

SCHEDULE OF BENEFITS:

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

	Inbound to the US	Traveling outside the US
Medical Maximums	\$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)
Deductible	\$0; \$100; \$250; Deductible is per person per Period of Coverage.	\$0; \$100; \$250; Deductible is per person per Period of Coverage.
Misuse of Emergency Room Deductible (waived if admitted)	\$200	\$200
Coinsurance	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.
Hospital Indemnity	\$100 per night, up to a maximum of 10 days	\$100 per night, up to a maximum of 10 days
Dental (Accident Coverage)	Up to a maximum of \$500	Usual, Reasonable and Customary to the selected Medical Maximum
Dental (Sudden Relief of Pain)	Up to a maximum of \$100	Up to a maximum of \$100
Emergency Medical Evacuation/Repatriation	\$500,000 (in addition to the Medical Maximum)	\$500,000 (in addition to the Medical Maximum)
Return of Mortal Remains/ Cremation/ Local Burial	\$50,000	\$50,000
Return of Minor Child(ren)	\$50,000	\$50,000
Emergency Medical Reunion	\$50,000	\$50,000
Local Ambulance Benefit	\$5,000	Up to the selected Medical Maximum
Accidental Death & Dismemberment (AD&D)	\$25,000 principal sum for Insured	\$25,000 principal sum for Insured
Common Carrier Accidental Death & Dismemberment (AD&D)	\$50,000 principal sum for Insured	\$50,000 principal sum for Insured
Loss of Checked Baggage	Aggregate limit of \$250,000 per family Up to \$50 per item, maximum of \$250	Aggregate limit of \$250,000 per family Up to \$50 per item, maximum of \$250
Interruption of Trip	\$5,000	\$5,000
Home Country Coverage	<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
Waiver of Pre-existing Conditions (Available only for U.S. residents who are traveling outside the U.S.)	N/A	US residents: 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)
Acute Onset of Pre-existing Condition(s)- Medical	For non-U.S. residents under age 65 traveling in the U.S. up to \$10,000 per person per Period of Coverage. (Ages 65-69, up to \$2,000)	Non- U.S. residents traveling outside their Home Country and outside of the U.S.- 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).
Acute Onset of Pre-existing Condition(s)- Emergency Medical Evacuation	Up to \$25,000	Up to \$25,000
Natural Disaster Benefit	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.
Natural Disaster Evacuation/Repatriation	N/A	\$10,000 per person per Period of Coverage. (only available for travel outside the United States)
Political Evacuation	\$10,000	\$10,000
Terrorism	Up to a \$50,000 lifetime maximum	Up to a \$50,000 lifetime maximum
Hospital Room & Board	Usual, Reasonable and Customary to the selected Medical Maximum	Usual, Reasonable and Customary to the selected Medical Maximum
Intensive Care	Usual, Reasonable and Customary to the selected Medical Maximum	Usual, Reasonable and Customary to the selected Medical Maximum
Outpatient Medical Expenses	Usual, Reasonable and Customary to the selected Medical Maximum	Usual, Reasonable and Customary to the selected Medical Maximum
Assistance Services	Included	Included
Benefit Period	180 Days	180 Days

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