

# Atlas MultiTrip Schedule of Benefits and Limits

PLAN DETAILS	
Deductible	\$250 per covered trip
Overall Maximum Limit	\$1,000,000
Coinsurance – Claims incurred in U.S.	
In-Network Payment	Within the PPO: We will pay 100% of eligible expenses, after the deductible, to the overall maximum limit
Out-of-Network Payment	Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.
Coinsurance – Claims incurred outside U.S.	We will pay 100% of eligible expenses after the deductible up to the overall maximum limit.
<b>Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.</b>	
BENEFIT	LIMIT
Hospital Room and Board	Average semi-private room rate, including nursing services.
Local Ambulance	Usual, reasonable and customary charges, when covered illness or injury results in hospitalization as inpatient.
Intensive Care Unit	Up to the overall maximum limit
Emergency Room Co-payment –Claims incurred in U.S.	You shall be responsible for a \$200 co-payment for each use of emergency room for an illness unless you are admitted to the hospital. There will be no co-payment for emergency room treatment of an injury.
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. – not subject to deductible
Outpatient Physical Therapy and Chiropractic Care	Up to \$50 maximum per day. Must be ordered in advance by a physician.
Acute Onset of Pre-existing Condition (excludes chronic and congenital conditions) (only available to members under age70)	Up to the overall maximum limit \$25,000 lifetime maximum for Emergency Medical Evacuation
Emergency Dental (acute onset of pain)	Up to \$250 - not subject to deductible or coinsurance
All Other Eligible Medical Expenses	Up to the overall maximum limit
EMERGENCY TRAVEL BENEFITS	LIMIT
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
Hospital Indemnity	\$100 per day of inpatient hospitalization - not subject to deductible or coinsurance
Return of Minor Children	Up to \$50,000 -not subject to deductible or coinsurance
Pet Return	Up to \$1,000 - not subject to deductible or coinsurance
Repatriation of Remains	Up to the overall maximum limit -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
Natural Disaster – Replacement Accommodations	Up to \$100 a day for 5 days -not subject to deductible or coinsurance
Trip Interruption	Up to \$5,000 - not subject to deductible or coinsurance
Travel Delay	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
Lost Checked Luggage	Up to \$500 - not subject to deductible or coinsurance
Political Evacuation	Up to \$10,000 lifetime maximum - not subject to deductible or coinsurance
Accidental Death & Dismemberment (excludes loss due to Common Carrier Accident)	
Ages 18 through 69	Lifetime Maximum - \$50,000 Death - \$50,000 Loss of 2 Limbs - \$50,000 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
Ages70 through 74	Lifetime Maximum - \$12,500 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 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	\$50,000
Under age 18	\$25,000
Ages 70 through 74	\$12,500
Ages 75 and older	\$6,250
	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
Personal Liability	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,000