



No U.S. 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 section.

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, \$5,000 |
| Family: | 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 | 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. | N/A |
| ■ Intensive care 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. | N/A |
| ■ Other hospital services | |
| Benefits outside of the U.S. | 100% |
| Benefits in the U.S. | N/A |
| ■ 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. | N/A |
| ■ Emergency Room | US\$250 per visit deductible |
| Benefits outside of the U.S. | 100% |
| Benefits inside the U.S. | N/A |
| 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 |
| PHYSICIAN CARE | |
| ■ Office Visits | |
| Benefits outside of the U.S. | 100% |
| Benefits in the U.S. | N/A |
| ■ Hospital Visits (limited to one visit per day of hospital confinement) | |
| Benefits outside of the U.S. | 100% |
| Benefits in the U.S. | N/A |

| Nature of Care | Benefit Limit and Percentage Payable |
|---|---|
| <ul style="list-style-type: none"> ■ Surgery* <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- ■ Assistant Surgeon allowable charge limited to 20% of the surgeons allowable charge <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- ■ Anesthesiologist allowable charge limited to 20% of the surgeons allowable charge <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- ■ Second Surgical Opinion <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- ■ Chiropractic Care per insured ----- | <p>100% -----</p> <p>N/A -----</p> <p>100% -----</p> <p>N/A -----</p> <p>100% -----</p> <p>N/A -----</p> <p>100% -----</p> <p>N/A -----</p> <p>Calendar year maximum of US\$750 -----</p> |
| <p>When multiple surgical procedures are performed during the same surgical session or through the same incision, benefits are payable as follows:</p> <ul style="list-style-type: none"> ▶ 100% or 80% depending where the services are rendered ▶ 50% on the secondary procedure only if it is medically necessary | |
| <p>HUMAN ORGAN TRANSPLANT BENEFIT Maximum of US\$150,000 lifetime maximum per insured</p> | |
| <ul style="list-style-type: none"> ■ Room and Board limited to the semi-private room rate <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>100% -----</p> <p>N/A -----</p> |
| <p>DIAGNOSTIC SERVICES</p> | |
| <ul style="list-style-type: none"> ■ Diagnostic laboratory test and x-rays ■ MRI, CAT, PET scans and other diagnostic machine test ■ Pathology ■ Radiation therapy and chemotherapy ■ Inhalation therapy <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>100% -----</p> <p>N/A -----</p> |
| <p>NURSING SERVICES Care must start upon discharge from the hospital and must be accompanied by attending Physician orders. Maximum number of nursing hours per calendar year are 240.</p> | |
| <ul style="list-style-type: none"> ■ Home Nursing Care <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>100% -----</p> <p>N/A -----</p> |
| <p>MATERNITY CARE Care is limited to the Insured and his Dependent spouse only. Pregnancy and or any condition related to pregnancy that arises during the first twelve (12) months of coverage under this policy are excluded. Any fertility or infertility services, tests, treatments and or procedures of any kind, including but not limited to fertility or infertility drugs, artificial insemination, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other procedures and services related to such treatments, complications of that pregnancy, delivery and postpartum care are also excluded.</p> | |
| <ul style="list-style-type: none"> ■ Maternity care includes delivery, prenatal and postnatal care and Complications of Pregnancy. <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>US\$5,000 per normal delivery US\$7,500 per Caesarian Section -----</p> <p>100% -----</p> <p>N/A -----</p> |
| <p>Children born to mothers who received fertility or infertility treatments as described above are subject to the current underwriting guidelines and eligibility requirements with no guarantee for their acceptance for coverage.</p> | |
| <p>CONGENITAL BIRTH DEFECTS Premature newborns, congenital conditions and birth anomalies for newborns enrolled within 31-days of the date of birth have a lifetime maximum.</p> | |
| <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>US\$30,000 lifetime maximum -----</p> <p>100% -----</p> <p>N/A -----</p> |
| <p>HOSPICE CARE OUT-PATIENT</p> | |
| <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>US\$10,000 lifetime maximum. 180-day maximum -----</p> <p>100% -----</p> <p>N/A -----</p> |
| <p>EMERGENCY GROUND AMBULANCE Limited to one trip to the nearest hospital</p> | |
| <ul style="list-style-type: none"> Benefits outside of the U.S. ----- Benefits in the U.S. ----- | <p>US\$300 per trip maximum -----</p> <p>100% -----</p> <p>N/A -----</p> |

| Nature of Care | Benefit Limit and Percentage Payable |
|--|--|
| ALCOHOLISM AND DRUG ABUSE DISORDERS Benefits outside of the U.S. Benefits in the U.S. Benefits outside of the U.S. Benefits in the U.S. | US\$15,000 lifetime maximum. In-patient 30-day maximum 80% N/A US\$1,000 calendar year maximum. Out-patient 50% N/A |
| MENTAL AND NERVOUS Benefits outside of the U.S. Benefits in the U.S. Benefits outside of the U.S. Benefits in the U.S. | US\$15,000 lifetime maximum. In-patient 30-day maximum 80% N/A US\$2,500 calendar year maximum. Out-patient 50% N/A |
| THERAPEUTIC SERVICES Care is limited to treatment resulting from surgery or illness ■ Physical Therapy ■ Speech Therapy Benefits outside of the U.S. Benefits in the U.S. | US\$25 per visit maximum. 30-visits per calendar year 100% N/A |
| PRESCRIPTION Benefits outside of the U.S. Benefits in the U.S. | 100% N/A |
| INFUSION THERAPY Please refer to Comprehensive Medical Coverage section for details Benefits outside of the U.S. Benefits in the U.S. | 100% N/A |
| Wellness Benefit | Yearly Deductive Waived |
| ■ Adult Males Benefits are provided for routine physical exams including office visit, routine blood, urinalysis, and PSA exams. ■ Adult Females Benefits are provided for routine physical exams including office visit, routine blood, urinalysis, PAP test and routine mammogram. ■ Children Benefits are provided for routine physical exams including office visit, routine blood, urinalysis and immunizations | 100% US\$250 per calendar year 100% US\$250 per calendar year 100% US\$250 per calendar year |
| EMERGENCY ASSISTANCE Pre-certification must be coordinated as defined. Failure to pre-certify and gain approval will result in no benefit (\$0) being paid. Transportation for the covered member will be provided to the nearest hospital or medical facility equipped to treat the injury, illness or medical emergency. ■ Emergency Air Ambulance (Medical Evacuation) Benefits outside of the U.S. Benefits in the U.S. ■ Emergency Transportation of a Family Member ■ Repatriation of Mortal Remains to Country of origin | US\$30,000 per occurrence US\$75,000 lifetime maximum 100% N/A US\$500 US\$10,000 |
| OTHER MEDICAL CARE Benefits outside of the U.S. | 100% |
| PRE-EXISTING CONDITIONS Expenses for conditions treated within 3-months preceding the coverage effective date will be limited to US\$2,000 during the first 12-months of coverage. | |