

BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Period of Coverage	5 days up to 12 months		
Period of Coverage limit • As indicated on the Declaration	<ul style="list-style-type: none"> Through age 64: \$2,000,000, \$5,000,000 or \$8,000,000 Ages 65 to 69: \$1,000,000 Ages 70 to 79: \$100,000 Ages 80 and older: \$20,000 		
Area of Coverage	Worldwide excluding the Insured Person's Country of Residence		
Benefit Plan Features			
Benefit Levels	United States	United States	International
	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses			
Deductible	\$0, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000 or \$25,000 per Insured Person, as indicated on the Declaration		
Coinsurance for Eligible Medical Expenses			
Coinsurance • In addition to Deductible	Plan pays 100% Insured pays 0%	Plan pays 90% insured pays 10%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$0	\$500	\$0
Pre-certification			
<ul style="list-style-type: none"> Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Deductible is taken after reduction. Coinsurance is applied to remainder of the reduced amount. Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification. 			
Pre-existing Conditions			
Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.			
Acute Onset of Pre-existing Conditions			
Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Acute Onset of Pre-existing Conditions • Insured Person must be under 70 years of age • Refer to the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision for further details and requirements	United States citizens: <ul style="list-style-type: none"> Age 64 and under without a Primary Health Plan: <ul style="list-style-type: none"> Maximum Limit: \$20,000 Age 64 and under with a Primary Health Plan: <ul style="list-style-type: none"> Maximum Limit: \$1,000,000 Age 65 through age 69: <ul style="list-style-type: none"> Maximum Limit: \$2,500 		

Acute Onset of Pre-existing Conditions Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Acute Onset of Pre-existing Conditions <ul style="list-style-type: none"> Insured Person must be under 70 years of age Refer to the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision for further details and requirements 	Non-United States citizens: <ul style="list-style-type: none"> Age 69 and under: <ul style="list-style-type: none"> Maximum Limit: \$1,000,000 		
Emergency Medical Evacuation <ul style="list-style-type: none"> Arises or results directly from a covered Acute Onset of a Pre-existing Condition Insured Person must be under 70 years of age 	<ul style="list-style-type: none"> Maximum Limit: \$25,000 		
Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	90%	100%
Physician Visits / Services	100%	90%	100%
Teladoc Consultation	<ul style="list-style-type: none"> Not subject to Deductible and Coinsurance Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the illness or injury is directly or indirectly related to any Pre-existing Condition or is otherwise excluded under this Certificate of Insurance 		
Urgent Care Clinic <ul style="list-style-type: none"> Not subject to Deductible Copayment: \$25 Copayment is not applicable if the Declaration states a \$0 Deductible 	100%	90%	100%
Walk-in Clinic <ul style="list-style-type: none"> Not subject to Deductible Copayment: \$15 Copayment is not applicable if the Declaration states a \$0 Deductible 	100%	90%	100%
Hospital Emergency Room: United States <ul style="list-style-type: none"> Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission 	100%	90%	Not Applicable
Hospital Emergency Room: International	Not Applicable	Not Applicable	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> Average semi-private room rate Includes nursing services, miscellaneous and Ancillary services 	100%	90%	100%

Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Intensive Care	100%	90%	100%
Bedside Visit <ul style="list-style-type: none"> Not subject to Deductible Maximum Limit: \$1,500 Hospitalized in an Intensive Care Unit Refer to the BEDSIDE VISIT provision for further details 	100%	90%	100%
Outpatient Surgical / Hospital Facility	100%	90%	100%
Laboratory	100%	90%	100%
Radiology / X-ray	100%	90%	100%
Chemotherapy / Radiation Therapy	100%	90%	100%
Pre-admission Testing	100%	90%	100%
Surgery	100%	90%	100%
Reconstructive Surgery <ul style="list-style-type: none"> Surgery is incidental to and follows Surgery that was covered under the plan 	100%	90%	100%
Assistant Surgeon <ul style="list-style-type: none"> 20% of the primary surgeon's eligible fee 	100%	90%	100%
Anesthesia	100%	90%	100%
Durable Medical Equipment	100%	90%	100%
Chiropractic Care <ul style="list-style-type: none"> Medical order or Treatment plan required 	100%	90%	100%
Physical Therapy <ul style="list-style-type: none"> Medical order or Treatment plan required 	100%	90%	100%
Extended Care Facility <ul style="list-style-type: none"> Upon direct transfer from an acute care Facility 	100%	90%	100%
Home Nursing Care <ul style="list-style-type: none"> Provided by a Home Health Care Agency Upon direct transfer from an acute care Facility 	100%	90%	100%
Prescription Drugs and Medication Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
The following Prescription Drugs and Medication Maximum Limit accumulates toward the plan Maximum Limit per Period of Coverage			
Prescription Drugs and Medication <ul style="list-style-type: none"> Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits Dispensing maximum for Retail Pharmacy: 90 days per prescription 	Not Applicable	90%	100%
	If the Certificate of Insurance Maximum Limit is \$20,000 or \$100,000, the Prescription Drugs and Medications limit is up to the plan Maximum Limit If the Certificate of Insurance Maximum Limit is \$1,000,000, \$2,000,000, \$5,000,000 or \$8,000,000 the Prescription Drugs and Medications Maximum Limit is up to \$250,000 per Period of Coverage		

Emergency Services			
NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Emergency Local Ambulance <ul style="list-style-type: none"> • Subject to Deductible and Coinsurance • Injury • Illness resulting in an Inpatient Hospital admission 	100%	90%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> • Up to the Period of Coverage limit • Approved in advance and coordinated by the Company 	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> • Maximum Limit: \$100,000 • Maximum days: 15 • Meal maximum per day: \$25 • Reasonable and necessary travel costs and accommodations • Approved in advance by the Company 	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> • Transfer must be a result of an Inpatient Hospital admission 	100%	100%	100%
Natural Disaster Evacuation <ul style="list-style-type: none"> • Maximum Limit: \$25,000 • Approved in advance by the Company 	100%	100%	100%
Political Evacuation and Repatriation <ul style="list-style-type: none"> • Maximum Limit: \$100,000 • Approved in advance by the Company 	100%	100%	100%
Remote Transportation <ul style="list-style-type: none"> • Maximum Limit: \$20,000 • Limit: \$5,000 • Approved in advance by the Company 	100%	100%	100%
Return of Minor Children <ul style="list-style-type: none"> • Maximum Limit: \$100,000 • Approved in advance by the Company 	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> • Maximum Limit: Up to the Period of Coverage limit • Local Burial / Cremation Maximum Limit: \$5,000 • Return of Insured Person's Mortal Remains to Country of Residence • Approved in advance by the Company 	100%	100%	100%

Other Services																			
NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit																			
Accidental Death & Dismemberment <ul style="list-style-type: none"> Principal Sum Maximum Limit: \$50,000 Death must occur within 90 days of the Accident 	Accidental Death: 100% of Principal Sum Dismemberment: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Accidental Loss</u></th> <th style="text-align: right;"><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of one eye</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand or one foot</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand and the loss of sight of one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One foot and the loss of sight of one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One hand and one foot</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Both hands or both feet</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Sight of both eyes</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table>			<u>Accidental Loss</u>	<u>Percent of Principal Sum</u>	Sight of one eye	50%	One hand or one foot	50%	One hand and the loss of sight of one eye	100%	One foot and the loss of sight of one eye	100%	One hand and one foot	100%	Both hands or both feet	100%	Sight of both eyes	100%
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Common Carrier Accidental Death <ul style="list-style-type: none"> Maximum Limit per adult: \$100,000 Maximum Limit per Child: \$25,000 Maximum Limit per Family: \$250,000 	100%	100%	100%																
Dental Treatment <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Limit: \$300 (Unexpected pain or Treatment due to an Accident) 	Not Applicable	90%	100%																
Traumatic Dental Injury <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Treatment at a Hospital due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100% 	100%	90%	100%																
Emergency Eye Examination <ul style="list-style-type: none"> Subject to Coinsurance Deductible per occurrence: \$50 (plan Deductible waived) Limit: \$150 Loss or damage to prescription corrective lenses due to an Accident: 	Not Applicable	90%	100%																
Hospital Indemnity <ul style="list-style-type: none"> Overnight limit: \$250 Maximum nights: 10 Outside Insured Person's Country of Residence and the United States Inpatient Hospitalization only 	Not Applicable	Not Applicable	100%																
Identity Theft <ul style="list-style-type: none"> Limit: \$500 	100%	100%	100%																
Incidental Trip <ul style="list-style-type: none"> Maximum days: 14 Insured Person's Country of Residence is not the United States 	100%	100%	100%																

Other Services			
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Benefit	In-Network	Out-of-Network	International
Lost Luggage <ul style="list-style-type: none"> Limit: \$500 Limit: \$50 per item 	100%	100%	100%
Natural Disaster <ul style="list-style-type: none"> Limit per day: \$250 Maximum days: 5 	100%	100%	100%
Non-emergency Medical Evacuation <ul style="list-style-type: none"> Maximum Limit: \$50,000 Insured Persons under age 65 Approved in advance and coordinated by the Company 	100%	100%	100%
Personal Liability <ul style="list-style-type: none"> Secondary to any other insurance No coverage for Injury to a related third party or damage to related third person's property Refer to the PERSONAL LIABILITY provision for further details and requirements 	Combined Maximum Limit: \$25,000 Injury to third person: <ul style="list-style-type: none"> Per Injury Deductible: \$100 Damage to third person's property: <ul style="list-style-type: none"> Per damage Deductible: \$100 		
Pet Return <ul style="list-style-type: none"> Limit: \$1,000 For a pet cat or dog travelling with the Insured Person 	100%	100%	100%
Small Pet Common Air Carrier Accidental Death Benefit <ul style="list-style-type: none"> Maximum Limit per pet: \$500 For a pet cat or dog up to 30 pounds travelling with the Insured Person 	100%	100%	100%
Supplemental Accident Benefit <ul style="list-style-type: none"> Maximum Limit per covered Accident: \$300 	100%	100%	100%
Terrorism <ul style="list-style-type: none"> Maximum Limit: \$50,000 	100%	100%	100%
Return Travel <ul style="list-style-type: none"> Limit: \$10,000 	100%	100%	100%