



SCHEDULE OF BENEFITS:

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

Coverage

Medical Maximum

\$100,000; Medical Maximum is per person per Occurrence.

(age 80+, maximum limited to \$15,000)

Deductible

\$50; \$200; Deductible is per person per Occurrence.

Coinsurance

After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.

Dental (Accident Coverage)

To a maximum of \$500 (Only available to programs purchased for 1 month or more.)

Emergency Medical Evacuation/Repatriation

\$50,000 (in addition to the Medical Maximum)

Return of Mortal Remains

\$25,000

Return of Minor Child(ren)

\$50,000

Emergency Medical Reunion

\$1,500

Local Ambulance Benefit

\$5,000

Accidental Death & Dismemberment (AD&D)

\$5,000 principal sum for Insured

Loss of Checked Baggage

\$250

Interruption of Trip

\$5,000

Home Country Coverage

Incidental Trips to The Home Country: Up to \$50,000

Home Country Extension of Benefits: Up to \$5,000

Hospital Room & Board

Usual, Reasonable and Customary to the selected Medical Maximum

Intensive Care

Usual, Reasonable and Customary to the selected Medical Maximum

Outpatient Medical Expenses

Usual, Reasonable and Customary to the selected Medical Maximum

Hazardous Sports Coverage

Optional

Assistance Services

Included

Benefit Period

180 days