



MERIDIAN BASIC & ENHANCED SCHEDULE OF BENEFITS

Going Your Way



THE MERIDIAN SERIES BASIC SCHEDULE OF BENEFITS

Maximum Limit	\$2,000,000 Maximum Limit	
Deductibles	\$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000 per Member per Coverage Period	
Family Deductible	Maximum of 2 Deductibles per Family per Coverage Period	
Coverage Area	Area 1- Worldwide- Including U.S. & Canada	Area 2- Worldwide- Excluding US & Canada
Coinsurance-(Claims incurred in US or Canada)	After the Deductible 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.	
Benefit Period	6 months	
Pre-certification Penalty	50%	
Pre-existing Condition	\$10,000 per Coverage Period (after 24 months of continuous coverage). \$50,000 Maximum Limit	
Maternity- Normal Delivery & Complicated Delivery	OPTIONAL RIDER- \$10,000 per Coverage Period (\$50,000 Maximum Limit)	
Newborn Care	Included as part of Maternity benefits for first 31 days of life	
Human Organ/ Tissue Transplant	\$500,000 Maximum Limit, covered Transplants	
Hospital Room and Board (Coverage Area 1)	Average Semi-Private room rate	
Hospital Room and Board (Coverage Area 2)	Average Semi-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)	
Emergency Dental Due to Accident	\$500 per Coverage Period	
Local Ambulance	\$1,500 per covered event (not subject to Deductible or Coinsurance)	
Surgery	Usual, Reasonable and Customary (Subject to deductible and co-insurance)	
Prescription Medications	Usual, Reasonable and Customary	
Mental & Nervous Disorders	\$10,000 per Coverage Period for Outpatient treatment only (after 24 months of continuous coverage).	
Mental & Nervous Disorders	\$10,000 per Coverage Period for Outpatient treatment only (after 24 months of continuous coverage).	
Wellness (Adult)	\$150 per Males 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, \$25,000 Maximum Limit for ages 65 and older.	
Return of Mortal Remains	\$25,000 Maximum Limit per Member (not subject to Deductible).	
Emergency Reunion	\$7,500 Maximum Limit	

With regard to the foregoing Schedule of Benefits/Limits, the references to "continuous coverage" mean continuous unbroken coverage under the Beacon/Axis 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.



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- Including U.S. & Canada	Area 2- Worldwide- Excluding US & 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.	
Benefit Period	6 months	
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 a Rider (after 12 months of continuous 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 Transplant	\$2,000,000 Maximum Limit	
Hospital Room and Board (Coverage Area 1)	Usual, Reasonable and Customary (URC)	
Hospital Room and Board (Coverage Area 2)	Usual, Reasonable and Customary (URC)	
Intensive Care Unit (Coverage Area 1)	Usual, Reasonable and Customary (URC)	
Intensive Care Unit (Coverage Area 2)	Usual, Reasonable and Customary (URC)	
Emergency Room	Usual, Reasonable and Customary for covered Illness if hospitalized as Inpatient and for covered Injuries	
Local Ambulance	Usual, Reasonable and Customary (URC)	
Surgery	Usual, Reasonable and Customary (Subject to deductible and co-insurance)	
Prescription Medications	Usual, Reasonable and Customary	
Vision Care	\$100 maximum limit per Coverage period for exams and materials after 12 months of continuous coverage.	
Dental Coverage (Optional Rider)	\$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).	
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.	
Return of Mortal Remains	\$30,000 Maximum Limit per Member (not subject to Deductible)	
Emergency Reunion	\$10,000 Maximum Limit	

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