As a member of a United States Olympic Committee (USOC) team, your team’s travel is covered through UnitedHealthcare Global. Coverage begins with your departure from home or your training facility and ends upon your return home or to your training facility. SafeTrip travel protection is valid during your time abroad only, and does not satisfy mandatory health care coverage that may be required by law. Insurance is offered under the USOC SafeTrip plan underwritten by Advent Syndicate 780 at Lloyd’s.
USOC SafeTrip Overview

Medical Insurance Coverage
- Medical/accident coverage up to $200,000; $0 deductible
- Emergency medical evacuation and repatriation

Medical Non-Insurance Assistance Services
- Worldwide medical and dental referrals
- Treatment monitoring
- Medication and vaccine transfer coordination
- Replacement of corrective lenses and medical devices
- Dispatch of medical specialists
- Medical records transfer
- Regular and ongoing communication with family and other key contacts
- Arrangements for hotel convalescence

Travel Non-Insurance Assistance Services
- Flight and hotel arrangements
- Support with lost or stolen travel documents
- Emergency medical reunion transportation to join a hospitalized member
- Return of minor children
- Return of mortal remains

Please review your program and policy descriptions for more information on the product, including limitations or conditions that may apply to non-insurance assistance services and insurance benefits. Non-insurance assistance services must be approved and authorized by UnitedHealthcare Global.
Pricing

As a member of the National Governing Body or Olympic Training Center, USOC’s custom rates are available to you. Compare the new SafeTrip plan rates and coverage with discontinued TravMed coverage below.

<table>
<thead>
<tr>
<th>Plan Details</th>
<th>Discontinued Plan</th>
<th>NEW! USOC SafeTrip Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$25 per incident</td>
<td>$0</td>
</tr>
<tr>
<td>Period of coverage maximum benefits (medical limit)</td>
<td>$100,000</td>
<td>$200,000</td>
</tr>
</tbody>
</table>

**Coverage – limits per eligible traveler**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Discontinued Plan</th>
<th>NEW! USOC SafeTrip Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Evacuation</td>
<td>Included in medical limit</td>
<td>Up to $200,000</td>
</tr>
<tr>
<td>Return of Minor Children</td>
<td>Included in medical limit</td>
<td>Up to $20,000</td>
</tr>
<tr>
<td>Repatriation of Remains</td>
<td>Included in medical limit</td>
<td>Up to $20,000</td>
</tr>
<tr>
<td>Emergency Dental Benefit</td>
<td>Up to $200</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Sports Injury</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td>Hazardous Activity Benefit</td>
<td>Excluded</td>
<td>Included</td>
</tr>
<tr>
<td>Pre-existing Conditions</td>
<td>Covered if existing 180 days prior to travel</td>
<td>Covered if existing 180 days prior to travel</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Complications only</td>
<td>Excluded</td>
</tr>
<tr>
<td>Bedside Visit</td>
<td>Included</td>
<td>Excluded</td>
</tr>
<tr>
<td>Family Assistance Benefit</td>
<td>Included in medical limit</td>
<td>$10,000 cost (includes lodging)</td>
</tr>
<tr>
<td></td>
<td>Must have been hospitalized for 7 days</td>
<td>Must have been hospitalized for 7 days</td>
</tr>
</tbody>
</table>

Deductible means the amount of money that a traveler must pay before expenses are paid by the insurance plan.
How to Enroll Your Team in USOC SafeTrip

Please email USOC@uhcglobal.com to receive the trip roster form. The trip roster form should be completed and returned to USOC@uhcglobal.com on a monthly basis, reflecting the prior month’s travel activity.

For other, non-group travel enrollment, visit uhcsafetrip.com or call 1-800-732-5309.

How to Use Your USOC SafeTrip Benefits

Always carry your ID card with you while traveling. If you have a medical or travel problem, call UnitedHealthcare Global using the phone number listed on the back of your ID card.

Call the toll-free number for the country you are in. If you are in a country not listed on your ID card, call the Emergency Response Center collect at +1.410.453.6330. A coordinator will ask for your name, your company’s name, your group ID number, and a description of the situation. A multilingual coordinator will immediately assist you and monitor your case until the situation is resolved.

Exclusions

Please see program description for full details.

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
3. Treatment of acne;
4. Charges which are in excess of Usual, Reasonable and Customary charges;
5. Charges that are not Medically Necessary;
6. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
7. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
8. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participating Organization; or an Immediate Family member of the Plan Participant;
9. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
10. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
11. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
12. Dental care or treatment other than care of teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
13. Rest cures or custodial care;
14. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
15. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
   a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
   b) While being used for any test or experimental purpose; or
   c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
   d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Organization of any subsidiary or affiliate of the Participating Organization, or by the Plan Participant or any member of his household.
   e) A space craft or any craft designed for navigation above or beyond the earth’s atmosphere;
16. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
17. Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.
18. Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of $7,500;
19. Treatment of Mental and Nervous Disorders;
20. Pregnancy or childbirth;
21. Pre-existing conditions not existing 180 days prior to travel;
22. Expenses incurred for treatment while in Your Home Country.

Please keep this brochure as a summary of the insurance plan as specified in the master policy issued to a Trust established in the Cayman Islands (the “Trust”). The policy contains a complete description of all of the same terms and conditions outlined in this brochure including: benefits, limitations, and exclusions as underwritten by Advent Syndicate 780 at Lloyd’s. In the event of a discrepancy, the policy will prevail.

Additional 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 this policy meets any obligations you may have under PPACA.