

**SCHEDULE OF BENEFITS:**

*All Coverages and Plan Costs listed in this Evidence of Benefits are in U.S. Dollar amounts.*

	<b>Inbound to the US</b>	<b>Traveling outside the US</b>
<b>Medical Maximums</b>	\$60,000; \$125,000; \$300,000; Medical Maximum is per person per Period of Coverage. (age 70-79, maximum limited to \$50,000)	\$60,000; \$125,000; \$300,000; Medical Maximum is per person per Period of Coverage. (age 70-79, maximum limited to \$50,000)
<b>Deductible</b>	\$0; \$100; \$250; Deductible is per person per Period of Coverage.	\$0; \$100; \$250; Deductible is per person per Period of Coverage.
<b>Misuse of Emergency Room Deductible (waived if admitted)</b>	\$200	\$200
<b>Coinsurance</b>	In-PPO Network: 90% to \$5,000 then 100% Out of PPO Network: 80% up to \$5,000, then 100%	After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.  Home Country and Home Country Extension of Benefits will be provided with the following Coinsurance if the U.S. is your Home Country: After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.
<b>Hospital Indemnity</b>	\$100 per night, up to a maximum of 10 days	\$100 per night, up to a maximum of 10 days
<b>Dental (Accident Coverage)</b>	Up to a maximum of \$500	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Dental (Sudden Relief of Pain)</b>	Up to a maximum of \$100	Up to a maximum of \$100
<b>Emergency Medical Evacuation/Repatriation</b>	\$500,000 (in addition to the Medical Maximum)	\$500,000 (in addition to the Medical Maximum)
<b>Return of Mortal Remains/ Cremation/ Local Burial</b>	\$50,000	\$50,000
<b>Return of Minor Child(ren)</b>	\$50,000	\$50,000
<b>Emergency Medical Reunion</b>	\$50,000	\$50,000
<b>Local Ambulance Benefit</b>	\$5,000	Up to the selected Medical Maximum
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$25,000 principal sum for Insured	\$25,000 principal sum for Insured
<b>Common Carrier Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$50,000 principal sum for Insured  Aggregate limit of \$250,000 per family	\$50,000 principal sum for Insured  Aggregate limit of \$250,000 per family
<b>Loss of Checked Baggage</b>	Up to \$50 per item, maximum of \$250	Up to \$50 per item, maximum of \$250
<b>Interruption of Trip</b>	\$5,000	\$5,000
<b>Home Country Coverage</b>	<i>Incidental Trips to The Home Country:</i> Up to \$50,000 <i>Home Country Extension of Benefits:</i> Up to \$5,000	<i>Incidental Trips to The Home Country:</i> Up to \$50,000 <i>Home Country Extension of Benefits:</i> Up to \$5,000
<b>Waiver of Pre-existing Conditions (Available only for U.S. residents who are traveling outside the U.S.)</b>	N/A	<b>US residents:</b> If the insured has a Primary Health Plan as defined herein, the benefit covers to the medical maximum (for persons age 65 and over, the amount is limited to \$2,500). If the insured does not have a Primary Health Plan, the benefit covers the first \$20,000 in eligible medical expenses (for persons age 65 and over, the amount is limited to \$2,500)
<b>Acute Onset of Pre-existing Condition(s)- Medical</b>	<b>For non-U.S. residents under age 65 traveling in the U.S.</b> up to \$10,000 per person per Period of Coverage. (Ages 65-69, up to \$2,000)	<b>Non- U.S. residents traveling outside their Home Country and outside of the U.S.-</b> If the insured has a Primary Health Plan as defined herein, the benefit covers up to \$50,000 (for persons age 65 and over, the amount is limited to \$2,500). If the insured does not have a Primary Health Plan, the

		benefit covers the first \$20,000 in eligible medical expenses (for persons age 65 and over, the amount is limited to \$2,500).
<b>Acute Onset of Pre-existing Condition(s)- Emergency Medical Evacuation</b>	Up to \$25,000	Up to \$25,000
<b>Natural Disaster Benefit</b>	Up to \$250 per day for five (5) days per person per Period of Coverage.	Up to \$250 per day for five (5) days per person per Period of Coverage.
<b>Natural Disaster Evacuation/Repatriation</b>	N/A	\$10,000 per person per Period of Coverage. <b>(only available for travel outside the United States)</b>
<b>Political Evacuation</b>	\$10,000	\$10,000
<b>Terrorism</b>	Up to a \$50,000 lifetime maximum	Up to a \$50,000 lifetime maximum
<b>Hospital Room &amp; Board</b>	Usual, Reasonable and Customary to the selected Medical Maximum	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Intensive Care</b>	Usual, Reasonable and Customary to the selected Medical Maximum	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Outpatient Medical Expenses</b>	Usual, Reasonable and Customary to the selected Medical Maximum	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Assistance Services</b>	Included	Included
<b>Benefit Period</b>	180 Days	180 Days

*Except as specifically indicated otherwise, all benefits are subject to Deductible and Coinsurance and are per Period of Coverage.*