

## Beacon Series \*Schedule of Benefits

<b>Maximum Limits</b>	\$60,000; \$110,000; \$550,000; \$1,100,000 or \$2,000,000 (Ages 70-79 limited to \$50,000; Ages 80+ limited to \$12,000)
<b>Deductibles</b>	\$0; \$50; \$100; \$250; \$500; \$1,000; \$2,500 per Participating Member, per Coverage Period
<b>Pre-existing Condition Look-Back</b>	730 days from Effective Date of Coverage
<b>Coinsurance - Claims incurred inside the US</b>	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
<b>Coinsurance - Claim incurred outside the US</b>	After the Deductible the Plan will pay 100% of Eligible Medical Expenses to the Maximum Limit
<b>Pre-notification Penalty</b>	50% of Eligible Medical Expenses
<b>Hospital Services</b>	
<b>Hospital Indemnity</b>	\$150 Sub-Limit per night, maximum for 7 nights for Inpatient Hospitalization. Outside the US only
<b>Hospital Room and Board</b>	Average semi-private room rate, which would include nursing services
<b>Intensive Care Unit</b>	Usual, Reasonable, and Customary charges to the Maximum Limit
<b>Emergency Room Illness or Injury</b>	Usual, Reasonable, and Customary charge. Subject to additional \$350 Deductible if Illness or Injury does not result in Hospitalization
<b>Outpatient Services</b>	
<b>Physician Visit</b>	Usual, Reasonable and Customary charges
<b>Physical Therapy</b>	\$60 Sub-Limit per visit, 1 visit per day, Maximum of 15 visits per Coverage Period
<b>Prescription Drugs</b>	Reimbursement Only, Usual, Reasonable and Customary charges, Subject to 20% Coinsurance inside the US
<b>Urgent Care Services Claims in US</b>	\$35.00 Copayment per visit, Subject to Coinsurance (Not subject to the Deductible)
<b>Other Services</b>	
<b>Sudden Onset of Pre-existing Conditions</b>	\$150,000 Sub-Limit for Maximum Limits purchased for \$550,000, \$1,100,000 or \$2,000,000; All other Maximum Limits purchased will have a \$50,000 Sub-Limit, Emergency Medical Evacuation \$25,000 Sub-Limit, only available to Participating Members under the age of 70
<b>Emergency Quarantine Indemnity-COVID-19</b>	Up to \$50 Sub-Limit per day (maximum of 10 days). Must submit proof of quarantine mandated by a physician or governmental authority. Quarantine must be due to the Participating Member testing positive for COVID-19/Coronavirus/SARS-CoV2 or being symptomatic and waiting on a diagnostic test result. <b>Quarantine is not available in your home country.</b> (Not subject to Deductible or Coinsurance)
<b>Covid-19 / Coronavirus</b>	\$100,000 Maximum Sub-Limit
<b>Ambulance – Local Land</b>	Usual, Reasonable and Customary charges, when covered Illness or Injury results in Hospitalization
<b>Complications of Pregnancy</b>	Up to \$1,500 Maximum Sub-Limit. Up to 26 weeks of gestation. As defined in the policy
<b>Durable Medical Equipment</b>	Usual, Reasonable and Customary charges, limited to a standard Hospital bed and/or a standard basic wheelchair
<b>Dental - Injury as Result of Accident</b>	\$1,000 Sub-Limit per Coverage Period, available for Policies purchased for 180 days or more
<b>Dental - Acute Onset of Pain</b>	\$500 Sub-Limit per Coverage Period, available for Policies purchased for 90 days or more
<b>Emergency Vision Exam</b>	Up to \$100 for an emergency eye examination for the replacement of contact lenses or eyeglasses as a result of an accident
<b>Emergency Medical Evacuation</b>	Up to Policy Maximum, benefit reduced when related to Acute Onset of Pre-existing Conditions
<b>Emergency Reunion</b>	Up to \$100,000 Maximum Sub-Limit (Not subject to Deductible or Coinsurance)
<b>Local Burial or Cremation</b>	Up to \$5,000 Maximum Sub-Limit (Not subject to Deductible or Coinsurance)
<b>Return of Mortal Remains</b>	\$50,000 Maximum Sub-Limit (Not subject to Deductible or Coinsurance)
<b>Return of Minor Dependent Child(ren)</b>	\$50,000 Maximum Sub-Limit (Not subject to Deductible or Coinsurance)
<b>Quick Trip Home Country Coverage</b>	14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy
<b>End of Trip Home Country Coverage</b>	15 days free with a 180-day purchase, or 30 days free with a 364-day purchase, As defined in the policy
<b>Lost Checked Luggage</b>	\$500 Sub-Limit per Coverage Period, As defined in the policy (Not subject to Deductible or Coinsurance)
<b>Border Protection</b>	Up to \$500 for the reimbursement of travel expenses on a valid B-2 visa with travel to the US if denied entry at the US Border (Not subject to Deductible or Coinsurance)
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Participating Members age 18 and older</b>	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)
<b>Accidental Death &amp; Dismemberment Participating Members under the age 18</b>	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)
<b>Common Carrier Accidental Death</b>	\$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)
<b>Natural Disaster- Relocation Accommodations</b>	Up to \$500 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)
<b>Political Evacuation</b>	\$100,000 Sub-Limit (Not subject to Deductible or Coinsurance)
<b>Act of Terrorism</b>	\$50,000 Sub-Limit, Eligible Medical Expenses only
<b>Third-Party Liability</b>	\$500 Sub-Limit, As defined in the policy (Not subject to Deductible or Coinsurance)
<b>Bedside Visit</b>	\$1,000 Sub-Limit, Participating Member must be Hospitalized for at least 5 days, Reimbursement only, Outside the US only
<b>Trip Delay/Missed Connection</b>	\$100 Sub-Limit per day (maximum 2 days), After a 12-hour delay period, As defined in the policy (Not subject to Deductible or Coinsurance)
<b>Trip Interruption Benefit</b>	Up to \$10,000 Sub-Limit per Coverage Period (Not subject to Deductible or Coinsurance)
<b>Rental Car Deductible Reimbursement Benefit</b>	Up to \$500 Sub-Limit, As defined in the policy (Not subject to Deductible or Coinsurance)
<b>Emergency Pet Return Home</b>	Up to \$500 Sub-Limit per Coverage Period for an economy return ticket for a cat or dog in the event you are Hospitalized for 36 hours or more (Not subject to Deductible or Coinsurance)

*\*This is only a consolidated and summary description of some of the current Azimuth Risk Solutions benefits, conditions, limitations, and exclusions. An Evidence of Insurance containing the terms, conditions and exclusions will be included in the fulfillment kit. Azimuth Risk Solutions reserves the right to issue the most current Evidence of Insurance for this plan in the event this application and / or brochure has expired, is modified, or is replaced with a newer version. A complete copy of the Master Policy is available at all times upon request.*