

SCHEDULE OF BENEFITS

All benefits and plan rates listed in this brochure are in U.S. Dollar amounts and are per person and per coverage period, unless otherwise stated. All benefits are subject to the deductible and coinsurance unless otherwise stated.

	Plan A	Plan B	Plan C
U.S. Coverage	Included	Included	Included
Medical Maximums	\$25,000; \$50,000; \$100,000; \$250,000	\$25,000; \$50,000; \$100,000; \$250,000	\$50,000; \$100,000; \$500,000
Deductible	\$100; \$250; \$500; \$1,000; \$2,500 Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000	\$100; \$250; \$500; \$1,000; \$2,500 Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000	\$100; \$250; \$500; \$1,000; \$2,500 Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000
Physician Visits/ Urgent Care	\$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)	\$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)	\$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)
Pre-Notification	50% reduction of Eligible Medical Expenses	50% reduction of Eligible Medical Expenses	50% reduction of Eligible Medical Expenses
Misuse of Emergency Room Copayment	\$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization	\$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization	\$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization
Coinsurance	<p>Traveling Inside the United States: For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p>For Treatment received outside the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p>Traveling Outside the United States: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p>	<p>Traveling Inside the United States: For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p> <p>For Treatment received outside the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p>Traveling Outside the United States: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p>	<p>Traveling Inside the United States: For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p>For Treatment received outside the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p>Traveling Outside the United States: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p>
Prescription Drugs	Reimbursement Only, Usual, Reasonable, and Customary charges, Subject to 20% Coinsurance inside the US	Reimbursement Only, Usual, Reasonable, and Customary charges. Subject to 20% Coinsurance inside the US	Reimbursement Only, Usual, Reasonable, and Customary charges. Subject to 20% Coinsurance inside the US
Dental (Accident Coverage)	\$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident	\$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident	\$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident
Dental (Sudden Relief of Pain)	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.
Emergency Medical Evacuation/ Repatriation	\$100,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions	\$100,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions	\$500,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions
Return of Mortal Remains	\$20,000 Must be approved in advance and coordinated by Azimuth Risk Solutions	\$20,000 Must be approved in advance and coordinated by Azimuth Risk Solutions	\$50,000 Must be approved in advance and coordinated by Azimuth Risk Solutions
Local Cremation or Burial	\$5,000	\$5,000	\$5,000
Return of Minor Children	\$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions
Emergency Medical Reunion	\$15,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$15,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions	\$50,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions
Local Ambulance-Ground Benefit	Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization	Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization	Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization
Accidental Death & Dismemberment (AD&D)	\$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family	\$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family	\$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family

SCHEDULE OF BENEFITS (CONTINUED)

	Plan A	Plan B	Plan C
Common Carrier Accidental Death	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18. \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18. \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18. \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)
Loss of Checked Baggage	Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)	Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)	Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)
Durable Medical Equipment	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair
Interruption of Trip	\$5,000	\$5,000	\$5,000
Home Country Coverage	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy
Acute Onset of Pre-existing Condition	Ages up to 69: Up to lesser of Medical Maximum or \$100,000 Ages 70-79: Up to lesser of Medical Maximum or \$35,000 Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located. \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition	Ages up to 69: Up to lesser of Medical Maximum or \$100,000 Ages 70-79: Up to lesser of Medical Maximum or \$35,000 Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located. \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition	Ages up to 69: Up to the Medical Maximum Ages 70-79: Not Available Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located. \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition
Identity Theft	N/A	N/A	N/A
Hospital Indemnity	N/A	N/A	\$100 per overnight; maximum limit of 10 overnights
Political Evacuation	N/A	N/A	\$10,000; Must be approved in advance and coordinated by Azimuth Risk Solutions
Terrorism	N/A	N/A	\$50,000 Eligible Medical Expenses ONLY (Not subject to Deductible)
Natural Disaster	N/A	N/A	\$100 per day and maximum limit of 5 days for accommodations
Natural Disaster Evacuation/ Repatriation	N/A	N/A	N/A
Hospital Room & Board	Average semi-private room rate up to the medical maximum; which would include nursing services	Average semi-private room rate up to the medical maximum; which would include nursing services	Average semi-private room rate up to the medical maximum; which would include nursing services
Physiotherapy/ Physical Medicine/ Chiropractic	\$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period	\$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period	\$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period
Intensive Care	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
Surgery	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
Outpatient Medical Expenses	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
Diagnostic Procedures	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
Home Nursing Care	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum	Usual, Reasonable and Customary to the Medical Maximum
Assistance Services	Included	Included	Included
Benefit Period	180 Days	180 Days	180 Days