

BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses	
Period of Coverage	5 days up to 12 months
Benefit Period <ul style="list-style-type: none"> Charges incurred in the United States are not eligible for coverage during the Benefit Period Refer to the BENEFIT PERIOD provision for further details and requirements 	3 months
Period of Coverage limit <ul style="list-style-type: none"> As indicated on the Declaration 	<ul style="list-style-type: none"> Through age 64: \$100,000
Area of Coverage	Worldwide excluding the Insured Person's Country of Residence and the United States
Deductible for Eligible Medical Expenses	
Deductible	\$0 per Insured Person as indicated on the Declaration
Coinsurance for Eligible Medical Expenses	
Coinsurance <ul style="list-style-type: none"> In addition to Deductible 	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$0
Pre-certification	
<ul style="list-style-type: none"> Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Deductible is taken after reduction. Coinsurance is applied to remainder of the reduced amount. Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification. 	
Pre-existing Conditions	
Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.	
Acute Onset of Pre-existing Conditions	
Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Acute Onset of Pre-existing Conditions <ul style="list-style-type: none"> Insured Person must be under 70 years of age Refer to the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision for further details and requirements 	United States citizens: <ul style="list-style-type: none"> Age 64 and under without a Primary Health Plan: <ul style="list-style-type: none"> Maximum Limit: \$20,000 Age 64 and under with a Primary Health Plan: <ul style="list-style-type: none"> Up to the Period of Coverage limit Age 65 through age 69: <ul style="list-style-type: none"> Maximum Limit: \$2,500

Acute Onset of Pre-existing Conditions Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Acute Onset of Pre-existing Conditions <ul style="list-style-type: none"> Insured Person must be under 70 years of age Refer to the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision for further details and requirements 	Non-United States citizens: <ul style="list-style-type: none"> Age 69 and under: <ul style="list-style-type: none"> Up to the Period of Coverage limit or \$1,000,000 (whichever is lower)
Emergency Medical Evacuation <ul style="list-style-type: none"> Arises or results directly from a covered Acute Onset of a Pre-existing Condition Insured Person must be under 70 years of age 	<ul style="list-style-type: none"> Maximum Limit: \$25,000
Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Benefit	Coinsurance
Eligible Medical Expenses	100%
Physician Visits / Services	100%
Urgent Care Clinic <ul style="list-style-type: none"> Not subject to Deductible Copayment: \$25 Copayment is not applicable if the Declaration states a \$0 Deductible 	100%
Walk-in Clinic <ul style="list-style-type: none"> Not subject to Deductible Copayment: \$15 Copayment is not applicable if the Declaration states a \$0 Deductible 	100%
Hospital Emergency Room	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> Average semi-private room rate Includes nursing services, miscellaneous and Ancillary services 	100%
Intensive Care	100%
Bedside Visit <ul style="list-style-type: none"> Not subject to Deductible Maximum Limit: \$1,500 Hospitalized in an Intensive Care Unit Refer to the BEDSIDE VISIT provision for further details 	100%
Outpatient Surgical / Hospital Facility	100%
Laboratory	100%
Radiology / X-ray	100%
Chemotherapy / Radiation Therapy	100%
Pre-admission Testing	100%

Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Benefit	Coinsurance
Surgery	100%
Reconstructive Surgery <ul style="list-style-type: none"> Surgery is incidental to and follows Surgery that was covered under the plan 	100%
Assistant Surgeon <ul style="list-style-type: none"> 20% of the primary surgeon's eligible fee 	100%
Anesthesia	100%
Durable Medical Equipment	100%
Chiropractic Care <ul style="list-style-type: none"> Medical order or Treatment plan required 	100%
Physical Therapy <ul style="list-style-type: none"> Medical order or Treatment plan required 	100%
Extended Care Facility <ul style="list-style-type: none"> Upon direct transfer from an acute care Facility 	100%
Home Nursing Care <ul style="list-style-type: none"> Provided by a Home Health Care Agency Upon direct transfer from an acute care Facility 	100%
Prescription Drugs and Medication Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
The following Prescription Drugs and Medication Maximum Limit accumulates toward the plan Maximum Limit per Period of Coverage	
Prescription Drugs and Medication <ul style="list-style-type: none"> Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits Dispensing maximum for Retail Pharmacy: 90 days per prescription 	100% If the Certificate of Insurance Maximum Limit is \$10,000, \$50,000 or \$100,000, the Prescription Drugs and Medications limit is up to the plan Maximum Limit If the Certificate of Insurance Maximum Limit is \$500,000 or \$1,000,000, the Prescription Drugs and Medications Maximum Limit is up to \$250,000 per Period of Coverage
Emergency Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Emergency Local Ambulance <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Injury Illness resulting in an Inpatient Hospital admission 	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> Maximum Limit: \$1,000,000 Approved in advance and coordinated by the Company 	100%

Emergency Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit																
Benefit	Coinsurance															
Emergency Reunion <ul style="list-style-type: none"> Maximum Limit: \$100,000 Maximum days: 15 Meal maximum per day: \$25 Reasonable and necessary travel costs and accommodations Approved in advance by the Company 	100%															
Interfacility Ambulance Transfer <ul style="list-style-type: none"> Transfer must be a result of an Inpatient Hospital admission 	100%															
Natural Disaster Evacuation <ul style="list-style-type: none"> Maximum Limit: \$25,000 Approved in advance by the Company 	100%															
Political Evacuation and Repatriation <ul style="list-style-type: none"> Maximum Limit: \$100,000 Approved in advance by the Company 	100%															
Remote Transportation <ul style="list-style-type: none"> Maximum Limit: \$20,000 Limit: \$5,000 Approved in advance by the Company 	100%															
Return of Minor Children <ul style="list-style-type: none"> Maximum Limit: \$100,000 Approved in advance by the Company 	100%															
Return of Mortal Remains <ul style="list-style-type: none"> Up to the Period of Coverage limit Local Burial / Cremation Maximum Limit: \$5,000 Return of Insured Person's Mortal Remains to Country of Residence Approved in advance by the Company 	100%															
Other Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit																
Accidental Death & Dismemberment <ul style="list-style-type: none"> Principal Sum Maximum Limit: \$50,000 Death must occur within 90 days of the Accident 	Accidental Death: 100% of Principal Sum															
	Dismemberment: <table> <tr> <th><u>Accidental Loss</u></th><th><u>Percent of Principal Sum</u></th></tr> <tr> <td>Sight of one eye</td><td>50%</td></tr> <tr> <td>One hand or one foot</td><td>50%</td></tr> <tr> <td>One hand and sight of one eye</td><td>100%</td></tr> <tr> <td>One foot and sight of one eye</td><td>100%</td></tr> <tr> <td>One hand and one foot</td><td>100%</td></tr> <tr> <td>Both hands or both feet</td><td>100%</td></tr> <tr> <td>Sight of both eyes</td><td>100%</td></tr> </table>	<u>Accidental Loss</u>	<u>Percent of Principal Sum</u>	Sight of one eye	50%	One hand or one foot	50%	One hand and sight of one eye	100%	One foot and sight of one eye	100%	One hand and one foot	100%	Both hands or both feet	100%	Sight of both eyes
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