



# Reviewing Plan Benefits

*What is covered by your plan?*

**SCHEDULE OF BENEFITS  
TABLE 1**

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
<b>MEDICAL EXPENSES</b>			
<b>Coverage Year Limit</b>	\$250,000	\$250,000	\$250,000
<b>Coverage Year Deductible</b>	\$0 per Coverage Year	\$0 per Coverage Year	\$0 per Coverage Year
<b>EMERGENCY MEDICAL EVACUATION</b>	Maximum Benefit up to \$250,000 per Coverage Year	Maximum Benefit up to \$250,000 per Coverage Year	Maximum Benefit up to \$250,000 per Coverage Year
<b>EMERGENCY FAMILY TRAVEL ARRANGEMENTS</b>	Maximum Benefit up to \$3,000 per Coverage Year	Maximum Benefit up to \$3,000 per Coverage Year	Maximum Benefit up to \$3,000 per Coverage Year
<b>REPATRIATION OF MORTAL REMAINS</b>	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000	Maximum Benefit: Principal Sum up to \$1,000
<b>POST DEPARTURE TRIP INTERRUPTION</b>			
<b>Transportation Benefit</b>	Deductible does not Apply. Maximum Benefit up to \$1,500 per Coverage Year		
<b>Lodging &amp; Incidentals Benefit</b>	Deductible does not Apply. Maximum Benefit up to \$2,000 per Coverage Year and limited to \$200 per day per for a Maximum of 10 calendar days.		

**SCHEDULE OF BENEFITS  
TABLE 2  
MEDICAL EXPENSE BENEFITS**

COVERAGE A – MEDICAL EXPENSES	Certificate Limits
<b>Physician Office Visits</b>	100% of Reasonable Expenses
<b>Inpatient Hospital Services</b>	100% of Reasonable Expenses
<b>Hospital and Physician Outpatient Services</b>	100% of Reasonable Expenses
<b>Emergency Hospital Services</b>	100% of Reasonable Expenses

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TABLE 3  
MEDICAL EXPENSE BENEFITS**

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.

<b>MEDICAL EXPENSES</b>	<b>Covered Person</b>
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses
<b>Inpatient treatment of mental and nervous disorders including substance abuse</b>	Reasonable Expenses
<b>Outpatient treatment of mental and nervous disorders including substance abuse</b>	Reasonable Expenses
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis
<b>Annual cervical cytology screening for women 18 and older</b>	100% of Reasonable Expenses
<b>Low dose mammography screening, one baseline mammogram and one mammogram per year</b>	100% of Reasonable Expenses
<b>Colorectal cancer screenings</b>	100% of Reasonable Expenses
<b>Diabetic Supplies/Education</b>	100% of Reasonable Expenses
<b>Prostate screening tests</b>	100% of Reasonable Expenses
<b>Child Preventive and Primary Care Services</b>	100% of Reasonable Expenses
<b>Breast Reconstruction due to Mastectomy</b>	100% of Reasonable Expenses
<b>Repairs to sound, natural teeth required due to an Injury</b>	100% of Reasonable Expenses up to \$500 per Coverage Year maximum
<b>Outpatient prescription drugs including oral contraceptives and devices</b>	100% of actual charge up to a maximum of \$25,000 per Coverage Year, limited to a 31 day supply for initial fill or refill

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## GENERAL CERTIFICATE EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any amount charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. Elective termination of pregnancy.
11. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
12. Expenses incurred for, or related to gender reassignment surgery.
13. Organ or tissue transplant.
14. Participating in an illegal occupation or committing or attempting to commit a felony.
15. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
16. Expenses incurred within the Covered Person's Home Country.
17. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
18. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
19. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
20. Diagnosis and treatment of acne.
21. Diagnosis and treatment of sleep disorders.
22. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
23. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
24. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
25. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

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28. Loss arising from
  - a. participating in any professional sport, contest or competition;
  - b. while participating in any practice or condition program for such sport, contest or competition;
  - c. SCUBA diving, sky diving, mountaineering (where ropes and climbing equipment are customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
29. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
30. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
31. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
32. Telephone, e-mail, and Internet consultations unless specifically approved by the Administrator due to limited resources while located in a country outside of the United States. This exclusion does not apply to services provided via GeoBlue's Telemedicine Services and the Global TeleMD™ smartphone app.
33. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
34. To the extent that such payments would be prohibited by law.

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