

WHO IS AZIMUTH RISK SOLUTIONS?

Headquartered in Indianapolis, Indiana, Azimuth Risk Solutions, LLC (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry. Azimuth's mission is to provide the finest value combination of product offering, administration and client service available in the international health, travel and life insurance market.

If it is important to you to do business with an organization that is committed to service excellence, ethical conduct and philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Managing Agency for our insurer, certain Underwriters at Lloyd's, London and the Scheme Administrator for the Beacon Series.

WHO IS LLOYD'S LONDON?

The preeminent name in international insurance is Lloyd's, London. The largest, oldest and most respected in the insurance market is the insurer on all Azimuth's plans. You will have the security of knowing that you are working with an insurer which has paid every valid claim presented for more than 325 years. Lloyd's is 'A' rated by AM Best and Standard & Poor's for their superior ability to pay claims.

GROUP RATES FOR PLAN OPTIONS

ELITE PLAN

AGE BAND	MEMBER ONLY	MEMBER SPOUSE	MEMBER CHILD	MEMBER FAMILY
Under 19	\$ 2.48	N/A	N/A	N/A
19 - 24	\$ 2.48	\$ 10.65	\$ 6.44	\$ 24.28
25 - 30	\$ 3.72	\$ 14.88	\$ 7.78	\$ 28.60
31 - 40	\$ 7.32	\$ 19.72	\$ 8.60	\$ 38.22
41 - 50	\$ 14.05	\$ 30.28	\$ 15.34	\$ 41.86
51 - 64	\$ 19.55	\$ 36.58	\$ 20.00	\$ 49.72

ADVANTAGE PLAN

AGE BAND	MEMBER ONLY	MEMBER SPOUSE	MEMBER CHILD	MEMBER FAMILY
Under 19	\$ 1.36	N/A	N/A	N/A
19 - 24	\$ 1.36	\$ 8.48	\$ 4.30	\$ 11.25
25 - 30	\$ 2.75	\$ 8.65	\$ 4.60	\$ 11.45
31 - 40	\$ 4.32	\$ 10.25	\$ 5.48	\$ 13.36
41 - 50	\$ 9.10	\$ 19.20	\$ 12.20	\$ 24.35
51 - 64	\$ 13.36	\$ 22.48	\$ 16.50	\$ 28.30

CHOICE PLAN

AGE BAND	MEMBER ONLY
Under 19	\$ 0.89
19 - 24	\$ 0.89
25 - 30	\$ 1.92
31 - 40	\$ 3.32
41 - 50	\$ 7.30
51 - 64	\$ 10.70

*(Rates are per Participating Member per day)
No rates are final until documented in writing by Azimuth Risk Solutions, LLC*



BEACON STUDENT PLAN

INTERNATIONAL TRAVEL AND MEDICAL INSURANCE

Coverage Anywhere.
Value Everywhere.

APPLY TODAY

For a free quote call 888.201.8850 or 317.644.0291
Email service@azimuthrisk.com to get started

www.azimuthrisk.com



TRAVEL INSURANCE. IT'S THAT IMPORTANT.

Traveling internationally and studying abroad can prove to be enriching and an exciting life experience, but both hold plenty of risks that may not be covered by your current health insurance plan. For example, what would you do if you suffered a severe injury, were involved in a serious traffic accident while exploring a foreign city or became seriously ill and needed to visit a hospital? Will your current health insurance plan always be available or capable of helping you in an emergency during your time abroad?

SCHEDULE OF BENEFITS*

MEDICAL COVERAGE	BEACON ELITE	BEACON ADVANTAGE	BEACON CHOICE
Maximum Limits - Per Coverage Period	\$500,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child)	\$250,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child)	\$200,000 (Participating Member) No dependent coverage
Maximum Sub-Limits - Per Illness or Injury	\$500,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child)	\$250,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child)	\$100,000 (Participating Member) No dependent coverage
Pre-existing Conditions Waiting Periods	180 Days	180 Days	365 Days (\$25,000 Sub-Limit for an Acute Onset of a Pre-existing Condition)
Deductibles	\$50 per Illness or Injury, \$25 per Illness or Injury within PPO Network or the Student Health Center	\$90 per Illness or Injury, \$45 per Illness or Injury within PPO Network or the Student Health Center	\$100 per Illness or Injury, \$50 per Illness or Injury within PPO Network or the Student Health Center
Coinsurance - Claims Incurred Inside the US or Canada <i>(Coinsurance will be waived for Eligible Expenses Incurred with the PPO Network or Student Health Center)</i>	The plan pays 80% of the next \$5,000 after the Deductible for Eligible Expenses, then 100% to the Coverage Period Maximum Limit	The plan pays 80% of the next \$25,000 after the Deductible for Eligible Expenses, then 100% to the Coverage Period Maximum Limit	The plan pays 80% of Eligible Expenses after the Deductible
Coinsurance - Claims Incurred Outside the US or Canada	The plan pays 100% of all Eligible Expenses to the Coverage Period Maximum Limit, after the Deductible		
HOSPITAL SERVICES			
Pre-Certification Penalty	50% reduction of all Eligible Expenses		
Hospital Room and Board	Average semi-private room rate		
Intensive Care Unit	Usual, Reasonable and Customary Charges		
Emergency Room - Illness/Accident	Usual, Reasonable and Customary Charges. Subject to an additional \$250 Deductible if Illness or Injury does not result in Hospitalization.		
OUTPATIENT SERVICES			
Physician Visit	Usual, Reasonable and Customary Charges		
Physical Therapy / Chiropractic Care <i>(Must be Referred by a Licensed Physician)</i>	\$60 Maximum Sub-Limit per visit, 1 visit per day, Maximum 15 visits per Coverage Period	\$60 Maximum Sub-Limit per visit, 1 visit per day, Maximum 10 visits per Coverage Period	\$25 Maximum Sub-Limit per visit, 1 visit per day, Maximum 10 visits per Coverage Period
Mental & Nervous Disorders /Alcohol & Substance Abuse <i>(Available after 90 days of continuous coverage)</i>	Plan pays 80% within the PPO Network and 60% outside the PPO, Inpatient or Outpatient Treatment, Maximum Limit of 30 visits	\$60 per day, \$500 Maximum Sub-Limit for Outpatient Treatment, \$10,000 Maximum Sub-Limit for Inpatient Treatment	\$50 per day, \$500 Maximum Sub-Limit for Outpatient Treatment, \$10,000 Maximum Sub-Limit for Inpatient Treatment
OTHER SERVICES			
All other Eligible Medical Expenses	Usual, Reasonable, and Customary Charges		
Maternity Care for a Eligible Pregnancy	Usual, Reasonable, and Customary Charges		
Newborn Care (Routine Nursery)	\$750 Maximum Sub-Limit per Coverage Period	\$250 Maximum Sub-Limit per Coverage Period	No coverage
Therapeutic Termination of Pregnancy	\$500 per Coverage Period, \$1,000 Maximum Sub-Limit		
Local Ambulance	Up to \$750 per Illness or Injury when covered Illness or Injury results in Hospitalization	Up to \$500 per Illness or Injury when covered Illness or Injury results in Hospitalization	Up to \$300 per Illness or Injury when covered Illness or Injury results in Hospitalization
Durable Medical Equipment	Usual, Reasonable and Customary Charges. Limited to a standard hospital bed and/or wheelchair		
Dental (Injury as Result of an Accident)	\$250 Maximum per tooth, \$500 Maximum Sub-Limit per Coverage Period, Only available for Policies purchased for 90 days or more		No coverage
Dental (Acute Onset of Pain)	\$100 Maximum Sub-Limit per Coverage Period		No coverage
Prescription Drugs	The Plan will reimburse up to 50% of cost, Generic Drugs only		
Emergency Medical Evacuation (Not Subject to Deductible or Coinsurance)	\$400,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child) Maximum Sub-Limit		
Emergency Reunion	\$5,000 Maximum Sub-Limit	\$1,000 Maximum Sub-Limit	\$1,000 Maximum Sub-Limit
Repatriation of Remains (Not Subject to Deductible or Coinsurance)	\$50,000 Maximum Sub-Limit	\$25,000 Maximum Sub-Limit	\$7,500 Maximum Sub-Limit
Terrorism	\$50,000 Maximum Sub-Limit, Medical Expenses Only		
Optional Sports Rider (Intercollegiate/Interscholastic/Intramural/ Club)	\$5,000 Maximum Sub-Limit	\$1,000 Maximum Sub-Limit	No coverage
Accidental Death & Dismemberment	\$25,000 (Participating Member) \$10,000 (Spouse) \$5,000 (Dependent Child) Maximum Principal Sums	No coverage	No coverage

* This is a consolidated and summary description of benefits and limits. A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.