## Atlas MultiTrip Schedule of Benefits and Limits

December 1987  December 2009  Description and 1987  December 2009	PLAN DETAILS	
Discretion of Province of Temporal Conference of Temporal Conference of Province of Provin	Deductible	\$250 per covered trip
Constance—Calmen incorrect in U.S.  Our of Bretwick Payment  Our of Bre	Overall Maximum Limit	
Outcomessance Camer incurred and select U.S.  We village you (10% of selegible persons are not beducible), or incurred meaning minute.  Select II  We village you (10% of selegible persons are subdict to deductible, colonsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.  Select II  We village to the colon and Board Average semi-private room rate, including ruring services.  Colon and Board Average semi-private room rate, including ruring services.  Colon for the ruring person of the ruring services and are personally and the colon and personal responsibility.  We will be semi-private room rate, including ruring services.  Colon for the ruring personal of the personal response of the ruring personal responsibility of the ruring personal responsibility.  Visit and the ruring personal responsibility of the ruring personal responsibility of a SSO on payment for such and of recognizing your of the ruring personal responsibility.  Visit and the ruring personal responsibility of a SSO on payment of such and the ruring personal ruring services.  Colon subject to deductible.  Colon subject to deductible or a SSO on payment or such and of ruring personal ruring and personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or colonsura	Coinsurance – Claims incurred in U.S.	
Outcomessance Camer incurred and select U.S.  We village you (10% of selegible persons are not beducible), or incurred meaning minute.  Select II  We village you (10% of selegible persons are subdict to deductible, colonsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.  Select II  We village to the colon and Board Average semi-private room rate, including ruring services.  Colon and Board Average semi-private room rate, including ruring services.  Colon for the ruring person of the ruring services and are personally and the colon and personal responsibility.  We will be semi-private room rate, including ruring services.  Colon for the ruring personal of the personal response of the ruring personal responsibility of the ruring personal responsibility.  Visit and the ruring personal responsibility of the ruring personal responsibility of a SSO on payment for such and of recognizing your of the ruring personal responsibility.  Visit and the ruring personal responsibility of a SSO on payment of such and the ruring personal ruring services.  Colon subject to deductible.  Colon subject to deductible or a SSO on payment or such and of ruring personal ruring and personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or a SSO on payment or such and ruring personal ruring services.  Colon subject to deductible or colonsura	In-Network Payment	Within the PPO: We will pay 100% of eligible expenses, after the deductible, to the overall maximum limit
Eligible expenses are subject to deductible, colonsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.  **PORTIFICATION**  **PORTIFIC		Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.
Library In Control Champ and David  Aprend Care Control Claims included in U.S.  The control Champ incurred in U.S.  The control Champion in U.S.  The contr	Coinsurance – Claims incurred outside U.S.	We will pay 100% of eligible expenses after the deductible up to the overall maximum limit.
Average some planet room and Board cook   Average some planets room table, including nursing sources.	Eligible expenses are subject to deductible, coins	urance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.
Local Ambulance Usas (Freehouse) and castomary charges, when covered times or injury restalts in happatization as injusted.  Transmission Care Center- Claims incurred in U.S.  To a shall be responsible for a \$200 co-payment for each use of emergency morn for an illness unless you are admitted to the property of the control of the cont	BENEFIT LIMIT	
Local Ambulance Usas (Freehouse) and castomary charges, when covered times or injury restalts in happatization as injusted.  Transmission Care Center- Claims incurred in U.S.  To a shall be responsible for a \$200 co-payment for each use of emergency morn for an illness unless you are admitted to the property of the control of the cont	Hospital Room and Board	Average semi-private room rate, including nursing services.
For suppress, Planom Corporation Chaires incurred in U.S.  Valuability to responsible for a \$500 co payment for each use of emergency room for an illness unless you are admitted to the properties of the propert	Local Ambulance	
Impent Care Center-Claims incurred in U.S.  Ingent Care Center-Claims incurred in U.S.  Ingent Care Center-Claims incurred in U.S.  For each visit, you shall be responsible for a 580 coparment, after which coinsurance will apply.  - Co-payment is valved for members with a 30 deductible.  - Dutpetient Physical Therapy and Chrisppactic Care  - Up to 550 maximum per day. Must be ordered in advance by a physician.  - Acute Omest of Phre substing Condition (wooddes chronic brambers) and congenitor controls for My variable to the members with a 30 deductible or consumance and a spatio.  - Up to the overall faculty of the Condition of the My variable to the Condition of the Condition of the Condition of C	Intensive Care Unit	Up to the overall maximum limit
Jugent Care Center-Claims incurred in U.S.  Occayament is warved for members with a \$0 deductible.  - not subject to deductible.  - not subject to deductible.  Outpatient Physical Therapy and Chiroproactic Care  Undoes Great of Re-existing Condition leadures chronic and congenital conditions in your wailable to members and reage?  Undoes Great of Re-existing Condition leadures chronic and congenital conditions in your wailable to members and reage?  Undoes Great of Re-existing Condition leadures chronic and congenital conditions in your wailable to members and reage?  Undoes Great of Re-existing Condition leadures chronic and the second of the second o	Emergency Room Co-payment –Claims incurred in U.S.	
Acute Onset of Pre-existing Condition lexiculdes chronic and congenital conditions (any wallable to members of make a part)  Indicate Specific Conditions (any wallable to members of a pain)  Up to \$3930 not subject to deductible or coinsurance  Up to \$3900 under the deductible or coinsurance  Up to \$3000 under the pain was maximum immt  \$75,000 under specific Conditions  Up to \$3000 under the deductible or coinsurance  Up to \$3000 under the pain was maximum immt  Synthesis Conditions  Up to \$3000 under the pain was maximum immt  Appeal and demotry  Experiment (Minior Children  10 to \$3000 under the pain was maximum, except as provided under Acute Onset of Pre-existing Condition  - not subject to deductible, or coinsurance  Settland Children  10 to \$3000 under the pain of the	Urgent Care Center- Claims incurred in U.S.	For each visit, you shall be responsible for a \$50 co-payment, after which coinsurance will apply.  – Co-payment is waived for members with a \$0 deductible.
und congenital conditional (only available to members and reagrapy) mergency Dental facute onset of plani   Up to \$5260 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$5260 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$5000 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$1,000,000 lifesime maximum (more to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$1,000 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$1,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or	Outpatient Physical Therapy and Chiropractic Care	Up to \$50 maximum per day. Must be ordered in advance by a physician.
und congenital conditional (only available to members and reagrapy) mergency Dental facute onset of plani   Up to \$5260 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$5260 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$5000 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$1,000,000 lifesime maximum (more to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$1,000 - not subject to deductable or coinsurance   With Chee Poliphic Medical Expenses   Up to \$1,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or coinsurance   Without Christian   Up to \$5,000 - not subject to deductable or		
All Other Fliobbe Medical Evacuation  MRESCREVYTRAVEL ENKETTS  MINIT  Emergency Medical Evacuation  - 10 13 1,000 000 lifetime maximum, except as provided under Acute Onert of Pre-existing Condition - 10 1,000 on 10 1,000	Acute Onset of Pre-existing Condition (excludes chronic and congenital conditions) (only available to members under age70)	
Emergency Medical Evacuation Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition -not subject to deductible, coinsurance, or overall maximum limit tospital Indemnity \$100 per day of inpastent hospital placet to deductible or coinsurance Pet Return Up to \$5,000 - not subject to deductible or coinsurance Pet Return Up to \$5,000 - not subject to deductible or coinsurance Pepatriation of Remains Up to the overall maximum limit -not subject to deductible or coinsurance Perspective of the control of the coverall maximum limit -not subject to deductible or coinsurance Perspective of the coverall maximum limit -not subject to deductible or coinsurance Perspective of the coverall maximum limit -not subject to deductible or coinsurance Perspective of the coverall maximum limit -not subject to deductible or coinsurance Perspective of the coverall maximum of 16 days -not subject to deductible or coinsurance Perspective of the coverall perspective of the coverall perspective of the coverall perspective of the coverally perspective of the perspective of the coverally pe	Emergency Dental (acute onset of pain)	Up to \$250 - not subject to deductible or coinsurance
Emergency Medical Evacuation Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition -not subject to deductible, or coinsurance	All Other Eligible Medical Expenses	Up to the overall maximum limit
- not subject to deductible, coinsurance, or overall maximum limit  - not subject to deductible, coinsurance, or overall maximum limit  - stop and stylent of large to the deductible or coinsurance  - tentur of Minor Children  - Up to \$50,000 - not subject to deductible or coinsurance  - tentur of Up to \$50,000 - not subject to deductible or coinsurance  - tentur of Up to \$50,000 - not subject to deductible or coinsurance  - tentur of Up to \$50,000 - not subject to deductible or coinsurance  - tentur of Up to \$50,000 - not subject to deductible or coinsurance  - tentur of 15 days - not subject to deductible or coinsurance  - tentur	EMERGENCYTRAVEL BENEFITS	
Return of Minor Children  Up to \$10,000 - not subject to deductible or coinsurance  Pet Return  Up to \$10,000 - not subject to deductible or coinsurance  Repatriation of Remains  Up to \$50,000 - subject to a maximum first and subject to deductible or coinsurance  Up to \$50,000 - subject to a maximum of 15 days - not subject to deductible or coinsurance  Very to \$50,000 - subject to deductible or coinsurance  Up to \$50,000 - subject to deductible or coinsurance, or overall maximum limit  Up to \$50,000 - subject to deductible or coinsurance, or overall maximum limit  Up to \$50,000 - subject to deductible, coinsurance, or overall maximum limit  Up to \$50,000 - subject to deductible, coinsurance, or overall maximum limit  Up to \$50,000 - subject to deductible, coinsurance, or overall maximum limit  Up to \$50,000 - subject to deductible, coinsurance,	Emergency Medical Evacuation	
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Repatriation of Remains Up to the overall maximum limit -not subject to deductible or coinsurance University Reunion Up to \$50,000, subject to a maximum of 15 days -not subject to deductible or coinsurance Up to \$50,000 and subject to deductible or coinsurance or overall maximum limit Up to \$50,000 and subject to deductible or coinsurance, or overall maximum limit Up to \$50,000 and subject to deductible or coinsurance, or overall maximum limit Up to \$50,000 and subject to deductible or coinsurance, or overall maximum limit Up to \$50,000 and subject to deductible or coinsurance, or overall maximum limit Up to	Return of Minor Children	Up to \$50,000 -not subject to deductible or coinsurance
Emergency Reunion Up to \$50,000, subject to a maximum of 15 days -not subject to deductible or coinsurance Vatural Disaster - Replacement Accommodations Up to \$100 a day for 5 days -not subject to deductible or coinsurance Fine Interruption Up to \$5000 -not subject to deductible or coinsurance or coinsura	Pet Return	Up to \$1,000 - not subject to deductible or coinsurance
Up to \$100 a day for 5 days - not subject to deductible or coinsurance	Repatriation of Remains	Up to the overall maximum limit -not subject to deductible or coinsurance
Tip Interruption	Emergency Reunion	Up to \$50,000, subject to a maximum of 15 days -not subject to deductible or coinsurance
Up to \$100 a day after a 12-hour delay period requiring an unplanned overnight stay. Subject to a maximum of 2 days not subject to deductible or coinsurance   Option   O	Natural Disaster – Replacement Accommodations	Up to \$100 a day for 5 days -not subject to deductible or coinsurance
Indeed Dealy not subject to deductible or coinsurance on the content of the conte	Trip Interruption	Up to \$5,000 - not subject to deductible or coinsurance
ost Checked Luggage	Travel Delay	
Ages 18 through 69	Lost Checked Luggage	
Death	Political Evacuation	Up to \$10,000 lifetime maximum - not subject to deductible or coinsurance
Lifetime Maximum - \$50,000	Accidental Death & Dismemberment (excludes loss due	
Death	to Common Carrier Accident)	
Loss of 2 Limbs - \$50,000	Ages 18 through 69	
Loss of 1 Limb - \$25,000		
Under age 18  Lifetime Maximum - \$5,000 Death - \$5,000 Loss of 2 Limbs - \$5,000 Loss of 1 Limb - \$2,500  Ages 70 through 74  Lifetime Maximum - \$12,500 Death - \$12,500 Loss of 2 Limbs - \$12,500 Loss of 2 Limb - \$6,250 Lifetime Maximum - \$6,250 Lifetime Maximum - \$6,250 Loss of 1 Limb - \$6,250 Loss of 2 Limbs - \$6,250 Loss of 2 Limbs - \$6,250 Loss of 1 Limb - \$3,125 \$250,000 maximum benefit any one family or group not subject to deductible, coinsurance, or overall maximum limit  Common Carrier Accidental Death Ages 18 through 69 Under age 18 \$50,000 \$25,000 \$40,000 maximum benefit any one family or group not subject to deductible, coinsurance, or overall maximum limit  26 deside Visit Up to \$1,500 - not subject to deductible or coinsurance Crisis Response Ransom, Personal Belongings, and Crisis Response Fees and Expenses Up to \$1,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to: \$10,000 lifetime maximum \$10,000 third person injury \$10,000 third person injury \$10,000 third person property \$2,500 reget the desidence of the person property \$2,500 reget the person property		
Death - \$5,000 Loss of 2 Limbs - \$5,000 Loss of 1 Limb - \$2,500  Ages 70 through 74  Lifetime Maximum - \$12,500 Loss of 2 Limbs - \$6,250 Lifetime Maximum - \$6,250 Lifetime Maximum - \$6,250 Loss of 1 Limb - \$3,125 S250,000 maximum benefit any one family or group not subject to deductible, coinsurance, or overall maximum limit  Common Carrier Accidental Death Ages 18 through 69 S50,000 Ages 70 through 74 Ages 75 and older S6,250 Subject to a maximum of \$250,000 any one family or group not subject to deductible, coinsurance, or overall maximum limit  Drisis Response- Ransom, Personal Belongings, and Up to \$1,500 - not subject to deductible or coinsurance  Personal Liability  Drisis Response Fees and Expenses Up to \$10,000 infetime maximum S10,000 third person property S2,500 related third person property	Under age 18	
Ages 75 and older  Common Carrier Accidental Death  Ages 75 and older  Common Carrier Accidental Death  Ages 18 through 69  Under age 18  Ages 70 through 74  S10,000  S6,250  Subject to a maximum of \$250,000 any one family or group.  -not subject to deductible, coinsurance, or overall maximum limit  Crisis Response- Ransom, Personal Belongings, and Crisis Response Fees and Expenses  Up to \$10,000 third person property  \$10,000 third person property  \$250,000 not simum or property  S10,000 third person property  \$250,000 any one family or group.  -not subject to deductible, coinsurance, or overall maximum limit  Deersonal Liability  Lifetime Maximum - \$12,500  Loss of 2 Limbs - \$12,500  Loss of 2 Limbs - \$6,250  Loss of 1 Limb - \$3,125  S250,000 maximum benefit any one family or group.  -not subject to deductible, coinsurance, or overall maximum limit  Deersonal Liability  Lifetime Maximum - \$12,500  Loss of 2 Limbs - \$12,500  Loss of 2 Limbs - \$6,250  Loss of 1 Limb - \$6,250  Loss of 2 Limbs - \$6,250  Loss of 1 Limb - \$6,250  Loss of 2 Limbs - \$6	Chadrage to	Death - \$5,000 Loss of 2 Limbs - \$5,000
Death - \$12,500 Loss of 2 Limbs - \$12,500 Loss of 1 Limb - \$6,250 Lifetime Maximum - \$6,250  Ages 75 and older  Death - \$6,250 Loss of 1 Limb - \$3,125 \$250,000 maximum benefit any one family or group not subject to deductible, coinsurance, or overall maximum limit  Common Carrier Accidental Death Ages 18 through 69 S50,000 Ages 70 through 74 Ages 75 and older  Security of the accidental Death Ages 75 and older  Subject to a maximum of \$250,000 any one family or group not subject to deductible, coinsurance, or overall maximum limit  Bedside Visit  Up to \$1,500 - not subject to deductible or coinsurance  Up to \$1,500 - not subject to deductible or coinsurance  Up to \$1,500 - not subject to deductible or coinsurance  Up to \$1,500 - not subject to deductible or coinsurance  Up to \$1,500 - not subject to deductible, coinsurance, or overall maximum limit  Up to \$1,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to: \$10,000 lifetime maximum \$10,000 third person property \$2,500 related third person property \$2,500 related third person property	Ages70 through 74	
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Under age 18  Ages 70 through 74  Ages 75 and older  Sedside Visit  Up to \$1,500 - not subject to deductible, coinsurance  Crisis Response Fees and Expenses  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to: \$10,000 lifetime maximum \$10,000 third person injury \$10,000 third person property \$2,500 related third person property	Common Carrier Accidental Death	
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Subject to a maximum of \$250,000 any one family or group not subject to deductible, coinsurance, or overall maximum limit  Bedside Visit  Up to \$1,500 - not subject to deductible or coinsurance  Crisis Response Ransom, Personal Belongings, and Crisis Response Fees and Expenses  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to: \$10,000 lifetime maximum \$10,000 third person injury \$10,000 third person property \$2,500 related third person property		
- not subject to deductible, coinsurance, or overall maximum limit  Bedside Visit  Up to \$1,500 - not subject to deductible or coinsurance  Crisis Response-Ransom, Personal Belongings, and Crisis Response Fees and Expenses  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to: \$10,000 lifetime maximum \$10,000 third person injury \$10,000 third person property \$2,500 related third person property	Ages 73 and older	
Bedside Visit  Up to \$1,500 - not subject to deductible or coinsurance  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to:  10,000 lifetime maximum \$10,000 third person injury \$10,000 third person property \$2,500 related third person property		
Up to: \$10,000 - not subject to deductible, coinsurance, or overall maximum limit  Up to: \$10,000 lifetime maximum \$10,000 third person injury \$10,000 third person property \$2,500 related third person property	Bedside Visit	
\$10,000 lifetime maximum \$10,000 third person injury \$10,000 third person property \$2,500 related third person property	Crisis Response- Ransom, Personal Belongings, and Crisis Response Fees and Expenses	Up to \$10,000 - not subject to deductible, coinsurance, or overall maximum limit
Personal Liability \$10,000 third person injury \$10,000 third person property \$2,500 related third person property		
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