

# BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses	
<b>Certificate Period of Coverage</b>	<b>Maximum Limit: 365 days</b>
<b>Maximum Limit</b>	<b>\$5,000,000</b>
<b>Per Illness or Injury limit</b>	<b>Refer to the Declaration of Insurance</b>
<b>The per Illness or Injury limits accumulate towards the Maximum Limit.</b>	
Deductible for Eligible Medical Expenses	
Area of Coverage	Worldwide excluding Country of Residence
Deductible	Refer to the Declaration of Insurance
<ul style="list-style-type: none"> <li>• Per Injury or Illness</li> </ul>	
Student Health Center Copayment	\$5
<ul style="list-style-type: none"> <li>• Not subject to the per Illness/Injury Deductible</li> </ul>	
Coinsurance for Eligible Medical Expenses	
Coinsurance	Plan pays 100%
<ul style="list-style-type: none"> <li>• In addition to Deductible</li> </ul>	Insured pays 0%
Pre-certification	
<ul style="list-style-type: none"> <li>• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>• Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>• All other Treatments &amp; supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000</li> <li>• Deductible is taken after reduction.</li> <li>• Coinsurance is applied to remainder of the reduced amount.</li> <li>• Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.</li> </ul>	
Pre-existing Conditions	
<p>Charges resulting directly or indirectly from or relating to any Pre-existing Condition that existed within thirty-six (36) months prior to the Effective Date are excluded until the Insured Person has maintained twelve (12) months of continuous coverage under this insurance.</p> <ul style="list-style-type: none"> <li>• Period of Coverage Limit (after 12 months): \$500</li> <li>• Maximum Limit: \$1,500</li> </ul>	
Inpatient or Outpatient Services	
Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Benefit	Coverage
Eligible Medical Expenses	100%
Physician / Specialist Visit	100%
<ul style="list-style-type: none"> <li>• Maximum Visits per day: 1 (unless visit is for a different medical/surgical specialty)</li> </ul>	
Urgent Care	100%
<ul style="list-style-type: none"> <li>• Not subject to Deductible</li> <li>• Copayment: \$50</li> <li>• Copayment is not applicable if the Declaration states a \$0 Deductible</li> </ul>	

**Inpatient or Outpatient Services**

Subject to Deductible unless otherwise noted  
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
 Limits per Period of Coverage unless stated as Maximum Limit

Benefit	Coverage
Walk-in Clinic <ul style="list-style-type: none"> <li>• Not subject to Deductible</li> <li>• Copayment: \$20</li> <li>• Copayment is not applicable if the Declaration states a \$0 Deductible</li> </ul>	100%
Hospital Emergency Room <ul style="list-style-type: none"> <li>• Injury: Not subject to Emergency Room Deductible</li> <li>• Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission.</li> </ul>	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> <li>• Average semi-private room rate</li> <li>• Includes nursing, miscellaneous and Ancillary Services</li> </ul>	100%
Intensive Care	100%
Bedside Visit <ul style="list-style-type: none"> <li>• Not subject to Deductible</li> <li>• Maximum Limit: \$1,500</li> <li>• Hospitalized in an Intensive Care Unit</li> <li>• Refer to the BEDSIDE VISIT provision for further details</li> </ul>	100%
Outpatient Surgical / Hospital Facility	100%
Laboratory	100%
Radiology / X-ray	100%
Pre-admission Testing	100%
Surgery	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>• Surgery is incidental to or follows surgery that was covered under the plan</li> </ul>	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>• 20% of the primary surgeon's eligible fee</li> </ul>	100%
Anesthesia	100%
Durable Medical Equipment	100%
Chiropractic Care <ul style="list-style-type: none"> <li>• Medical order or Treatment plan required</li> </ul>	100%
Physical Therapy <ul style="list-style-type: none"> <li>• Maximum Visits per day: 1</li> <li>• Medical order or Treatment plan required</li> </ul>	100%
Extended Care Facility <ul style="list-style-type: none"> <li>• Upon direct transfer from acute care Hospital</li> </ul>	100%
Home Nursing Care <ul style="list-style-type: none"> <li>• Provided by a Home Health Care Agency</li> <li>• Upon direct transfer from acute care Hospital</li> </ul>	100%

<b>Prescription Drugs and Medication</b> Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage	
Benefit	Coverage
<b>The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit</b>	
<b>Prescription Drugs and Medication</b> <ul style="list-style-type: none"> <li>Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits</li> <li>Dispensing maximum for Retail Pharmacy: 90 days per prescription</li> </ul>	Period of Coverage limit: \$250,000 per person 100%
<b>Mental or Nervous / Substance Abuse</b> Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
<b>Inpatient Mental or Nervous / Substance Abuse</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$10,000</li> <li>Not covered if incurred at the Student Health Center</li> </ul>	100%
<b>Outpatient Mental and Nervous / Substance Abuse</b> <ul style="list-style-type: none"> <li>Maximum Limit per day: \$50</li> <li>Maximum Limit: \$500</li> <li>Not covered if incurred at the Student Health Center</li> </ul>	100%
<b>Emergency Services</b> NOT Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"> <li>Subject to Deductible</li> <li>Injury</li> <li>Illness resulting in a Hospitalization admission</li> </ul>	100%
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$50,000</li> <li>Must be approved in advance and coordinated by the Company</li> </ul>	100%
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$15,000</li> <li>Maximum Days: 15</li> <li>Meal Maximum per day: \$25</li> <li>Reasonable and necessary travel costs and accommodations</li> <li>Must be approved in advance by the Company</li> </ul>	100%
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>Up to the per Injury or Illness limit</li> <li>Services rendered in the United States</li> <li>Transfer must be a result of an Inpatient Hospital admission</li> </ul>	100%

<b>Emergency Services</b> NOT Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit																
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<b>Political Evacuation and Repatriation</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$10,000</li> <li>Must be approved in advance by the Company</li> </ul>	100%															
<b>Return of Mortal Remains</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$25,000</li> <li>Local Burial / Cremation at place of death               <ul style="list-style-type: none"> <li>Maximum Limit: \$5,000</li> </ul> </li> <li>Return of Insured Person's Mortal Remains to Country of Residence</li> <li>Must be approved in advance by the Company</li> </ul>	100%															
<b>Other Services</b> NOT subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit																
<b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"> <li>Principal Sum Maximum: \$25,000</li> <li>Death must occur within 90 days of the Accident</li> </ul>	<b>Accidental Death: 100% of Principal Sum</b>															
	<b>Accidental Dismemberment:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Loss</u></th> <th style="text-align: right;"><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of 1 eye</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>1 hand or 1 foot</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>1 hand and loss of sight of 1 eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>1 foot and loss of sight of 1 eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>1 hand and 1 foot</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Both hands or both feet</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Sight of both eyes</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table>	<u>Loss</u>	<u>Percent of Principal Sum</u>	Sight of 1 eye	50%	1 hand or 1 foot	50%	1 hand and loss of sight of 1 eye	100%	1 foot and loss of sight of 1 eye	100%	1 hand and 1 foot	100%	Both hands or both feet	100%	Sight of both eyes
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<b>Dental Treatment</b> <ul style="list-style-type: none"> <li>Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth)</li> <li>Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment at a Dental Provider due to an Accident)</li> </ul>	100%															
<b>Traumatic Dental Injury</b> <ul style="list-style-type: none"> <li>Subject to Deductible and Coinsurance</li> <li>Up to the Maximum Limit</li> <li>Treatment at a Hospital Facility due to an Accident</li> <li>Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%</li> </ul>	100%															
<b>Incidental Trip</b> <ul style="list-style-type: none"> <li>Maximum days: 14</li> <li>Country of Residence is outside the United States</li> <li>Refer to the INCIDENTAL TRIP provision for further details</li> </ul>	100%															
<b>Terrorism</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$50,000</li> </ul>	100%															