

# SCHEDULE OF BENEFITS & COVERED SERVICES

| Age 14 days to Age 69   | Plan A   | Plan B   | Plan C   | Plan D   | Plan E  |
|---|--|--|--|--|---|
|   | \$25,000 Max per Injury/Sickness   | \$45,000 Max per Injury/Sickness   | \$65,000 Max per Injury/Sickness   | \$85,000 Max per Injury/Sickness   | \$120,000 Max per Injury/Sickness   |
| <b>INPATIENT</b>  |  |  |  |  |   |
| <b>Hospital Room &amp; Board Including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous</b> | Up to \$910/day, 30 day max  | Up to \$1,260/day, 30 day max  | Up to \$1,565/day, 30 day max  | Up to \$1,725/day, 30 day max  | Up to \$2,340/day, 30 day max   |
| <b>Hospital Intensive Care Unit</b>   | Add'l \$430/day, 8 day max   | Add'l \$595/day, 8 day max   | Add'l \$720/day, 8 day max   | Add'l \$790/day, 8 day max   | Add'l \$1020/day, 8 day max   |
| <b>Surgical Treatment</b>   | Up to \$2,150  | Up to \$2,970  | Up to \$3,960  | Up to \$4,840  | Up to \$6,600   |
| <b>Anesthetist</b>  | Up to \$500  | Up to \$740  | Up to \$990  | Up to \$1,210  | Up to \$1,650   |
| <b>Assistant Surgeon</b>  | Up to \$500  | Up to \$740  | Up to \$990  | Up to \$1,210  | Up to \$1,650   |
| <b>Physician's Non-Surgical Visits</b>  | Up to \$40/visit, 1/day, 30 visits max   | Up to \$60/visit, 1/day, 30 visits max   | Up to \$65/visit, 1/day, 30 visits max   | Up to \$75/visit, 1/day, 30 visits max   | Up to \$100/visit, 1/day, 30 visits max   |
| <b>A Consulting Physician, when requested by attending Physician</b>  | Up to \$350  | Up to \$405  | Up to \$465  | Up to \$485  | Up to \$600   |
| <b>Private Duty Nurse</b>   | Up to \$400  | Up to \$495  | Up to \$550  | Up to \$550  | Up to \$660   |
| <b>Pre-Admission Tests within 7 days before Hospital admission</b>  | Up to \$750  | Up to \$990  | Up to \$1,100  | Up to \$1,100  | Up to \$1,100   |
| <b>OUTPATIENT</b>   |  |  |  |  |   |
| <b>Surgical Treatment</b>   | Up to \$2,150  | Up to \$2,970  | Up to \$3,960  | Up to \$4,840  | Up to \$6,600   |
| <b>Anesthetist</b>  | Up to \$500  | Up to \$740  | Up to \$990  | Up to \$1,210  | Up to \$1,650   |
| <b>Assistant Surgeon</b>  | Up to \$500  | Up to \$740  | Up to \$990  | Up to \$1,210  | Up to \$1,650   |
| <b>Physician's Non-Surgical / Urgent Care Visits</b>  | Up to \$50/visit, 1/day, 10 visits max   | Up to \$60/visit, 1/day, 10 visits max   | Up to \$65/visit, 1/day, 10 visits max   | Up to \$75/visit, 1/day, 10 visits max   | Up to \$100/visit, 1/day, 10 visits max   |
| <b>Diagnostic X-rays &amp; Lab Services</b>   | Up to \$295 - Additional \$250- One CAT scan, PET scan or MRI  | Up to \$405 - Additional \$250 - One CAT scan, PET scan or MRI   | Up to \$465 - additional \$375 - One CAT scan, PET scan or MRI   | Up to \$485 - Additional \$450 - One CAT scan, PET scan or MRI   | Up to \$600 - Additional \$500 - One CAT scan, PET scan or MRI  |
| <b>Hospital Emergency Room (all expenses incurred therein)</b>  | Up to \$215  | Up to \$295  | Up to \$395  | Up to \$465  | Up to \$660   |
| <b>Prescription Drugs</b>   | Up to \$150 Per Coverage Period  | Up to \$250 Per Coverage Period  | Up to \$125 Per Coverage Period  | Up to \$135 Per Coverage Period  | Up to \$180 Per Coverage Period   |
| <b>Outpatient Surgical Facility</b>   | Up to \$750  | Up to \$900  | Up to \$1,030  | Up to \$1,070  | Up to \$1,320   |
| <b>OTHER TREATMENT &amp; SERVICES</b>   |  |  |  |  |   |
| <b>Ambulance Services</b>   | Up to \$295  | Up to \$450  | Up to \$450  | Up to \$475  | Up to \$475   |
| <b>Initial Orthopedic Prosthesis/brace</b>  | Up to \$715  | Up to \$990  | Up to \$1,160  | Up to \$1,240  | Up to \$1,560   |
| <b>Chemotherapy and/or radiation therapy</b>  | Up to \$715  | Up to \$990  | Up to \$1,175  | Up to \$1,275  | Up to \$1,620   |
| <b>Dental Treatment for Injury to Sound, Natural Teeth</b>  | Up to \$360  | Up to \$550  | Up to \$550  | Up to \$550  | Up to \$550   |
| <b>Mental &amp; Nervous Disorder &amp; Substance Abuse</b>  | Same as any Sickness   |  |  |  |   |
| <b>Physiotherapy</b>  | Up to \$30/visit, 1/day, 12 visits max   | Up to \$40/visit, 1/day, 12 visits max   | Up to \$40/visit, 1/day, 12 visits max   | Up to \$40/visit, 1/day, 12 visits max   | Up to \$40/visit, 1/day, 12 visits max  |
| <b>Emergency Evacuation</b>   | \$50,000   |  |  |  |   |
| <b>Extended Care Facility</b>   | Covered under the Hospital Room & Board  |  |  |  |   |
| <b>Return of Remains/Local Cremation and Burial</b>   | \$25,000/\$5,000   |  |  |  |   |
| <b>Common Carrier AD&amp;D Principal Sum</b>  | \$25,000   |  |  |  |   |
| <b>Acute Onset of Pre-existing Condition(s) (per coverage period)</b>   | \$25,000 for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 for Emergency Medical Evacuation. | \$45,000 for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 for Emergency Medical Evacuation. | \$65,000 for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 for Emergency Medical Evacuation. | \$85,000 for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 for Emergency Medical Evacuation. | \$120,000 for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 for Emergency Medical Evacuation. |

If you turn 70 years old during the purchased coverage period, the 70 and over benefit schedule becomes effective on the day you turn 70. If you have the \$25,000 or \$45,000 per injury or sickness plan maximum, you will receive the \$40,000 per injury or sickness schedule for age 70 and older. If you have the \$65,000 or \$85,000 per injury or sickness plan maximum, you will receive the \$60,000 per injury or sickness schedule for age 70 and older. If you have the \$120,000 per injury or sickness plan maximum, you will receive the \$100,000 per injury or sickness schedule for age 70 and older.

## SCHEDULE OF BENEFITS & COVERED SERVICES (CONTINUED)

| Age 70 to Age 99  | Plan J  | Plan K  | Plan L  |
|---|---|---|---|
|   | \$40,000 Max per Injury/Sickness                                  | \$60,000 Max per Injury/Sickness                                  | \$100,000 Max per Injury/Sickness                                 |
| <b>INPATIENT</b>  |   |   |   |
| Hospital Room & Board including miscellaneous                 | Up to \$870/day, 30 day max                                       | Up to \$1,260/day, 30 day max                                     | Up to \$2,050/day, 30 day max                                     |
| Hospital Intensive Care Unit                                  | Additional \$380/day, 8 day max                                   | Additional \$550/day, 8 day max                                   | Additional \$900/day, 8 day max                                   |
| Surgical Treatment  | Up to \$2,285   | Up to \$3,300   | Up to \$5,365   |
| Anesthetist   | Up to \$570   | Up to \$825   | Up to \$1,340   |
| Assistant Surgeon   | Up to \$570   | Up to \$825   | Up to \$1,340   |
| Physician's Non-Surgical Visits                               | Up to \$45/visit, 1/day, 30 visits max                            | Up to \$65/visit, 1/day, 30 visits max                            | Up to \$100/visit, 1/day, 30 visits max                           |
| A Consulting Physician, when requested by attending Physician | Up to \$330   | Up to \$480   | Up to \$780   |
| Private Duty Nurse  | Up to \$375   | Up to \$450   | Up to \$880   |
| Pre-Admission Tests w/in 7 days before Hospital admission     | Up to \$775   | Up to \$775   | Up to \$1,500   |
| <b>OUTPATIENT</b>   |   |   |   |
| Surgical Treatment  | Up to \$2,285   | Up to \$3,300   | Up to \$5,365   |
| Anesthetist   | Up to \$570   | Up to \$825   | Up to \$1,340   |
| Assistant Surgeon   | Up to \$570   | Up to \$825   | Up to \$1,340   |
| Physician's Non-Surgical / Urgent Care Visits                 | Up to \$45/visit, 1/day, 10 visits max                            | Up to \$65/visit, 1/day, 10 visits max                            | Up to \$100/visit, 1/day, 10 visits max                           |
| Diagnostic X-rays & Lab Services                              | Up to \$330 - Additional \$250<br>- One CAT scan, PET scan or MRI | Up to \$480 - additional \$300<br>- One CAT scan, PET scan or MRI | Up to \$780 - additional \$300<br>- One CAT scan, PET scan or MRI |
| Hospital Emergency Room (all expenses incurred therein)       | Up to \$208   | Up to \$300   | Up to \$480   |
| Prescription Drugs (per coverage period)                      |   | Up to \$250   |   |
| Outpatient Surgical Facility                                  | Up to \$705   | Up to \$1,020   | Up to \$1,660   |
| <b>OTHER TREATMENT AND SERVICES</b>                           |   |   |   |
| Ambulance Services  | Up to \$450   | Up to \$450   | Up to \$880   |
| Initial Orthopedic Prosthesis/brace                           | Up to \$705   | Up to \$1,020   | Up to \$1,660   |
| Chemotherapy and/or radiation therapy                         | Up to \$705   | Up to \$1,020   | Up to \$1,660   |
| Dental Treatment for Injury to Sound, Natural Teeth           | Up to \$550   | Up to \$550   | Up to \$1,075   |
| Mental & Nervous Disorder & Substance Abuse                   | Same as any Sickness  |   |   |
| Physiotherapy   | Up to \$40/visit, 1/day, 12 visits max                            | Up to \$40/visit, 1/day, 12 visits max                            | Up to \$80/visit, 1/day, 12 visits max                            |
| Extended Care Facility  | Covered under the Hospital Room & Board benefit                   |   |   |
| Emergency Evacuation  | \$50,000  |   |   |
| Return of Remains/Local Cremation/Burial                      | \$25,000/\$5,000  |   |   |

### IMPORTANT INFORMATION

The information concerning Inbound® Guest is not intended to be an offer to sell Inbound Guest or a solicitation by Seven Corners, Inc. or Lloyd's of London in any jurisdiction where any such sale would be unlawful or in which Seven Corners or Lloyd's of London are not qualified to do so.

**PROOF OF YOUR COVERAGE** - When you purchase coverage, you will receive an email from Seven Corners with your virtual ID card and a link to the plan document. It is the legal document which explains the benefits and provisions of the plan in detail.

### LOCATION RESTRICTIONS

**State Restrictions:** We cannot accept an address in Maryland, New York, South Dakota, Colorado, and Washington state.

**Country Restrictions:** We cannot accept an address in Australia, Canada, Islamic Republic of Iran, Switzerland, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

**CLAIM SUBMISSION** - Filing a claim is easy. When you receive treatment, send the itemized bills to Seven Corners within 90 days via e-mail, fax, or postal mail along with a completed Proof of Loss form (available online). Contact information is provided in your plan document. Please retain your original bills if there is a need for verification. Eligible bills are automatically converted from local currencies to U.S. dollars. For more details, contact the Seven Corners Claim Department.