



MERIDIAN BASIC & ENHANCED SCHEDULE OF BENEFITS

Going Your Way



MERIDEAN BASIC SCHEDULE OF BENEFITS

Maximum Limit--	\$2,000,000 Maximum Limit	
Deductibles	\$250 or \$500 per Member per Coverage Period	
Family Deductible	Maximum of 2 Deductibles per Family per Coverage Period.	
Coverage Area	Area 1- Worldwide	Area 2- Coverage outside the US and Canada
Coinsurance- Claims incurred in US or Canada	The Plan will pay 80% of the next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO.	
Coinsurance- Claims incurred outside US or Canada	The Plan will pay 100% of Eligible Expenses to the Overall Maximum Limit.	
Pre-certification Penalty	50%	
Pre-existing Condition	\$10,000 per Coverage Period (after 24 months of continuous coverage). \$50,000 Maximum of Limit	
Maternity-Normal Delivery	Optional Rider 1-\$7,500 Per Coverage (Maximum Limit of \$50,000). Optional Rider 2-\$5,000 Per Coverage (Maximum Limit of \$25,000).	
Maternity-Complicated Delivery	Optional Rider 1-\$10,000 Per Coverage (Maximum Limit of \$50,000).	
	Optional Rider 2- \$7,500 Per Coverage (Maximum Limit of \$25,000).	
Newborn Care	Included as part of Maternity benefits for first 31 days of life.	
Human Organ/Tissue Transplants	\$500,000 Maximum Limit, covered transplants.	
Hospital Room and Board (Coverage Area Option 1)	Average Semi-Private room rate.	
Hospital Room and Board (Coverage Area Option 2)	Average Semi-Private room rate.	
Intensive Care Unit (Coverage Area Option 1)	Usual, Reasonable, and Customary (URC)	
Intensive Care Unit (Coverage Area Option 2)	Usual, Reasonable, and Customary (URC)	
Local Ambulance	\$1,500 per covered event (not subject to Deductible or Coinsurance).	
Surgery	Usual, Reasonable, and Customary (URC)	
Prescription Drug Coverage	Usual, Reasonable, and Customary (URC)	



Emergency Dental Due to Accident	\$500 per Coverage Period
Mental & Nervous Disorders	\$10,000 per Coverage Period for Outpatient treatment only (after 24 months continuous coverage).
Wellness (Adult)	\$150 per Member age 30 and over, per Coverage Period (after 12 months continuous coverage). Not subject to Deductible or Coinsurance.
Wellness (Child)	\$100 per Member age 18 and under, per Coverage Period (after 12 months continuous coverage). Not subject to Deductible or Coinsurance.
All Other Medical Expenses	Usual, Reasonable, and Customary (URC)
Emergency Room Illness	Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).
Emergency Room Accident	Usual, Reasonable, and Customary (URC)
Emergency Medical Evacuation	\$50,000 Maximum Limit, members 65 and over Maximum Limit \$25,000.
Emergency Reunion	\$7,500 Maximum Limit
Return of Mortal Remains	\$25,000 Maximum Limit per Member (not subject to Deductible).

With regard to the foregoing Schedule of Benefits/Limits, the references to "continuous coverage" mean continuous unbroken coverage under the Beacon/Meridian Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous coverage period so specified.

MERIDEAN ENHANCED SCHEDULE OF BENEFITS

The Meridian Series Enhanced Schedule of Benefits	
Maximum Limit	\$5,000,000 Maximum Limit
Deductibles	\$250; \$500; \$1,000; \$2,500; \$5,000;\$10,000 per Member per Coverage Period
Family Deductible	Maximum of 3 Deductibles per Family per Coverage Period.
Coverage Area	Area 1- Worldwide Area 2- Coverage outside the US and Canada
Coinsurance- Claims incurred in US or Canada	After the Deductible the Plan will pay 90% of the next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO.
Coinsurance- Claims incurred outside US or Canada	The Plan will pay 100% of Eligible Expenses to the Overall Maximum Limit.
Pre-certification Penalty	50%
Pre-existing Condition	Same As Any Other Injury or Illness if fully disclosed on Application and not excluded or limited by Rider (after 12 continuous months of coverage).
Maternity-Normal Delivery	Same As Any Other Illness; \$5,000 additional Deductible, \$100,000 Maximum Limit (after 12 months of continuous coverage).
Maternity-Complicated Delivery	Same As Any Other Illness; \$5,000 additional Deductible, \$100,000 Maximum Limit (after 12 months of continuous coverage).
Newborn Care	Included as part of Maternity benefits for first 60 days of life.



Human Organ/Tissue Transplants	\$2,000,000 Maximum Limit
Hospital Room and Board (Coverage Area 1)	Average Semi-Private room rate
Hospital Room and Board (Coverage Area 2)	Average Private room rate
Intensive Care Unit (Coverage Area 1)	Usual, Reasonable, and Customary (URC)
Intensive Care Unit (Coverage Area 2)	Usual, Reasonable, and Customary (URC)
Local Ambulance	Usual, Reasonable, and Customary (URC)
Surgery	Usual, Reasonable, and Customary (URC)
Prescription Drug Coverage	Usual, Reasonable, and Customary (URC)
Dental Coverage	\$750 Maximum per Calendar Year. \$50 Individual Deductible. Schedule of Benefit payout: Class A=90%; Class B=\$70%; Class C=\$50%; Ortho= no coverage (6 month waiting period). Including Emergency Dental, subject to the overall Maximum Limit, and (after 6 month waiting period).
(Optional Rider)	
Vision Care	\$100 maximum limit per Coverage period for exams and materials after 12 months of continuous coverage.
Mental & Nervous Disorders	\$50 per visit, per day for outpatient care. \$15,000 per Coverage Period (after 12 months continuous coverage). \$30,000 Maximum Limit.
Wellness (Adult)	\$250 per Males age 25 and over/Woman age 30 and over, per Coverage Period (after 12 months continuous coverage). Not subject to Deductible or Coinsurance.
Wellness (Child)	\$150 per Member age 18 and under, per Coverage Period (after 10 months continuous coverage). Not subject to Deductible or Coinsurance.
Complementary Medicine	\$175 Acupuncture; \$175 Aroma Therapy; \$175 Herbal Therapy; \$175 Massage Therapy; \$175 Vitamin Therapy (after 12 months of continuous coverage); per Coverage period.
	Maximum Limit of one service per Coverage Period.
High School Sports Injury	\$7,000 Maximum Limit (subject to an additional \$250 deductible) for medical benefits only
All Other Medical Expenses	Usual, Reasonable, and Customary (URC)
Emergency Room Illness	Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).
Emergency Room Accident	Usual, Reasonable, and Customary (URC)
Emergency Medical Evacuation	\$110,000 Maximum Limit, \$55,000 Maximum Limit for ages 60 and older.
Emergency Reunion	\$10,000 Maximum Limit
Return of Mortal Remains	\$30,000 Maximum Limit per Member (not subject to Deductible)

With regard to the foregoing Schedule of Benefits/Limits, the references to "continuous coverage" mean continuous unbroken coverage under the Beacon/Meridian Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous coverage period so specified.



While the Meridian Series provides the most thorough and expansive coverage available in the international market today, it is important to recognize that there are some conditions and circumstances where your plan would not provide coverage. Please take note of pre-existing condition criteria and information on what the Meridian Series would not cover:

Meridian Basic:

After coverage has been in effect for 24 continuous months, the Basic plan option provides a \$50,000 lifetime benefit, if you properly disclose any pre-existing condition on the application and it's not excluded or limited by a rider, subject to a maximum of \$10,000 per period of coverage.

Meridian Enhanced:

After coverage has been in effect for 12 continuous months, the Enhanced plan option provides you with coverage that is equal to any other illness or condition as long as you properly disclose any pre-existing condition on the application and it's not excluded or limited by a rider, subject to deductible and co-insurance.

Illness or Surgery within 180 Days:

Illness waiting period – for 180 days from your Effective Date, the following are ineligible for coverage: asthma, allergies, any condition of the breast, any condition of the prostate, tonsillectomy, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, diverticulitis, hysterectomy, hernia, intervertebral disc disease, gall stones or kidney stones.

Note: Coverage and/or benefits for these Illnesses or Surgeries (or for similar or different Illnesses or Surgeries) may be separately or further limited and/or excluded under the Pre-existing Conditions exclusion and definition.

Other Exclusions and Limitations*

- Investigational, experimental or research procedures
- Charges for cosmetic surgery or weight modification
- Treatment for sleep disorders/hair growth/exercise programs
- Contraceptive medication or treatment
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Treatment resulting from illegal activities
- Speech therapy
- Persons HIV+ at effective date
- Adult routine physical examinations are excluded under the Basic and Enhanced plan for the first 12 months
- Treatment as a result of terrorism, war or riot
- Charges which are not medically necessary, or are not performed by order of a physician

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

