

## WEA GLOBAL PLAN U.S. 100% COVERAGE OPTION SCHEDULE OF BENEFITS

The following benefits are subject to the definitions, condition, limitations and general exclusions and all other provisions found within this policy. All benefits are subject to a reasonable and customary charge as defined in the policy definitions below.

### PRE-CERTIFICATION OF SERVICES

Penalties to the benefits payable under this policy may apply if the requirements are not met. Please refer to the section labeled Pre-Certification of Services for a more detailed description. You must contact the pre-certification provider number listed on your identification card. The following services must be pre-certified:

In-patient hospitalization	Repatriation of Mortal Remains	Emergency Air Ambulance
Home Health Care	Cardiac Care	Emergency Transportation of a Family Member
Organ Transplants		

Failure to perform the pre-certification requirements within a minimum of 72-hours in advance of a non-emergency service or within 48-hours of an emergency service will result in a penalty of 50% of the allowable charge for the entire episode of care. This out-of-pocket and co-insurance amount will not be applied towards your defined limit shown on the certificate of coverage.

Policy Lifetime Maximum Per Insured:	US\$3,000,000 unless policy rider is placed Annual
Deductibles Options (Certificate of Coverage defines your selection)	
Individual:	US\$250, \$500, \$1,000, \$2,500, or \$5,000
Family:	Three (3) times the chosen individual deductible
Annual Out-of-Pocket Co-Insurance Limit	US\$2,000 per individual

The annual deductible applies prior to the percentage payable as listed. If there are additional deductibles listed they will be applied prior to your annual deductible.

**Nature of Care** (Services in the United States require the use of the PPO network)

### Benefit Limit and Percentage Payable

#### HOSPITAL CARE (Maximum of 180 consecutive days)

• Room and Board limited to the semi-private room rate	
Benefits outside of the U.S.	100%
Benefits in the U.S.	100% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
• Intensive Care Unit or other Specialty care unit limited to:	Up to 3 times the semi-private room and board
Benefits outside of the U.S.	100%
Benefits in the U.S.	100% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
• Other hospital services	
Benefits outside of the U.S.	100%
Benefits in the U.S.	100% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
• Out-patient Hospital Facility Care for emergency room or ambulatory surgical center services	
Benefits outside of the U.S.	100%
Benefits in the U.S.	100% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
• Emergency Room	US\$250 per visit deductible
Benefits outside of the U.S.	100%
Benefits in the U.S.	100% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>

#### EXTENDED CARE OR IN-PATIENT REHABILITATION

Care must begin upon discharge from a hospital confinement of no less than 3 days and within the last 14 days.

Benefits outside of the U.S.	Maximum of US\$15,000 per calendar year
Benefits in the U.S.	100% with a maximum of US\$250 per day
Benefits in the U.S.	100% <b>In PPO</b> with a maximum of US\$500 per day
	50% <b>Non PPO</b> with a maximum of US\$500 per day