

# BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Period of Coverage	Five (5) days up to twelve (12) months		
Period of Coverage limit	\$10,000, \$50,000, \$100,000, \$500,000, or \$1,000,000 per Insured Person, as indicated on the Declaration		
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, or \$2,500 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 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$0	\$1,000	\$0
Pre-certification			
<ul style="list-style-type: none"> <li>Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>All other Treatments &amp; supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met.</li> <li>Deductible is taken after reduction.</li> <li>Coinsurance is applied to remainder of the reduced amount.</li> <li>Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.</li> </ul>			
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%	80%	100%
Physician Visits / Services	100%	80%	100%
Urgent Care Center • Not subject to Deductible • Copayment: \$25 • Copayment is not applicable if the Declaration states a \$0 Deductible	100%	80%	100%
Walk-in Clinic • Not subject to Deductible • Copayment \$15 • Copayment is not applicable if the Declaration states a \$0 Deductible	100%	80%	100%

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<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Hospital Emergency Room: United States <ul style="list-style-type: none"> <li>Injury: Not subject to Emergency Room Deductible</li> <li>Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Inpatient Hospital admission</li> </ul>	100%	80%	Not Applicable
Hospital Emergency Room: International <ul style="list-style-type: none"> <li>Deductible waived</li> </ul>	Not Applicable	Not Applicable	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> <li>Average semi-private room rate</li> <li>Includes nursing, miscellaneous and Ancillary services</li> </ul>	100%	80%	100%
Intensive Care	100%	80%	100%
Outpatient Surgical / Hospital Facility	100%	80%	100%
Laboratory	100%	80%	100%
Radiology / X-ray	100%	80%	100%
Chemotherapy / Radiation Therapy	100%	80%	100%
Pre-admission Testing	100%	80%	100%
Surgery	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>Surgery is incidental to or follows Surgery that was covered under the Plan</li> </ul>	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>Twenty percent (20%) of the primary surgeon's eligible fee</li> </ul>	100%	80%	100%
Anesthesia	100%	80%	100%
Durable Medical Equipment	100%	80%	100%
Chiropractic Care <ul style="list-style-type: none"> <li>Medical order or Treatment plan required</li> </ul>	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> <li>Medical order or Treatment plan required</li> </ul>	100%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> <li>Upon direct transfer from an acute care Hospital</li> </ul>	100%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> <li>Provided by a Home Health Care Agency</li> <li>Upon direct transfer from an acute care Hospital</li> </ul>	100%	80%	100%

<b>Prescriptions</b> 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
Prescriptions • Dispensing limit: 90 days	Not Applicable	80%	100%
<b>Emergency Services</b> 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			
Emergency Local Ambulance • Subject to Deductible and Coinsurance • Injury • Illness resulting in an Inpatient Hospital admission	Not Applicable	80%	100%
Emergency Medical Evacuation • Maximum Limit: \$1,000,000 • Must be approved in advance and coordinated by the Company	100%	100%	100%
Emergency Reunion • Maximum Limit: \$50,000 • Maximum days: 15 • Meal maximum: \$25 per day • Reasonable and necessary travel costs and accommodations • Must be approved in advance by the Company	100%	100%	100%
Interfacility Ambulance Transfer • Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission	100%	100%	100%
Natural Disaster • Limit: \$250 per day • Maximum days: 5	100%	100%	100%
Political Evacuation and Repatriation • Maximum Limit: \$10,000 • Must be approved in advance by the Company	100%	100%	100%
Return of Minor Children • Maximum Limit: \$50,000 • Must be approved in advance by the Company	100%	100%	100%
Return of Mortal Remains • Maximum Limit: \$50,000 • Local Burial / Cremation Maximum Limit: \$5,000 • Return of Insured Person's Mortal Remains to Country of Residence • Must be approved in advance by the Company	100%	100%	100%

Other Services																		
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<b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"> <li>Principal Sum Maximum Limit: \$25,000</li> <li>Death must occur within ninety (90) days of the Accident</li> </ul>	<b>Accidental Death: 100% of Principal Sum</b>																	
	<b>Dismemberment:</b> <table border="0"> <thead> <tr> <th><u>Accidental Loss</u></th> <th><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of one eye</td> <td>50%</td> </tr> <tr> <td>One hand or one foot</td> <td>50%</td> </tr> <tr> <td>One hand and the loss of sight of one eye</td> <td>100%</td> </tr> <tr> <td>One foot and the loss of sight of one eye</td> <td>100%</td> </tr> <tr> <td>One hand and one foot</td> <td>100%</td> </tr> <tr> <td>Both hands or both feet</td> <td>100%</td> </tr> <tr> <td>Sight of both eyes</td> <td>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
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<b>Common Carrier Accidental Death</b> <ul style="list-style-type: none"> <li>Maximum Limit per Insured Person: \$50,000</li> <li>Maximum Limit per Family: \$250,000</li> </ul>	100%	100%	100%															
<b>Dental Treatment</b> <ul style="list-style-type: none"> <li>Subject to Deductible and Coinsurance</li> <li>Limit: \$300 (Unexpected pain or Treatment due to an Accident)</li> </ul>	Not Applicable	80%	100%															
<b>Traumatic Dental Injury</b> <ul style="list-style-type: none"> <li>Subject to Deductible and Coinsurance</li> <li>Treatment at a Hospital due to an Accident</li> <li>Additional Treatment for the same Injury rendered by a Dental Provider will be paid at one hundred percent (100%)</li> </ul>	100%	80%	100%															
<b>Hospital Indemnity</b> <ul style="list-style-type: none"> <li>Overnight limit: \$100</li> <li>Maximum nights: 10</li> <li>Outside Insured Person's Country of Residence and the United States</li> </ul>	Not Applicable	Not Applicable	100%															
<b>Identity Theft</b> <ul style="list-style-type: none"> <li>Limit: \$500</li> </ul>	100%	100%	100%															
<b>Incidental Trip</b> <ul style="list-style-type: none"> <li>Maximum days: 14</li> <li>Insured Person's Country of Residence is not the United States</li> </ul>	100%	100%	100%															
<b>Lost Luggage</b> <ul style="list-style-type: none"> <li>Limit: \$250</li> <li>Limit: \$50 per item</li> </ul>	100%	100%	100%															

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Benefit	In-Network	Out-of-Network	International
<b>Personal Liability</b> <ul style="list-style-type: none"> <li>• Secondary to any other insurance</li> <li>• No coverage for Injury to a related Third Party or damage to related Third Person's property</li> <li>• Refer to the PERSONAL LIABILITY provision for further details and requirements</li> </ul>	Combined Maximum Limit: \$10,000		
	Injury to Third Person: <ul style="list-style-type: none"> <li>• Per Injury Deductible: \$100</li> </ul> Damage to Third Person's property: <ul style="list-style-type: none"> <li>• Per damage Deductible: \$100</li> </ul>		
<b>Terrorism</b> <ul style="list-style-type: none"> <li>• Maximum Limit: \$50,000</li> </ul>	100%	100%	100%
<b>Trip Interruption</b> <ul style="list-style-type: none"> <li>• Limit: \$5,000</li> </ul>	100%	100%	100%

SAMPLE  
For Inquiry Purposes Only