



All benefits are subject to Usual, Customary and Reasonable (UCR) fees. The benefits, coverage and exclusions listed herein are only a summary, and are subject to the specific terms and conditions of the plan concerning eligible benefit, limitations, eligibility and exclusions. Please refer to the Policy Wording for details.

Penalties to the benefits payable under this plan may apply if the requirements are not met. Please refer to the section labeled Pre-Certification Requirements and Procedures in the plan's Policy Wording. You must contact the pre-certification provider number listed on your identification card.

The following services require Pre-Certification:

Hospitalization | Surgeries | Diagnostic Testing | Oncology Treatment | Repatriation of Mortal Remains | Therapy | Organ Transplant | Medical Air Evacuation / Air Ambulance | Rehabilitation | Home Health Care | Extended Care Facility

Failure to perform the pre-certification requirements within a minimum of 5 business days prior to the planned treatment of a non-emergency service or within 72 hours of an emergency service, will result in a **penalty of 30%** of the allowable charge for the entire episode of care. The penalty will not count toward the deductible or co-insurance maximum as defined on the Certificate of Coverage.

For Travel Assistance all notifications must be done within 24 hours of occurrence.

Benefit Description	Details	
Maximum Annual Coverage	\$4,000,000	
International Network	100% UCR	
U.S. In-Network	100% UCR	
U.S. Out-of-Network	70% UCR	
Waiting Period	30 days	
Area of Coverage	Worldwide	
Deductible Options Inside Country of Residence / Outside Country of Residence <i>(Deductible for Family is a maximum of two (2) individually met deductibles per policy year.)</i>	OPTION	INDIVIDUAL DEDUCTIBLE
	1	\$1,000 / \$2,000
	2	\$2,000 / \$3,000
	3	\$5,000 / \$5,000
	4	\$10,000 / \$10,000
	5	\$20,000 / \$20,000

Inpatient Benefits	Coverage
Hospital Room & Board Payable up to 365 days per policy year	100% Private Room
Intensive Care Unit (ICU) Payable up to 365 days per policy year	100%
Inpatient Ancillary Hospital Services Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	100%
Inpatient Psychiatric Treatment Subject to 12-month waiting period	100%
Inpatient Physician / Specialist Visits Limited to one visit per day per specialty	100%
Inpatient Surgery Including Primary Surgeon fees	100%
Neonatal Intensive Care Unit (NICU) Covered separately from Maternity Benefits	\$125,000 lifetime
Adult Companion of Hospitalized Child For a hospitalized child under the age of 19	Up to \$100 per day 10 days per policy year
Pre-Admission Testing Must be performed 3-5 days in advance	100%
Inpatient Prescriptions	100%
Extended Care Facility	100%
Outpatient Benefits	Coverage
Outpatient Surgery Including Primary Surgeon fees	100%
Assistant Surgeon	100%
Anesthesiologist	100%
AIDS / HIV / ARC Subject to 24-month waiting period	Up to \$250,000 lifetime
Acupuncture	Up to \$60 per visit 10 visits per policy year
Bariatric Surgery Subject to 24-month waiting period	Up to \$15,000 lifetime
Chiropractic Services	Up to \$75 per visit 20 visits per policy year

Congenital Disorders, Birth Defects & Hereditary Conditions	Up to \$500,000 lifetime if diagnosed before 18 years of age; or 100% if diagnosed after 18 years of age
Diagnostic Testing Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI, Endoscopy Gastroscopy, Colonoscopy, Cystoscopy, X-rays, laboratory, etc.	100%
Dialysis	100%
Durable Medical Equipment	Up to \$7,000 per policy year
Emergency Dental Treatment	100%
Emergency Room Services Deductible waived only for deductible options of \$5,000 or less	100%
Major Accident	100% Deductible waived
Emergency Ground Ambulance	100% Deductible waived
Home Health Care Services	100% Up to \$7,000 per policy year
Hospice Care	100% 120 days lifetime
Outpatient Physician Visits / Specialist Visits	100%
Home Visits by a Physician	Up to \$75 per visit 5 visits per policy year
Oncology / Cancer Treatment	100%
Cancer Risk Reduction or Prophylactic Surgery Subject to 12-month waiting period	Up to \$25,000 per insured per lifetime
Wisdom Teeth Removal Subject to 12-month waiting period	Up to \$1,000 per policy year
Podiatric Services Subject to 24-month waiting period	100%
Prosthetic Limbs	Up to \$30,000 per policy year Up to \$130,000 lifetime maximum
Reconstructive Surgery Due to covered injury or illness	100%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, & Occupational Therapy	100% 80 visits per policy year for all therapies combined
Organ Transplant & Services Subject to 6-month waiting period	Up to \$750,000 per organ/tissue per lifetime

Organ Acquisition Includes organ harvesting, acquisition, transportation and living transplant donor	Up to \$30,000 per transplant
Outpatient Mental / Nervous Health Subject to 12-month waiting period	Up to \$95 per visit 30 visits per policy year
Bereavement Counseling No waiting period applies	Up to \$80 per visit 3 visits per policy year
Prescription Medication	Up to \$15,000 per policy year
Wellness Benefit for Children under the age of 19 Subject to 12-month waiting period	Up to \$750 per policy year Deductible waived
Wellness Benefit for Adults Subject to 12-month waiting period	Up to \$250, if used every year Up to \$750, if used every 2 years Deductible waived
Maternity Benefits (Only for deductible options of \$5,000 or less)	Coverage
Normal Delivery or C-Section Subject to 10-month waiting period	Up to \$7,000 per pregnancy Deductible waived
Complications of Pregnancy Subject to 10-month waiting period	Up to \$500,000 per pregnancy Deductible waived
Inclusion of Newborn (requires notification to Insurer within 90 days of birth)	Covered up to policy max without underwriting if born under a Covered Maternity
Extraction & Storage of Stem Cells	Up to \$1,400 per child
Additional Benefits	Coverage
Emergency Air Transportation	Up to \$100,000 per event Deductible waived
Insured's and companion's return ticket after an evacuation by air transportation	Economy class return travel ticket for insured and companion
Repatriation of Mortal Remains	Up to \$20,000 for Repatriation; or Up to \$10,000 for Local Burial in Lieu of Repatriation Deductible waived
Extended Medical Death Coverage / Surviving Dependents Benefit	2 years of premium waived
Deductible Reduction Only for deductible options of \$5,000 or less	100% after 3 years
Remote Second Medical Opinion & Patient Navigation Services	100%
Travel Assistance Coverage	Up to \$10,000 per trip Deductible waived