

# International Assurance Travel Medical Plan

## Schedule of Benefits

Medical Coverage	USD
<b>Maximum Limits</b>	\$35,000, \$60,000, \$125,000, \$600,000, or \$1,200,000 (Ages 70-79 limited to \$50,000; Ages 80+ limited to \$12,000)
<b>Deductibles</b>	\$0 (Excluding the US & Canada ONLY); \$50; \$250; \$500 per Participating Member, per Coverage Period
<b>Pre-Existing Conditions</b>	<b>NO Coverage</b>
<b>Coverage Area</b>	Worldwide – Including & Excluding the US & Canada
<b>Coinsurance – Claims Incurred in US or Canada</b>	After the Deductible the Plan will pay 80% of the next \$5,000 of Eligible Medical Expenses, then 100% to the Maximum Limit
<b>Coinsurance - Claim incurred outside US or Canada</b>	After the Deductible the Plan will pay 100% of Eligible Medical Expenses to the Maximum Limit
Hospital Services	
<b>Pre-Notification Penalty</b>	50% of Eligible Medical Expenses
<b>Hospital Indemnity</b>	\$150 Sub-Limit per night , maximum for 5 nights for Inpatient Hospitalization, Outside the US and Canada 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 Co-Pay if Illness or Injury does not result in Hospitalization
Outpatient Services	
<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 or Canada</b>	\$35.00 Co-pay per visit, Subject to Coinsurance (Not subject to the Deductible)
Other Services	
<b>Sudden On-set of Pre-existing Condition</b>	\$100,000 Sub-Limit for Eligible Medical Expenses including Emergency Medical Evacuation, up to age 69. ONLY for plans purchased for 180 days or more with \$600,000 or \$1,200,000 Maximum Limits
<b>Local Ambulance</b>	Usual, Reasonable and Customary charges, when covered Illness or Injury results in Hospitalization
<b>Durable Medical Equipment</b>	Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair

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## Schedule of Benefits Continued

<b>Other Services</b>	
<b>Dental - Injury as Result of Accident</b>	\$250 Sub-Limit per Coverage Period, available for Policies purchased for 180 days or more
<b>Dental - Acute Onset of Pain</b>	\$100 Sub-Limit per Coverage Period, available for Policies purchased for 90 days or more
<b>Emergency Medical Evacuation</b>	Up to Policy Maximum; except when related to Sudden Onset of Pre-existing Conditions
<b>Emergency Reunion</b>	\$7,500 Maximum Sub-Limit
<b>Return of Mortal Remains</b>	\$50,000 Maximum Sub-Limit
<b>Return of Minor Dependent Child (ren)</b>	\$50,000 Maximum Sub-Limit
<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>	\$250 Sub-Limit per Coverage Period, As defined in the policy (Not subject to Deductible or Coinsurance)
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Participating Members age 18 and older</b>	Up to \$25,000 Maximum Principal Sum; Death of Participating Member- \$25,000; Loss of 2 or more Limbs or Sight in both eyes- \$25,000; Loss of 1 Limb or Sight in 1 eye- \$12,500; Age 70-74 Benefits are reduced by 50%; Age 75+ Benefits are reduced by an additional 50% (Not subject to the Deductible or Coinsurance)
<b>Accidental Death &amp; Dismemberment Participating Members under the age 18</b>	Up to \$10,000 Principal Sum; Death of Participating Member- \$10,000; Loss of 2 or more Limbs or Sight in both eyes- \$10,000; Loss of 1 Limb or Sight in 1 eye- \$5,000 (Not subject to the Deductible or Coinsurance)
<b>Political Evacuation</b>	\$10,000 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
<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

**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.**