

Schedule of Benefits and Limits

Plan Details	
Overall Maximum Limit	<p>Age 80 or older: \$10,000.</p> <p>Age 65 to 79: \$50,000 or \$100,000</p> <p>All others: \$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 or \$2,000,000</p>
Maximum per Injury / Illness	<p>Age 80 or older: \$10,000.</p> <p>Age 65 to 79: \$50,000 or \$100,000</p> <p>All others: \$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000, or \$2,000,000</p>
Deductibles	\$0, \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000 per certificate period
Coinsurance	We will pay 100% of eligible expenses, after the deductible, to the overall maximum limit.

Eligible expenses are subject to **deductible**, overall maximum limit, and are per **certificate period** unless specifically indicated otherwise.

Benefit	Limit
Hospital Room and Board	Average semi-private room rate, including nursing services
Intensive Care Unit	Up to the overall maximum limit
Local Ambulance	Usual, reasonable and customary charges, only when covered illness or injury results in hospitalization as inpatient.
Emergency Room Co-payment	<p><u>Claims incurred in the U.S.</u></p> <p>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.</p> <p><u>Claims incurred outside the U.S.</u></p> <p>No co-payment</p>
Urgent Care Center Co-payment	<p><u>Claims incurred in the U.S.</u></p> <p>For each visit, you shall be responsible for a \$15 co-</p>

	<p>payment.</p> <ul style="list-style-type: none"> – Co-payment is waived for members with a \$0 deductible. – not subject to deductible <p><u>Claims incurred outside the U.S.</u></p> <p>No co-payment</p>
Outpatient Physical Therapy and Chiropractic Care	Up to \$50 maximum per day. Must be ordered in advance by a physician .
Emergency Dental (<i>Acute Onset of Pain</i>)	Up to \$300 - <i>not subject to deductible</i>
Emergency Eye Exam for a Covered Loss	Up to \$150. \$50 deductible per occurrence (plan deductible is waived).
Acute Onset of Pre-existing Condition <i>See benefit description</i>	<p>Up to the overall maximum limit</p> <p>Up to \$25,000 lifetime maximum for Emergency Medical Evacuation</p>
Terrorism	Up to \$50,000 lifetime maximum, eligible medical expenses only
All Other Eligible Medical Expenses	Up to the overall maximum limit
Emergency Travel Benefits Limit	
Emergency Medical Evacuation	<p>Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition</p> <p>- <i>not subject to deductible or overall maximum limit</i></p>
Repatriation of Remains	Equal to the elected overall maximum limit - <i>not subject to deductible or coinsurance. This limit is for this benefit only and is not included in or subject to the overall maximum limit.</i>
Local Burial or Cremation	Up to \$5,000 lifetime maximum - <i>not subject to deductible</i>
Crisis Response - Ransom, Personal Belongings, and Crisis Response Fees and Expenses	Up to \$10,000 - <i>not subject to deductible or overall maximum limit</i>
Optional Crisis Response Rider with Natural Disaster Evacuation	<p>Up to \$90,000 per certificate period, with \$10,000 maximum for Natural Disaster Evacuation</p> <p>- <i>not subject to deductible or overall maximum limit</i></p>
Emergency Reunion	Up to \$100,000, subject to a maximum of 15 days - <i>not subject to deductible</i>

Bedside Visit	Up to \$1,500 - <i>not subject to deductible</i>
Return of Minor Children	Up to \$50,000 - <i>not subject to deductible</i>
Pet Return	Up to \$1,000 - <i>not subject to deductible</i>
Political Evacuation	Up to \$100,000 lifetime maximum - <i>not subject to deductible</i>
Trip Interruption	Up to \$10,000 - <i>not subject to deductible</i>
Common Carrier Accidental Death Ages 18 through 69 Under age 18 Ages 70 through 74 Ages 75 and older	\$50,000 \$10,000 \$25,000 \$12,500 Subject to a maximum of \$250,000 any one family or group. - <i>not subject to deductible or overall maximum limit</i>
Accidental Death & Dismemberment (<i>excludes loss due to Common Carrier Accident</i>) Ages 18 through 69 Under age 18 Ages 70 through 74 Ages 75 and older	Lifetime Maximum - \$25,000 Death - \$25,000 Loss of 2 Limbs - \$25,000 Loss of 1 Limb - \$12,500 Lifetime Maximum - \$5,000 Death - \$5,000 Loss of 2 Limbs - \$5,000 Loss of 1 Limb - \$2,500 Lifetime Maximum - \$12,500 Death - \$12,500 Loss of 2 Limbs - \$12,500 Loss of 1 Limb - \$6,250 Lifetime Maximum - \$6,250 Death - \$6,250 Loss of 2 Limbs - \$6,250 Loss of 1 Limb - \$3,125 \$250,000 maximum benefit any one family or group. - <i>not subject to deductible or overall maximum limit</i>
Optional Accidental Death & Dismemberment Rider (<i>only available to members age 18 through age 69</i>)	Lifetime Maximum - \$25,000 Death - \$25,000 Loss of 2 Limbs - \$25,000

	Loss of 1 Limb - \$12,500 - <i>not subject to deductible or overall maximum limit</i>
Lost Checked Luggage	Up to \$1,000 - <i>not subject to deductible</i>
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. - <i>not subject to deductible</i>
Lost or Stolen Passport/Travel Visa	Up to \$100 - <i>not subject to deductible</i>
Border Entry Protection	Up to \$500 if traveling on a valid B-2 visa and denied entrance at the U.S. border. - <i>not subject to deductible</i>
Natural Disaster - Replacement Accommodations	Up to \$250 a day for 5 days - <i>not subject to deductible</i>
Hospital Indemnity	\$100 per day of inpatient hospitalization - <i>not subject to deductible</i>
Personal Liability	Up to: \$25,000 lifetime maximum \$25,000 third person injury \$25,000 third person property \$2,500 related third person property - <i>not subject to deductible or overall maximum limit</i>
Optional Personal Liability Rider	Up to \$75,000 lifetime maximum - <i>not subject to deductible or overall maximum limit</i>

U.S. Preferred Provider Organization (PPO) Requirements

Nothing contained in this insurance restricts or interferes with **your** right to select the **hospital**, **physician** or other medical service provider of **your** choice. Nothing contained in this insurance restricts or interferes with the relationship between **you** and the **hospital**, **physician** or other providers with respect to treatment or care of any condition, nor **your** right to receive, at **your** own expense, services and/or supplies that are not covered under this insurance.

To comply with the United States Preferred Provider Organization (PPO) requirements, **you** must receive medical treatment from PPO providers while in the United States. If **you** receive treatment from a PPO provider, **we** will remit payment for eligible expenses directly to the provider.