

The Beacon Series Travel Medical Plan Schedule of Benefits

Medical Coverage

Maximum Limits: \$60,000; \$110,000; \$550,000; \$1,100,000 or \$2,000,000 (ages 70-79, \$50,000 Maximum Limit; ages 80+, \$12,000 Maximum Limit)

Deductibles: \$0; \$100; \$250; \$500; \$1,000; \$2,500 per Coverage Period.

Coinsurance (Subject to the Deductible): The plan pays 100% of Eligible Expenses to the Maximum Limit for claims incurred in the US or Canada within the MultiPlan PPO Network. The plan pays 80% of the next \$5,000 after the Deductible outside of the Network. The plan pays 100% of Eligible Expenses for claims incurred outside the US & Canada.

Outpatient Services

Prescription Drugs: Usual, Reasonable and Customary charges.

Physician Visit: Usual, Reasonable and Customary charges.

Physical Therapy: \$60 Maximum Limit per visit, 1 visit per day, Maximum of 15 visits per Coverage Period. Must be referred by physician other than the Physical Therapist.

Hospital Services

Pre-Certification Penalty: 50%

Emergency Room Accident: Usual, Reasonable and Customary charges.

Emergency Room Illness: Usual, Reasonable and Customary charges. (Subject to additional \$250 Deductible if not admitted overnight).

Hospital Room and Board: Average Semi-private room rate, including nursing services.

Hospital Indemnity: \$150 per night; Inpatient Hospitalization (Outside the US and Canada ONLY).

Other Benefits

All Other Eligible Medical Expenses: Usual, Reasonable and Customary charges.

Sudden Onset of Pre-existing Condition: \$15,000 Maximum Limit for Eligible Medical Expenses including Emergency Medical Evacuation.

Local Ambulance: Usual, Reasonable and Customary charges, when covered illness or Injury results in Hospitalization.

Durable Medical Equipment: Usual, Reasonable and Customary charges. Limited to a standard hospital bed and wheelchair.

Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more: \$250 Maximum Limit per Coverage Period.

Dental (Acute onset of pain) Only available for Policies purchased for 90 days or more: \$100 Maximum Limit per Coverage Period.

Lost Checked Luggage: \$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.

Optional Sports Rider: \$10,000 Maximum Limit per Coverage Period.

Emergency Medical Evacuation: Maximum Limit; except when provided under the Sudden onset of Pre-existing Conditions.

Emergency Reunion: \$50,000 Maximum Limit

Trip Delay / Missed Connection: \$100 Maximum Limit per day (Maximum 2 days), after a 12 hour delay period. As defined in the Policy.

Personal / Third Party Liability: \$500 Maximum Limit. As defined in the Policy.

Return of Mortal Remains: \$50,000 Maximum Limit

Return of Minor Child: \$5,000 Maximum Limit

Quick Trip Home Country Coverage: 14 days cumulative Home Country Coverage (as defined in Policy). Subject to 90 days minimum purchase.

Home Country Coverage (End of Trip): Free 15 days with 180 days purchase, or free 30 days with 365 days purchase.

Common Carrier Accidental Death and Dismemberment: Up to \$50,000 Maximum Limit (not subject to Deductible or Coinsurance) for Participating Member age 18 and older or Up to \$30,000 Maximum Limit (not subject to Deductible or Coinsurance) for Participating Member under age 18. \$250,000 Maximum Benefit any one family

Political Evacuation: \$10,000 Maximum Limit (not subject to Deductible or Coinsurance). As defined in the Policy.

Terrorism: \$50,000 Maximum Limit Medical Expenses ONLY.

Accidental Death and Dismemberment (AD&D) Participating Members age 18 and older:

Up to \$30,000 Maximum Limit (not subject to the Deductible or Coinsurance)
 Death of Insured Person = \$30,000; Death of Spouse = \$20,000; Death of Child(ren) = \$6,000
 Loss of 2 or more Limbs or both eyes = \$30,000
 Loss of 1 Limb or eye = \$15,000
 Age 70-74 benefits are reduced by 50%
 Age 75+ benefits are reduced by an additional 50%
 \$250,000 Maximum Benefit any one family

Accidental Death and Dismemberment (AD&D) Participating Members under the age 18:

Up to \$6,000 Maximum Limit (not subject to the Deductible or Coinsurance)
 Death of Insured Person = \$6,000
 Loss of 2 or more Limbs or both eyes = \$6,000
 Loss of 1 Limb or eye = \$3,000
 \$250,000 Maximum Benefit any one family

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 is available upon request.

BEACON International Rates (Coverage Area Excluding the US and Canada)

Valid Through 06/30/2015

Maximum Limit	\$60,000	\$110,000	\$550,000	\$1,100,000	\$2,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	\$0.85	\$1.12	\$1.28	\$1.34	\$1.82
30-39	\$1.00	\$1.38	\$1.54	\$1.72	\$2.42
40-49	\$1.70	\$2.08	\$2.18	\$2.25	\$3.34
50-59	\$3.06	\$3.50	\$3.86	\$4.13	\$5.12
60-64	\$3.62	\$4.18	\$5.10	\$6.02	\$6.74
65-69	\$4.32	\$4.65	\$5.34	\$6.41	\$8.12
70-79*	\$6.45	N/A	N/A	N/A	N/A
80+**	\$12.85	N/A	N/A	N/A	N/A
Dep. Child	\$0.80	\$1.05	\$1.15	\$1.30	\$1.60
Child Alone	\$0.85	\$1.12	\$1.20	\$1.40	\$1.76

*\$50,000 maximum limit

**\$12,000 maximum limit

BEACON America Rates (Coverage Area Including the US and Canada)

Valid Through 06/30/2015

Maximum Limit	\$60,000	\$110,000	\$550,000	\$1,100,000
Age	Daily	Daily	Daily	Daily
18-29	\$1.38	\$1.75	\$2.18	\$2.48
30-39	\$1.88	\$2.25	\$2.84	\$3.22
40-49	\$2.80	\$3.25	\$4.22	\$4.70
50-59	\$4.05	\$5.00	\$6.02	\$6.98
60-64	\$4.78	\$6.00	\$7.20	\$8.54
65-69	\$6.00	\$7.56	\$9.25	\$9.68
70-79*	\$8.12	N/A	N/A	N/A
80+**	\$14.23	N/A	N/A	N/A
Dep. Child	\$1.23	\$1.38	\$1.93	\$2.20
Child Alone	\$1.34	\$1.62	\$2.00	\$2.25

*\$50,000 maximum limit

**\$12,000 maximum limit