



Medical Coverage

Maximum Limits: \$60,000; \$110,000; \$550,000; \$1,100,000 or \$2,000,000 (ages 70-79, \$50,000 Maximum Limit; ages 80+, \$12,000 Maximum Limit).

Deductibles: \$0; \$100; \$250; \$500; \$1,000; \$2,500 per Coverage Period.

Coinsurance (Subject to the Deductible): The plan pays 100% of Eligible Expenses to the Maximum Limit for claims incurred in the US or Canada within the MultiPlan PPO Network. The plan will pay 80% of the next \$5,000 of Eligible Expenses incurred outside PPO Network, the plan will then pay 100% to the Maximum Limit. The plan pays 100% of Eligible Expenses for claims incurred outside the US & Canada.



Outpatient Services

Prescription Drugs: Usual, Reasonable and Customary. Reimbursement Only and subject to 20% Coinsurance for claims incurred inside the US.

Physician Visit: Usual, Reasonable and Customary charges.

Physical Therapy: \$60 Maximum Limit per visit, 1 visit per day, Maximum of 15 visits per Coverage Period. Physical Therapy must be referred by a Licensed Physician.



Hospital Services

Pre-Certification Penalty: 50% of Eligible Expenses.

Emergency Room Illness or Injury: Usual, Reasonable and Customary charges. Subject to an additional \$250 deductible if Illness or Injury does not result in hospitalization.

Hospital Room and Board: Average semi-private room rate, which would include nursing services.

Hospital Indemnity: \$150 per night (7 night Maximum); for Inpatient Hospitalization (Outside the US and Canada only).

Other Benefits

<p>All Other Eligible Medical Expenses: Usual, Reasonable and Customary charges.</p>	<p>Dental (Acute onset of pain): Available for Policies purchased for 180 days or more, \$500 Maximum Sub-Limit per Coverage Period.</p>	<p>Local Ambulance: Usual, Reasonable and Customary charges, when covered Illness or Injury results in Hospitalization.</p>	<p>Durable Medical Equipment: Usual, Reasonable and Customary charges. Limited to a standard hospital bed and/or wheelchair.</p>
<p>Dental (Injury as result of Accident): Available for Policies purchased for 180 days or more: \$1,000 Maximum SubLimit per Coverage Period.</p>	<p>Quick Trip Home Country: Coverage: 14 days cumulative Home Country Coverage, subject to 90 day minimum Policy purchase.</p>	<p>Lost Checked Luggage: \$500 Maximum Sub-Limit per Coverage Period (Not subject to Deductible or Coinsurance).</p>	<p>Optional Extreme Sports Rider: \$50,000 Maximum Sub-Limit per Coverage Period.</p>
<p>Emergency Medical Evacuation: Up to the Policy Maximum Limit. Up to \$25,000 when provided under the Sudden Onset of Pre-existing Condition benefit.</p>	<p>Return of Minor Child: \$50,000 Maximum Sub-Limit.</p>	<p>Trip Delay / Missed Connection: \$100 Maximum Sub-Limit per day (2 days Maximum), after a 12-hour delay period.</p>	<p>Quick Trip Home Country Coverage (End of Trip): 15 days Free with a policy purchased for 180 day or more or 30 days Free with a policy purchased for 364 days.</p>
<p>Return of Mortal Remains: \$50,000 Maximum Sub-Limit.</p>	<p>Urgent Care Services: \$35.00 Copayment per visit, Subject to Coinsurance. Not subject to the Deductible.</p>	<p>Emergency Reunion: \$50,000 Maximum Sub-Limit.</p>	<p>Third Party Liability: \$500 Maximum Sub-Limit.</p>
<p>Complications of Pregnancy: Up to 26 weeks gestation. Usual, Reasonable and Customary charges.</p>	<p>Trip Interruption: Up to \$1,000 Sub-Limit per Coverage Period (Not subject to Deductible)</p>	<p>Terrorism: \$50,000 Maximum Sub-Limit; Medical expenses only.</p>	<p>Political Evacuation: \$20,000 Maximum Sub-Limit (Not subject to Deductible or Coinsurance). As defined in the Policy.</p>

Common Carrier Accidental Death (Not subject to Deductible or Coinsurance):

- Participating Member age 18 and older, \$50,000 Principle Sum;
- Participating Member under age 18, \$30,000 Principle Sum;
- \$250,000 Maximum Principal Sum Benefit any one family

Accidental Death and Dismemberment (AD&D) Participating Members age 18 and older (Not subject to the Deductible or Coinsurance):

- Up to \$30,000 Maximum Principal Sum;
- Death of Insured Person= \$30,000;
- Death of Spouse= \$20,000;
- Death of Child(ren) = \$6,000;
- Loss of 2 or more Limbs or Loss of sight in both eyes= \$30,000;
- Loss of 1 Limb or Loss of sight in one eye= \$15,000;
- Age 70-74 benefits are reduced by 50%;
- Age 75+ benefits are reduced by an additional 50%;
- \$250,000 Maximum Principal Sum Benefit any one family

Accidental Death and Dismemberment (AD&D) Participating Members under the age 18: (Not subject to the Deductible or Coinsurance):

- Up to \$6,000 Maximum Principal Sum;
- Death of Insured Person= \$6,000;
- Loss of 2 or more Limbs or Loss of sight in both eyes= \$6,000;
- Loss of 1 Limb or Loss of sight in one eye= \$3,000;
- \$250,000 Maximum Principal Sum Benefit any one family.

Rental Car Deductible Reimbursement:

Up to \$500 Maximum Sub-Limit. Not subject to Deductible.

Injury Resulting from Sports:

\$10,000 Maximum Sub-Limit per Coverage Period.

Bedside Visit (Outside the US only):

Up to \$1,000 Maximum Sub-Limit. Participating Member must be Hospitalized for at least 5 days. Reimbursement only.

**This is a consolidated description of Benefits and Limits. A full version of the Evidence of Insurance or Master Policy with a complete list of Benefits, Conditions, Limitations and Exclusions is available upon request.*