

THE GLOBALMARINER SCHEDULE OF BENEFITS	
Maximum Limit	\$500,000, \$1,000,000 Maximum Limit
Deductibles	\$500, \$1,000, \$2,500 Participating Member per Coverage Period
Family Deductible	Maximum of 3 Deductibles per Family per Coverage Period
Coverage Area	Area 1- Worldwide Including US & Canada
Coinsurance – Claims incurred inside 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. Coinsurance will be waived if Eligible Medical Expenses are incurred within the Preferred Provider Organization Network
Coinsurance – Claims 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% Eligible Medical Expenses
Pre-existing Condition	\$10,000 Sub-Limit per Coverage Period, \$50,000 Maximum Sub-Limit, After 364 of continuous coverage
INPATIENT/OUTPATIENT BENEFITS	
Hospital Room and Board	Average Semi-Private room rate
Intensive Care Unit	Usual, Reasonable and Customary Charges
Human Organ/ Tissue Transplant	\$500,000 Sub-Limit per Covered Transplants, up to the Maximum Limit
Home Health & Extended Care Facility	Usual, Reasonable and Customary Charges
Surgery	Usual, Reasonable and Customary Charges
Diagnostic Laboratory	Usual, Reasonable and Customary Charges
Diagnostic Radiology	Usual, Reasonable and Customary Charges
Physician	Usual, Reasonable and Customary Charges
Physician Specialist	Usual, Reasonable and Customary Charges
Physical Therapy	\$50 Sub-Limit per visit, \$1,000 Sub-Limit per Coverage Period, \$10,000 Maximum Sub-Limit
Local Ambulance	Up to \$750 Sub-Limit per Incident, per Coverage Period when Illness or Injury results in Hospitalization
Chiropractic Care	\$35 Sub-Limit per visit, 10 visits per Coverage Period, Must be prescribed by a Licensed Medical Physician, After 364 days of Continuous Coverage
EMERGENCY BENEFITS	
Emergency Room - Illness/Accident	Usual, Reasonable, and Customary, Subject to additional \$250 Deductible if Illness or Injury does not result in Hospitalization
Emergency Medical Evacuation	\$250,000 Maximum Sub-Limit, \$10,000 Maximum Sub-Limit for Participating Members age 60 and older
Emergency Reunion	Reimbursement up to \$10,000 for Expenses related to the Emergency Reunion of a relative or friend resulting from an Emergency Medical Evacuation of a Participating Member
Emergency Dental- Due to an Accident	\$500 Sub-Limit per Coverage Period
OTHER BENEFITS	
Return of Mortal Remains	Reimbursement up to \$25,000 for the return of a Participating Members Mortal Remains to his/her Home Country, Not subject to Deductible or Coinsurance
Prescription Drug Coverage	Reimbursement Only. Usual, Reasonable and Customary. 20% Coinsurance in the US
Durable Medical Equipment	Usual, Reasonable and Customary charges, Limited to a standard Wheelchair and/or Hospital Bed
All Other Medical Expenses	Usual, Reasonable and Customary Charges