

The Beacon Series Travel Medical Plan Schedule of Benefits

Maximum Limits	\$60,000; \$110,000; \$550,000; \$1,100,000 or \$2,000,000 (Ages 70-79 limited to \$60,000; Ages 80+ limited to \$12,000)
Deductibles	\$0; \$50; \$100; \$250; \$500; \$1,000; \$2,500 per Participating Member, per Coverage Period
Pre-existing Condition Look-Back	730 days from original Effective Date
Coinsurance - Claims incurred in US or Canada	After the Deductible the Plan will pay 80% of the next \$5,000 of Eligible Medical Expenses, then 100% to the Maximum Limit. The Coinsurance will be waived if Eligible Medical Expenses are incurred within the Preferred Provider Organization Network
Coinsurance - Claim incurred outside US or Canada	After the Deductible the Plan will pay 100% of Eligible Medical Expenses to the Maximum Limit
Pre-Certification Penalty	50% of Eligible Expenses
Hospital Services	
Hospital Indemnity	\$150 Sub-Limit per night , maximum for 7 nights for Inpatient Hospitalization, Outside the US and Canada only
Hospital Room and Board	Average semi-private room rate, which would include nursing services
Intensive Care Unit	Usual, Reasonable, and Customary charges to the Maximum Limit
Emergency Room Illness or Injury	Usual, Reasonable, and Customary charge, Subject to additional \$250 Deductible if Illness or Injury does not result in Hospitalization
Outpatient Services	
Physician Visit	Usual, Reasonable and Customary charges
Physical Therapy	\$60 Sub-Limit per visit, 1 visit per day, Maximum of 15 visits per Coverage Period
Prescription Drugs	Reimbursement Only, Usual, Reasonable and Customary charges, Subject to 20% Coinsurance inside the US
Urgent Care Services Claims in US or Canada	\$35.00 Copayment per visit, Subject to Coinsurance (Not subject to the Deductible)
Other Services	
Sudden Onset of Pre-existing Conditions	\$150,000 Sub-Limit for Maximum Limits purchased for \$110,000, \$550,000 or \$1,100,000; All other Maximum Limits purchased will have a Sub-Limit of \$50,000, Emergency Medical Evacuation \$25,000 Sub-Limit, only available to Participating Members under the age of 70
Local Ambulance	Usual, Reasonable and Customary charges, when covered Illness or Injury results in Hospitalization
Complications of Pregnancy	Up to 26 weeks of gestation. Usual, Reasonable and Customary charges
Durable Medical Equipment	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair
Dental - Injury as Result of Accident	\$1,000 Sub-Limit per Coverage Period, available for Policies purchased for 180 days or more
Dental - Acute Onset of Pain	\$500 Sub-Limit per Coverage Period, available for Policies purchased for 90 days or more

Other Services Continued	
Emergency Medical Evacuation	Up to Policy Maximum; Benefit reduced when related to Sudden Onset of Pre-existing Conditions
Emergency Reunion	\$50,000 Maximum Sub-Limit
Return of Mortal Remains	\$50,000 Maximum Sub-Limit
Return of Minor Dependent Child(ren)	\$50,000 Maximum Sub-Limit
Quick Trip Home Country Coverage	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy
End of Trip Home Country Coverage	15 days free with a 180-day purchase, or 30 days free with a 364-day purchase , As defined in the policy
Lost Checked Luggage	\$500 Sub-Limit per Coverage Period, As defined in the policy (Not subject to Deductible or Coinsurance)
Accidental Death and Dismemberment (AD&D) Participating Members age 18 and older	Up to \$30,000 Maximum Principal Sum Death of Primary Participating Member-\$30,000; Death of Spouse-\$20,000; Death of Dependent Child(ren)-\$6,000; Loss of 2 or more limbs or sight in both eyes-\$30,000 ; Loss of 1 limb or sight in 1 eye-\$15,000 Age 70-74 Benefits are reduced by 50%; Age 75+ Benefits are reduced by an additional 50% \$250,000 Maximum Principal Sum for any one Family (Not subject to the Deductible or Coinsurance)
Accidental Death and Dismemberment (AD&D) Participating Members under the age 18	Up to \$6,000 Principal Sum Death of Participating Member-\$6,000; Loss of 2 or more limbs or sight in both eyes-\$6,000; Loss of 1 limb or sight in 1 eye-\$3,000 \$250,000 Maximum Principal Sum for any one Family (Not subject to the Deductible or Coinsurance)
Common Carrier Accidental Death	\$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18. \$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)
Political Evacuation	\$20,000 Sub-Limit (Not subject to Deductible or Coinsurance)
Terrorism	\$50,000 Sub-Limit, Medical Expenses only
Third-Party Liability	\$500 Sub-Limit, As defined in the policy
Bedside Visit- Outside the US	\$1,000 Sub-Limit, Participating Member must be Hospitalized for at least 5 days, Reimbursement only
Trip Delay / Missed Connection	\$100 Sub-Limit per day (maximum 2 days), After a 12-hour delay period, As defined in the policy
Trip Interruption Benefit	Up to \$1,000 Sub-Limit per Coverage Period (Not subject to Deductible)
Rental Car Deductible Reimbursement Benefit	Up to \$500 Sub-Limit. (Not subject to Deductible)
Injury Resulting from Sports	\$10,000 Sub-Limit per Coverage Period
Optional Extreme Sports Rider	\$50,000 Sub-Limit per Coverage Period

This is a consolidated summary description of Benefits and limits