

American Pet Insurance Company

Get to Know Your New Plan.

Thank *you* for buying the Wellness Plan,
we're excited to welcome *you* to CarePlus.

This plan is offered by Trupanion exclusively
for **Chewy Health**.



trupanion™

This policy is sold and administered by Chewy Insurance Services, LLC, a licensed insurance producer (CA license No. 6007025, NPN 19685062 licenses available at <https://www.chewy.com/app/content/insurance>), and Trupanion Managers USA, Inc. ("TMUI") (CA license No. OG22803, NPN 9588590 licenses available at <https://trupanion.com/site/terms-of-use>), and underwritten by American Pet Insurance Company ("APIC"), with its main office at 6100 4th Ave S, Seattle, WA 98108. TMUI, APIC, and their affiliates are separate, independent of, and distinct from Chewy Insurance Services, LLC, and its affiliates.

Wellness Plan TRUCP (D) 00001.4 MA (V.03202401)



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Here's What Your Plan Will Cover

Each year, *your* plan will reimburse *you* for the routine and *preventive veterinary treatments* listed below. There are no limits to the number of times *you* can submit a claim in each category, up to these amounts:

Preventive Veterinary Treatment	Maximum Annual Reimbursement
✓ Exam fees	\$75 per year
✓ Vaccines	\$80 per year
✓ Fecal tests	\$40 per year
✓ Routine bloodwork	\$50 per year
✓ Heartworm tests	\$45 per year

Routine bloodwork does not include heartworm tests.

If *you* cancel *your* plan within the first 30 days following *your enrollment date*, we will refund 100% of *your monthly cost* if we have not yet paid any claims for *your pet*.

How to Submit a Claim

1. Directly at *Your Veterinarian*

If *your veterinarian* is set up to accept payments from Trupanion and we have all necessary medical records, we can pay them directly at checkout, so *you* don't have to pay the full invoice out of pocket or file a claim.

2. Or We Can Reimburse *You* – Quickly

- **By member portal:**
Access *your* member portal via the CarePlus home page at <http://chewyinsurance.trupanion.com/>
- **By mail:**
Trupanion
6100 4th Avenue South
Seattle, WA 98108

What's Not Covered

- ✦ The cost of *veterinary treatment* not explicitly listed in the section titled “Here’s What Your Plan Will Cover.”
- ✦ The cost of *veterinary treatment* after you have reached *your annual* limit.
- ✦ Complications resulting from any *preventive veterinary treatments* otherwise covered by this plan, such as reactions to *vaccines*.
- ✦ The cost of *veterinary treatment* that occurs when *your* plan is not active.
- ✦ Administrative costs and other fees, such as shipping costs or postage, processing of claims, transmission of medical records, transportation expenses or mileage fees, taxes, pre-paid discount programs or membership fees for other wellness plans.
- ✦ *Experimental* treatments.



Changes to Your Plan

If *your* address changes, please contact *us* with *your* new address within 30 days of the change.

Changes to *Your Monthly Costs*

We may update the *monthly cost* of this plan at the *annual renewal date*.

We will notify *you* of any changes to *your monthly cost* 30 days in advance by e-mail or mail.

Upgrading Coverage

You may upgrade to our Comprehensive Wellness Plan at any time up to 30 days after *your enrollment date*, and the change will take effect on *your* next billing date.

Cancellations

If We Have Not Yet Paid Any Claims for *Your Pet*:

- *You* can cancel *your* wellness plan at any time, and *your* cancellation is effective the day we receive *your* notice. We will prorate a refund of *your monthly cost*.

If We Have Paid Claims for *Your Pet*, or *You Have Been Enrolled Longer Than 30 Days*:

- If the amount *you* have paid to *us* for this wellness plan during *your* current *plan term* exceeds what we have paid *you* in claims, *you* can cancel at any time and we will prorate a refund of *your monthly cost*.
- If the amount we have paid *you* in claims exceeds the amount *you* have paid to *us* for this wellness plan during *your* current *plan term*, *you* will need to pay *us* back the difference between the two (not to exceed 12 months' worth of *your monthly cost*). As an example, if *you* would like to cancel this wellness plan three months into *your plan term* and *your monthly cost* is \$25, then *you* have paid *us* \$75 for this wellness plan so far. If we have paid *you* \$100 in claims payments, then *you* would need to pay *us* back \$25 to cancel *your* wellness plan prematurely.

We Will Not Pay Any Claims That Are Submitted After *You Cancel Your Plan*:

Your wellness plan will remain active and *renew* automatically every year as long as *your* payments are current. We may cancel *your* wellness plan if we are unable to reach *you* to resolve a lack of payment by mailing a notice of cancellation to *you* at *your* last known address. We will mail this cancellation notice to *you* at least ten days before the effective date of cancellation.

Transfers

You may transfer *your pet's* plan to a new *owner* if you rehome *your pet*. Please let *us* know within 30 days so that we can arrange for continued coverage in their name.

This coverage is not transferable to other *pets*, so if you have another *pet* in *your* household that you would like to insure, you can visit *us* online to add *pets* to *your* plan.

If You Need Us, We're Here

It's easy to get help from our experts 24/7 on *your* plan. You can contact us:

1. 844-958-1679
2. Care@Trupanion.com
3. Trupanion
6100 4th Avenue South
Seattle, WA 98108

We agree to provide *your pet* the financial protection afforded by this plan.



Margi Tooth, President
American Pet Insurance Company



Asher Bearman, Secretary
American Pet Insurance Company

We Hope You're Feeling Great About the Coverage You've Selected!

If there's something that's still unclear, don't hesitate to contact *us*. We'll be happy to answer all of *your* questions.

Thank *you* again for trusting *us* to help *you* care for *your* pet.

Call or e-mail *us* anytime.

844-958-1679

Care@Trupanion.com

All the best,

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Important Facts About Your Coverage

- *Your* successful payments constitute *your* acceptance of all terms and conditions contained in this plan. If *we* do not receive *your* first payment, *your* coverage does not start.
- Insurance fraud unfairly increases costs for all our insured members. If a claim is submitted with false, misleading, and/or dishonest information, or if an insured member fails to provide all of the information *we* request, *we* may not pay that claim. *We* may also cancel coverage for all *pets* on a plan where *we* have a reasonable suspicion of fraud, and *we* may report instances of fraud to the appropriate governmental authorities.
- If *you* have an insurance plan for *your pet* in addition to this wellness plan, when *you* submit a claim, *we* will apply the insurance product first and then apply *your* wellness benefit to any invoice items that are not covered by *your* insurance plan in the event they are covered by this wellness plan. *Your* wellness plan will not cover *your* insurance plans deductible or payout percentage.
- If *we* are unable to agree on the outcome of *your* claim, *you* are entitled to seek remedies under applicable law. If *you* choose to bring legal action against *us* in *your* jurisdiction, *you* agree to our request to appear electronically.
- *We* can cover *veterinary treatment* for *your pet* in the United States of America, Puerto Rico, Canada or Australia. *We* can also offer coverage for *veterinary treatment* in any region under American, Canadian, or Australian government control, such as military installations/bases in foreign countries.
- Please let *us* know if *your pet* is covered under another *pet* health insurance plan, otherwise it may be considered concealment and *we* may not pay any of *your* outstanding claims. If *your pet* has coverage with any other *pet* health insurance provider or wellness plan, *we* will contact *your* other *pet* health insurance or wellness plan provider to come to an agreement regarding how payment will be prorated between our companies.
- If a third party is liable for paying an eligible claim, and if our payment together with their payment is greater than the total cost of *your* loss, *we* may either seek reimbursement for that overpayment from *you* or directly from the third party. *We* may seek this reimbursement in any amount *we* determine is reasonable.
- If any part of this plan conflicts with applicable laws, rules, and/or regulations of the state or province in which *your* plan is issued, it will be amended to conform to such applicable law, rules, or regulation. If any changes are made to one section of *your* plan through an amendatory endorsement, all other sections of *your* plan will remain unchanged.
- This plan, the *declaration page*, and any endorsement(s) contain all the agreements between *you* and *us* and supersede any prior agreements or understandings between *you* and *us*.
- If *we* incorrectly pay a claim that should not be eligible for coverage, *we* will stop paying claims for that condition as soon as *we* detect our error.

Terms and Definitions

The words (and all other formations of the words) listed below were used throughout *your* plan with the following specific intent:

- *Annual*: In this plan, we define *annual* as occurring within one *plan term*. Your *annual* limits described under the “Here’s What Your Plan Will Cover” section of this plan will be applied for the 12-month period following *your enrollment date* and will reset on *your renewal date*.
- *Declaration Page*: the page included with *your* plan that outlines information about *your pet*, *plan term*, additional coverage, and monthly payments, which *you* receive with *your* welcome letter after enrolling.
- *Direct Supervision*: *veterinary treatment* provided where a *veterinarian* is readily available on the premises where *your pet* is receiving care. The *veterinarian* has assumed responsibility for the care given to *your pet* by a person who is working under their authority and direction.
- *Enrollment Date*: the day and time *you* enroll *your pet* in this coverage, as listed on *your declaration page*.
- *Exam*: an *exam* performed by or under the *direct* or *indirect supervision of a veterinarian*, which may be listed on *your* invoice as physicals, physical consultations, medical advice, inpatient exams, in *hospital exams*, health certificates, consultations (including behavioral or nutritional consultations), office visits, office calls, office fees, and/or referral, recheck or telemedicine consultations.
- *Experimental*: any *veterinary treatment*, diagnostic, medication, supplement, herb or other therapy not generally accepted by the veterinary medical community as effective and proven specifically for dogs and/or cats for *your pet’s* covered condition. This includes *treatments* not widely recognized in veterinary-specific, peer-reviewed journals as conforming to accepted veterinary medical practices; currently in clinical trials or in need of further study; and/or rarely used, novel, unknown or lacking authoritative evidence of safety and efficacy.
- *Monthly Cost*: the monthly payment *you* make to *us* to keep *your* coverage active.
- *Owner*: the individual(s) legally responsible for *your pet’s* care. *You* must be the personal and individual *owner* of the insured *pet*. We do not offer this plan to *pets* who are living in an animal shelter or rescue organization.
- *Pet*: a domestic cat or dog owned for companionship or as a service dog and not owned for commercial reasons.
- *Plan Term*: either the *annual* period of time between *your enrollment date* and *your renewal date*, or between *your renewal date* and *your next renewal date*.
- *Preventive Veterinary Treatment*: proven and accepted forms of care designed to avert and avoid illnesses and performed or distributed by a licensed *veterinarian*.
- *Renewal*: means to issue and deliver at the end of an insurance policy period a policy which supersedes a policy previously issued and delivered by the same pet insurer or affiliated pet insurer and which provides types and limits of coverage substantially similar to those contained in the policy being superseded.
- *Renewal Date*: the date and time *your* plan *renews annually*, as listed on *your declaration page*.
- *Vaccination* or *Vaccine*: the administration of a legally approved commercial *vaccination* by a *veterinarian* in accordance with the manufacturer’s recommendations to prevent disease.
- *Veterinarian*: an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which he or she practices.
- *Veterinary Treatment*, *Veterinary Care*, and other derivations: proven and accepted form of care that is documented in *your pet’s* medical records and provided by or under the *direct supervision* of a *veterinarian*, including but not limited to: diagnostic tests, medical advice, procedures, medications or supplements. We will pay the retail cost, after any discounts have been applied, of the *treatment* provided (as opposed to a “reasonable cost”), which must be the same between customers who do and do not have a wellness plan.

- *We, Us* or any derivations: Trupanion Managers USA, Inc. (“Trupanion”) and American Pet Insurance Company. Trupanion Managers USA Inc. handles many of the administrative processes and American Pet Insurance Company underwrites the plan.
- *You, Your*: Insured/spouse/partner (*owner*) named on the *declaration page* who has agreed to the terms of this coverage.
- *Your Pet*: Domesticated dog or cat who is named on the *declaration page* and is covered by this plan.

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