



MERIDIAN BASIC & ENHANCED

Going Your Way



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 coinsurance.

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. An Evidence of Insurance containing the terms, conditions and exclusions will be included in the fulfillment kit. Azimuth reserves the right to issue the most current Evidence of Insurance for this plan in the event this application and / or brochure has expired, is modified, or is replaced with a newer version. A complete copy of the Master Policy is available at all times upon request.



1 North Pennsylvania Street, Suite 600
Indianapolis, Indiana 46204

Phone: 317-644-6291/ 888-201-8850
Fax: 317-423-9620 /88-201-8851

Email: service@azimuthrisk.com
Website: www.azimuthrisk.com