

BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Certificate Period of Coverage	Maximum Limit: 365 days		
Maximum Limit	\$5,000,000		
Per Illness or Injury limit	Refer to the Declaration of Insurance		
The per Illness or Injury limits accumulate towards the Maximum Limit.			
Area of Coverage	Worldwide excluding the Insured Person's Country of Residence		
Benefit Plan Features			
Benefit Levels	United States	United States	International
	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses			
Deductible • Per Illness or Injury	Refer to the Declaration of Insurance		
Coinsurance for Eligible Medical Expenses			
Coinsurance • In addition to Deductible	Plan pays 90% Insured pays 10%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$1,000	Up to the Maximum Limit	\$0
Student Health Center			
Copayment per visit • Not subject to the per Illness or Injury Deductible • Copayment is not applicable if the Declaration states a \$0 Deductible	\$5		
Coinsurance	Plan pays 100% Insured pays 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. Maximum Penalty: \$1,000 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 that existed within 36 months prior to the Effective Date are excluded until the Insured Person has maintained 12 months of continuous coverage under this insurance. <ul style="list-style-type: none"> Period of Coverage Limit (after 12 months): \$500 Maximum Limit: \$1,500 			

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	In-Network	Out-of-Network	International
Eligible Medical Expenses	90%	80%	100%
Physician / Specialist Visit <ul style="list-style-type: none"> • Maximum Visits per day: 1 (unless visit is for a different medical/surgical specialty) 	90%	80%	100%
Urgent Care <ul style="list-style-type: none"> • Not subject to Deductible • Copayment: \$50 • Copayment is not applicable if the Declaration states a \$0 Deductible 	90%	80%	100%
Walk-in Clinic <ul style="list-style-type: none"> • Not subject to Deductible • Copayment: \$20 • Copayment is not applicable if the Declaration states a \$0 Deductible 	90%	80%	100%
Hospital Emergency Room <ul style="list-style-type: none"> • Injury: Not subject to Emergency Room Deductible • Illness: Subject to a \$500 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission. 	90%	80%	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> • Average semi-private room rate • Includes nursing, miscellaneous and Ancillary Services 	90%	80%	100%
Intensive Care	90%	80%	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 	90%	80%	100%
Outpatient Surgical / Hospital Facility	90%	80%	100%
Laboratory	90%	80%	100%
Radiology / X-ray	90%	80%	100%
Pre-admission Testing	90%	80%	100%
Surgery	90%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> • Surgery is incidental to and follows Surgery that was covered under the plan 	90%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> • 20% of the primary surgeon's eligible fee 	90%	80%	100%
Anesthesia	90%	80%	100%

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	In-Network	Out-of-Network	International
Durable Medical Equipment	90%	80%	100%
Chiropractic Care • Medical order or Treatment plan required	90%	80%	100%
Physical Therapy • Maximum Visits per day: 1 • Medical order or Treatment plan required	90%	80%	100%
Extended Care Facility • Upon direct transfer from an acute care Hospital	90%	80%	100%
Home Nursing Care • Provided by a Home Health Care Agency • Upon direct transfer from an acute care Hospital	90%	80%	100%
Prescription Drugs and Medication Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage			
The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit			
Prescription Drugs and Medication • Period of Coverage limit: \$250,000 per person • Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits • Dispensing maximum for Retail Pharmacy: 90 days per prescription	Not Applicable	90%	100%
Mental or Nervous / Substance Abuse 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			
Inpatient Mental or Nervous / Substance Abuse • Maximum Limit: \$10,000 • Not covered if incurred at the Student Health Center	90%	80%	100%
Outpatient Mental or Nervous / Substance Abuse • Maximum Limit per day: \$50 • Maximum Limit: \$500 • Not covered if incurred at the Student Health Center	90%	80%	100%

Emergency Services			
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			
Benefit	In-Network	Out-of-Network	International
Emergency Local Ambulance <ul style="list-style-type: none"> • Subject to Deductible • Injury • Illness resulting in a Hospitalization admission 	100%	100%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> • Maximum Limit: \$50,000 • Must be approved in advance and coordinated by the Company 	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> • Maximum Limit: \$15,000 • Maximum Days: 15 • Meal Maximum per day: \$25 • Reasonable and necessary travel costs and accommodations • Must be approved in advance by the Company 	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> • Up to the per Injury or Illness limit • Services rendered in the United States • Transfer must be a result of an Inpatient Hospital admission 	100%	100%	Not Applicable
Political Evacuation and Repatriation <ul style="list-style-type: none"> • Maximum Limit: \$10,000 • Must be approved in advance by the Company 	100%	100%	100%
Repatriation for Medical Treatment <ul style="list-style-type: none"> • Maximum Benefit: \$100,000 • Approved in advance and coordinated by the Company • Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details 	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> • Maximum Limit: \$25,000 • Local Burial / Cremation at place of death <ul style="list-style-type: none"> ○ Maximum Limit: \$5,000 • Return of Insured Person's Mortal Remains to Country of Residence • Must be approved in advance by the Company 	100%	100%	100%

Other Services

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

Benefit	In-Network	Out-of-Network	International																
Accidental Death & Dismemberment <ul style="list-style-type: none"> Principal Sum Maximum: \$25,000 Death must occur within 90 days of the Accident 	Accidental Death: 100% of Principal Sum Accidental Dismemberment: <table border="1" data-bbox="691 495 1445 819"> <thead> <tr> <th><u>Loss</u></th> <th><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of 1 eye</td> <td>50%</td> </tr> <tr> <td>1 hand or 1 foot</td> <td>50%</td> </tr> <tr> <td>1 hand and loss of sight of 1 eye</td> <td>100%1</td> </tr> <tr> <td>foot and loss of sight of 1 eye</td> <td>100%1</td> </tr> <tr> <td>hand and 1 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> </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	100%
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Sight of 1 eye	50%																		
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hand and 1 foot	100%																		
Both hands or both feet	100%																		
Sight of both eyes	100%																		
Dental Treatment <ul style="list-style-type: none"> Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth) Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment at a Dental Provider due to an Accident) 	Not Applicable	90%	100%																
Traumatic Dental Injury <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Up to the Maximum Limit Treatment at a Hospital Facility due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100% 	90%	80%	100%																
Incidental Trip <ul style="list-style-type: none"> Maximum days: 14 Country of Residence is outside the United States Refer to the INCIDENTAL TRIP provision for further details 	90%	80%	100%																
Terrorism <ul style="list-style-type: none"> Maximum Limit: \$50,000 	100%	100%	100%																