changed without notice. The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. If you have questions about coverage available under our plans, please review the policy or contact us. Travelex Insurance Services Inc. 810 N. 96th Street, Suite 300, Omaha, NE 68114. Toll Free 844.845.8692. Email: customersolutions@travelexinsurance.com. Any inquiry regarding claims may be directed to travelex. claims@bhspecialty.com; 855.205.6054. To view state specific fraud warnings, visit travelexinsurance.com/company/fraud-warning. Consumers in California may also contact: California Department of Insurance Hotline 800.927.4357 or 213.897.8921. Travelex Insurance Services, Inc. CA Agency

California may also contact: California Department of insurance Hotline 800.927.4357 or 213.897.8921. Iravelex insurance Services, inc. CA Agency License #0D10209. Travel Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company; NAIC #22276 under Policy Form series (all states except as otherwise noted) PG-TA-IPL-USE. In KS, MN, MO, MT, OR, and VA Policy Form series PG-TA-IPL-NV. In CA Policy Form # PT-TA-IPL-CAEAH, CO Policy Form # PG-TA-IPL-COEAH and PG-TA-IPL-COEIM, IL Policy Form # PG-TA-IPL-INEAH and PG-TA-IPL-NDE, NH Policy Form # PG-TA-IPL-NVIM, MD Policy Form # PG-TA-IPL-NDE, NH Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVIM and PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVEAH and PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVEAH and PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVEAH and



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