

## Schedule of Benefits Plan Information

Deductible	US\$0 under the group plan
Coinsurance For Treatment received outside the U.S. and Canada	No Coinsurance
For treatment received within the U.S. and Canada:	The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum
In the PPO Network	
Out of the PPO Network	The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

### MEDICAL BENEFITS

Usual, reasonable and customary charges,  
subject to deductible and coinsurance

Hospital Room and Board	Up to \$1,000,000 for average semi-private room rate
Intensive Care	Up to \$1,000,000
Medical Expenses	Up to \$1,000,000
Outpatient Medical	Up to \$1,000,000
Local Ambulance	Up to \$1,000,000
Emergency Room Accident	Up to \$1,000,000
Emergency Illness- with in-patient admission	Up to \$1,000,000
Emergency Illness- without In-patient admission	Up to \$1,000,000 with additional US\$250 deductible
Dental	Up to \$1,000,000
Injury due to accident	
Sudden dental pain	Up to US\$100

## International Emergency Care When coordinated through the plan Administrator

Emergency Evacuation	Up to \$500,000 Lifetime Maximum Benefit
Emergency Reunion	Up to US\$50,000
Return of Mortal Remains	Up to US\$50,000
Returning Minor Children	Up to US\$50,000
Political Evacuation	Up to US\$10,000

### ADDITIONAL BENEFITS

Benefit Period	Six Months
Incidental Home Country Coverage	Up to a cumulative two weeks
End of Trip Home Country Coverage	One month for every five months of travel coverage purchased, up to a maximum of two months
Common Carrier Accidental Death	US\$50,000 to beneficiary; maximum of US\$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for basic sports
Accidental Death & Dismemberment	US\$25,000 principal sum
Terrorism Coverage	Up to US\$50,000 lifetime maximum
Identity Theft Assistance	Up to US\$500 per Period of Coverage
Trip Interruption	Up to \$5,000
Lost Luggage	Up to US\$50 per item of personal property; maximum of US\$250 per Period of Coverage

### ADDITIONAL BENEFITS FOR U.S. CITIZENS ONLY

Indemnity	Up to US\$100 per night
Sudden Recurrence of a Pre-existing Condition	
Medical	Up to US\$15,000 of eligible expenses
Emergency Medical Evacuation	Up to US\$25,000 of eligible expenses

*For ages up to 69, \$1,000,000 in coverage available.  
For those age 70-79, \$100,000 maximum benefit*

*This is a summary of benefits only. Please see policy  
for actual benefit descriptions.*