# **MERIDIAN CLEAR BROCHURE**

Going Your Way





# Does International Medical Insurance Make Sense for Me?

If it matters to you to have flexibility and security in where, when and how you receive your health care services, the Meridian Clear Plan can offer you authentic peace of mind. This peace comes from the knowledge that you will have the ability to choose access to the best medical care available, either in your country of residence, or anywhere you may elect to go for its delivery in the world. Meridian Clear provides you with a private medical care alternative that allows you to choose from any provider, no matter where they practice in the world and know that you have the ability to positively impact the quality of your medical services. With the creation of Meridian Clear, Azimuth Risk Solutions, LLC has created a plan to make what is important to you important to us.

### Who Is Eligible for Meridian Clear?

Meridian Clear is a true industry innovation which is designed to provide coverage for clients who may not have qualified for other international medical plans, either because of suboptimal health conditions, or have an immediate need for coverage. Clients who qualify medically and are more than 14 days old and under the age of 65 who either live outside of the United States, or who would not qualify for a US domestic health insurance plan as a result of their citizenship status may apply for the plan. Once accepted, you would be able to renew indefinitely with no medical questions at your renewal period (subject to the terms of the Evidence of Insurance). Those clients who qualify medically and are accepted on the plan after the age of 65 would be able to renew their plan up to their 75th birthday. If you are a US citizen, you must leave the US within 30 days of your effective date of insurance and within 30 days of your renewal date if you are in the US at that time. You will receive notice of your renewal approximately 60 days in advance of your date of renewal.

# Who Insures This Plan?

The preeminent name in international insurance is Lloyd's, London. This largest, oldest and most respected insurance market is the insurer on all Azimuth Risk Solutions, LLC. plans. You will have the security of knowing that you are working with an insurer who has paid every eligible claim for more than 320 years. Lloyd's is 'A' rated by AM Best and Standard & Poor's for their superior ability to pay claims.

#### Who Is Azimuth Risk Solutions?

Headquartered in Indianapolis, Indiana, Azimuth Risk Solutions, LLC (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry to provide simply the finest in product offering, administration and support after the sale of international health, travel and life insurance products. If it's important to you to do business with an organization that is committed both to service excellence and to ethical conduct as well as philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Coverholder for our insurer, certain Underwriters at, Llovd's. London and the Administrator for the Meridian Clear Plan.

### The Meridian Clear Difference

The Meridian Clear Plan provides coverage to a much broader segment of the international medical insurance market than has been available in the past. Azimuth does this by providing predictable benefit amounts for unforeseeable illnesses and injuries at an affordable premium point. There are different choices available to you in the international medical insurance market; the key is selecting an insurance provider which you can be confident will be available to you at your time of need, which understands the culture of international living and has the security to weather the financial environment in the world as it is today. By choosing Meridian Clear, you can be certain that you have made the correct selection on all counts.

### The Meridian Clear Speed Underwriting

The Meridian Clear Plan is uniquely suited for instant issue. By completing the questions on the application and submitting your application to Azimuth by fax, mail or email, we will review and respond with the results of the review the following business day after receipt. Alternatively, you may apply via the internet and if approved, obtain instant verification of acceptance on the plan. Once you are confirmed on the plan, you will receive verification of coverage via email if you provide the information, followed by a complete fulfillment kit containing your Evidence of Insurance, identification card(s), claim form, welcome letter and receipt for the transaction. If your application is declined, your premium will be refunded in total. Your full satisfaction is our goal and after receiving your fulfillment you have the opportunity for a 7 day review of the plan. If for any reason you are not completely satisfied you may cancel your plan via written notice to Azimuth Risk Solutions, LLC and receive a full refund of your paid premium amount. After this 7 day period has elapsed, you may cancel at any time by providing 60 days written notice to Azimuth Risk Solutions, LLC. Your unearned premium amount will be returned, less a Short Rate Cancellation Fee which is indicated on the Lloyd's, London jacket which contains your Evidence of Insurance.

#### International Client Assistancee

If it matters to you to know that someone is always by your side while traveling in a distant land, the Meridian Series can ease your mind while you are away from the familiar surroundings of home. For no extra charge, each Meridian Series Plan includes the following key services to help you when you are in the greatest need:

- 24/7 Live Call Center never worry about getting lost in voicemail while you are many time zones away. A caring, helpful voice on the other end of the phone is always ready to help
- Lost Baggage Tracking if you've ever had to chase down your airline baggage department to find out where your luggage may have gone, you will appreciate our ability to do so on your behalf. Enjoy your travel without having to make multiple phone calls to get updates on your baggage delivery
- Medical Referrals need a doctor or the nearest hospital? One free call gets you the information you need
- Travel Advisories get in the know, before you go; call us to learn areas to avoid, travel delays, weather alerts and more
- Crisis Cash Advance we'll help you get to your money so you can stay on the go

Much, much, more

# MERIDIAN CLEAR SCHEDULE OF BENEFITS

Benefits	The Meridian Clear Plan is a schedule benefit plan with Limits as follows: all Limits are per Coverage Period unless otherwise noted						
Maximum Limit	\$2,000,000 Maximum Limit						
Deductibles	\$500; \$1,000; \$2,500; 5,000; 10,000 per Member per Coverage Period						
Coverage Area	Area 1: Worldwide Including US/ 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 Overa Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO.						
Coinsurance- Claims incurred outside US or Canada	After the Deductible the Plan will pay 100% of Eligible Expenses to the Overall Maximum Limit.						
Pre-certification Penalty	50%						
Pre-existing Condition	After 24 months of continuous coverage, with a	a \$50,000 Maximum Limit. \$5,000 Per Coverage Period.					
Sudden Onset of Pre-existing Conditions	Same as any other Injury or Illness (subject to	Schedule) \$1,000 1st Coverage Period and \$2,500 thereafter.					
Maternity: Normal or Complicated Delivery/Newborn Care	\$10,000 Maximum Limit after 24 months of continuous coverage. Covered Maternity expenses include pre-natal, Delivery, and post-natal care, and Newborn Care for the first 31 days.						
Human Organ/Tissue Transplants	\$250,000 Maximum Limit for covered Transplant.						
Hospital Room and Board	Semi-Private room rate, subject to the set benefits limits.						
Intensive Care Unit	Usual, Reasonable, and Customary, subject to	the set benefits limits.					
Prescription Drug Coverage	In-Patient prescription drugs covered only if Ho MAINTENANCE MEDICATIONS	ospitalized. Out-Patient is URC. NO COVERAGE FOR					
Mental and Nervous Disorders	\$25,000 Maximum Limit after 24 months of cor	ntinuous coverage, subject to the set benefits limits.					
Wellness (Adult)	\$250 for Males age 30 and over, Females 30 y 24 months continuous coverage)	years of age and older per Member per Coverage Period (after					
Wellness (Child)	\$150 for Members 18 and under per Member p	per Coverage Period (after 12 months continuous coverage)					
Emergency Room Accident/Illness	Usual, Reasonable and Customary (subject to	additional \$250 Deductible if not admitted)					
Local Ambulance	Usual, Reasonable, and Customary						
All Other Eligible Expenses	Usual, Reasonable, and Customary						
Emergency Medical Evacuation	\$30,000 Maximum Limit						
Emergency Reunion	\$7,500 Maximum Limit						
Return of Mortal Remains	\$30,000 Maximum Limit						

Wellness (Adult)  \$280 per Member per Coverage Period including Office Visit (after 24 months continuous coverage)  Wellness (Child)  \$50 per Visit for a maximum of 3 visits per Coverage Period (after 12 months continuous coverage)  NPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Hospital Room and Board (Coverage Area 1)  \$500 per day, maximum 240 days per Hospitalization (including ICU days)  Hospital Room and Board (Coverage Area 2)  \$500 per day, maximum 240 days per Hospitalization (including ICU days)  Intensive Care Unit (Coverage Area 1)  \$500 per day, maximum 240 days per Hospitalization (including non-ICU days)  Intensive Care Unit (Coverage Area 1)  \$500 per day, maximum 240 days per Hospitalization (including non-ICU days)  Office Visit (including Physician, Specialist Physician Specialist Physician Psychiatrist, Chiropractor, Surgical Consultant, Physical or Occupational Therapist  \$70 per visit (must be prescribed by a non Chiropractor Physician)  \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room  Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Lead Ambulance  \$50 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Leadorstory  \$50 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Leadorstory  \$50 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Leadorstory  \$50 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Leadorstory  \$50 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist  20% of Surgeon benefit  Sassistant Surgeon  \$500 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist  Assistant Surgeon  \$500 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTP	Meridian Clear Set Benefit Limits:	
Wellness (Adult) \$250 per Member per Coverage Period including Office Visit (after 24 months continuous coverage) Wellness (Child) \$50 per visit for a maximum of 3 visits per Coverage Period (after 12 months continuous coverage) NNATIENT BENEFITS (ALL Subject to Deductible and Coinsurance) Hospital Room and Board (Coverage Area 21) \$300 per day, maximum 240 days per Hospitalization (including ICU days) Intensive Care Unit (Coverage Area 21) \$400 per day, maximum 240 days per Hospitalization (including non-ICU days) Intensive Care Unit (Coverage Area 22) \$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days) Intensive Care Unit (Coverage Area 22) \$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days)  OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance) Office Visit (including Physician, Specialist Physician, Psychiatrist, Chicopractor, Surgical Chrispital) Physician Specialist \$70 per visit (must be prescribed by a non Chiropractor Physician) Surgical Consultant \$350 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice) Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible in not admitted), Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms) Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  Anesthesiologist \$250 per exam (includes ultrasounds, Sonograms and diagnostic Mammograms)  NNATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Customary Usual, Reasonable, and Customary Midwile Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MANTENANCE MEDICATIONS  MIDL CAT Scan, Echocardiography, Enrolated Subject to Deductible and Coinsurance)  Durable Medical Evacuation \$30,000 Maximum Limit  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Medical Evacuation \$30,000	Benefits:	Limits:
Weliness (Child)  \$50 per visit for a maximum of 3 visits per Coverage Period (after 12 months continuous coverage)  NPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day, maximum 240 days per Hospitalization (including ICU days)  1800 per day maximum 240 days per Hospitalization (including ICU days)  1800 per day maximum 240 days per Hospitali	WELLNESS BENEFITS (Not Subject to Deducti	ible or Coinsurance)
Intensive Care Unit (Coverage Area 1)  ## Sa00 per day, maximum 240 days per Hospitalization (including ICU days)  ## Hospital Room and Board (Coverage Area 2)  ## Sa00 per day, maximum 240 days per Hospitalization (including ICU days)  ## Hospital Room and Board (Coverage Area 2)  ## Sa00 per day, maximum 240 days per Hospitalization (including ICU days)  ## Intensive Care Unit (Coverage Area 1)  ## Intensive Care Unit (Coverage Area 2)  ## Sa00 per day, maximum 240 days per Hospitalization (including non-ICU days)  ## Intensive Care Unit (Coverage Area 2)  ## Intensiv	Wellness (Adult)	\$250 per Member per Coverage Period including Office Visit (after 24 months continuous coverage)
Hospital Room and Board (Coverage Area 1)  \$300 per day, maximum 240 days per Hospitalization (including ICU days)  Hospital Room and Board (Coverage Area 2)  \$400 per day, maximum 240 days per Hospitalization (including ICU days)  Intensive Care Unit (Coverage Area 1)  \$800 per day, maximum 240 days per Hospitalization (including non-ICU days)  Intensive Care Unit (Coverage Area 2)  \$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days)  DUITCATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Ulimeter Visit (including Physician, Specialist Physician, Psychiatrist, Chinopractor, Surgical Consultan, Physical or Occupational Therapist  \$70 per visit  \$50 per visit (fines 12 months continuous coverage)  Chinopractor  \$50 per visit (fines 12 months continuous coverage)  Chinopractor  \$50 per visit (fines 12 months continuous coverage)  Chinopractor  \$50 per visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant  \$350 per consultation prior to Surgery  Physical or Occupational Therapist  \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room  Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory  \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance  \$1,500 per covered event, per Member, per Coverage Period  X-rays  \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist  \$20% of Surgeon benefit  Assistant Surgeon  Usual, Reasonable, and Customary  Usual, Reasonable, and Customary  ### Usual, Reasonable, and Customary  ### Usual, Reasonable, and Customary  Usual, Reasonable, and Customary  *### Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subje	Wellness (Child)	\$50 per visit for a maximum of 3 visits per Coverage Period (after 12 months continuous coverage)
Hospital Room and Board (Coverage Area 2)  \$400 per day, maximum 240 days per Hospitalization (including ICU days)  Intensive Care Unit (Coverage Area 2)  \$800 per day, maximum 240 days per Hospitalization (including non-ICU days)  Intensive Care Unit (Coverage Area 2)  \$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days)  OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Ultimited in 15 visits per Member per Coverage Period.  Limited to 15 visits per Member per Coverage Period.  Physician, Psychiatrist, Chiropractor, Surgical Consultant, Physical or Occupational Therapist  \$70 per visit  Physician Specialist  \$70 per visit  \$70 per visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant  \$350 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room  Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory  \$250 per exam (includes Ultrasounds, Sonograms and diagonatic Mammograms)  Local Ambulance  \$1,500 per covered event, per Member, per Coverage Period  X-rays  \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Midwile Services  10% of Surgeon benefit  Assistant Surgeon  20% of Surgeon benefit  Assistant Surgeon  3500 per covered Pregnancy  Prescription Drug Coverage  In-Patient prescription drugs covered only if Hospitalized. Our-	INPATIENT BENEFITS (ALL Subject to De	eductible and Coinsurance)
Intensive Care Unit (Coverage Area 1) \$800 per day, maximum 240 days per Hospitalization (including non-ICU days) Intensive Care Unit (Goverage Area 2) \$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days) OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance) Office Visit (including Physician, Specialist Physician, Physician, Physician, Physician Store of Consultant, Physician of Cocupational Therapist Store of Visit (must be prescribed by a non-Chiropractor Store of Consultant Store of Cocupational Therapist S	Hospital Room and Board (Coverage Area 1)	\$300 per day, maximum 240 days per Hospitalization (including ICU days)
Intensive Care Unit (Coverage Area 2) \$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days)  OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Office Visit (including Physician, Specialist Physician, Specialist Physician, Physician, Physician Physician, Physician Physician, Physician Physician Physician Physician Physician Physician Physician Physician Strope visit Physician Strope visit Physician Strope visit Strope visit Physician Specialist Strope visit Physician Specialist Strope visit Strope visit Physician Surgical Consultant Strope visit Physician Surgical Consultant Strope visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant Strope visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory Strope visit (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services Strope or covered Pregnancy  In-Patient prescription Drug Coverage  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Clohoscopy and Oystoscopy  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Usual, Reasonable, and Customary  Usual, Reasonable, and Customary  Usual, Reasonable, and Customary  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Usual, Reasonable, and Customary  Usual, Reasonable, and Customary  Usual, Reasonable, and Customary Charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Evacuation  \$7,500 Maximum Limit	Hospital Room and Board (Coverage Area 2)	\$400 per day, maximum 240 days per Hospitalization (including ICU days)
OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Office Visit (including Physician, Specialist Physician, Psychiatrist, Chiriopractor, Surgical Consultant, Physical or Occupational Therapist)  Physician Specialist \$70 per visit  Physician Specialist \$70 per visit  Physician Specialist \$50 per visit (after 12 months continuous coverage)  Chiropractor \$50 per visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant \$350 per consultation prior to Surgery  Physical or Occupational Therapist \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist \$20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  Prescription Drug Coverage Prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Colonoscopy and Cycloscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment	Intensive Care Unit (Coverage Area 1)	\$800 per day, maximum 240 days per Hospitalization (including non-ICU days)
Office Visit (including Physician, Specialist Physician, Psychiatrist, Chiriopractor, Surgical Consultant, Physicial or Occupational Therapist)  Physician \$70 per visit  Physician \$70 per visit  Physician \$70 per visit  Physician \$50 per visit (after 12 months continuous coverage)  Chiropractor \$50 per visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant \$350 per consultation prior to Surgery  Physician or Occupational Therapist \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Anbulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Assistant Surgeon 20% of Surgeon benefit  Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cycloscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Equipment	Intensive Care Unit (Coverage Area 2)	\$1,000 per day, maximum 240 days per Hospitalization (including non-ICU days)
Physical or Occupational Therapist) Physician S70 per visit Physician \$70 per visit Physician Specialist S70 per visit (after 12 months continuous coverage) Chiropractor \$50 per visit (after 12 months continuous coverage) Chiropractor \$50 per visit (must be prescribed by a non Chiropractor Physician) Surgical Consultant S350 per consultation prior to Surgery Physical or Occupational Therapist S50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice) Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted). Laboratory S250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms) Local Ambulance \$1,500 per covered event, per Member, per Coverage Period X-rays \$250 per exam (includes all procedures carried out on one specimen) INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance) Anesthesiologist 20% of Surgeon benefit Surgery Usual, Reasonable, and Customary Midwife Services \$350 per covered Pregnancy In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS MRI, CAT Scan, Echocardiography, Endoscopy, Castroscopy, Colonoscopy and Cyctoscopy Chemotherapy and Radiation Usual, Reasonable, and Customary OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Tollet Emergency Medical Evacuation \$7,500 Maximum Limit	OUTPATIENT BENEFITS (ALL Subject to	Deductible and Coinsurance)
Physician Specialist Psychiatrist S50 per visit (after 12 months continuous coverage) Chiropractor S50 per visit (must be prescribed by a non Chiropractor Physician) Surgical Consultant S350 per consultation prior to Surgery Physical or Occupational Therapist S50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice) Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted). Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms) Local Ambulance \$1,500 per covered event, per Member, per Coverage Period X-rays \$250 per exam (includes all procedures carried out on one specimen) INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance) Anesthesiologist 20% of Surgeon benefit Surgery Usual, Reasonable, and Customary Midwife Services \$350 per covered Pregnancy In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy Chemotherapy and Radiation Usual, Reasonable, and Customary OTHER BENEFITS (ALL Subject to Deductible and Coinsurance) Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet Emergency Medical Evacuation \$30,000 Maximum Limit Emergency Reunion	Office Visit (including Physician, Specialist Physician, Psychiatrist, Chiropractor, Surgical Consultant, Physical or Occupational Therapist)	Limited to 15 visits per Member per Coverage Period.
Psychiatrist \$50 per visit (after 12 months continuous coverage)  Chiropractor \$50 per visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant \$350 per consultation prior to Surgery  Physical or Occupational Therapist \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	Physician	\$70 per visit
Chiropractor \$50 per visit (must be prescribed by a non Chiropractor Physician)  Surgical Consultant \$350 per consultation prior to Surgery  Physical or Occupational Therapist \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion	Physician Specialist	\$70 per visit
Surgical Consultant \$350 per consultation prior to Surgery  Physical or Occupational Therapist \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion  \$7,500 Maximum Limit	Psychiatrist	\$50 per visit (after 12 months continuous coverage)
Physical or Occupational Therapist  \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  Emergency Room  Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory  \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance  \$1,500 per covered event, per Member, per Coverage Period  X-rays  \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist  20% of Surgeon benefit  Assistant Surgeon  20% of Surgeon benefit  Surgery  Usual, Reasonable, and Customary  Midwife Services  \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Cystoscopy  Chemotherapy and Radiation  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$7,500 Maximum Limit  Emergency Reunion	Chiropractor	\$50 per visit (must be prescribed by a non Chiropractor Physician)
Emergency Room Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).  Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$7,500 Maximum Limit  Emergency Reunion	Surgical Consultant	\$350 per consultation prior to Surgery
Laboratory \$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)  Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	Physical or Occupational Therapist	\$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)
Local Ambulance \$1,500 per covered event, per Member, per Coverage Period  X-rays \$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	Emergency Room	Usual, Reasonable and Customary (subject to additional \$250 Deductible if not admitted).
\$250 per exam (includes all procedures carried out on one specimen)  INPATIENT OR OUTPATIENT BENEFITS (ALL Subject to Deductible and Coinsurance)  Anesthesiologist 20% of Surgeon benefit  Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	Laboratory	\$250 per exam (includes Ultrasounds, Sonograms and diagnostic Mammograms)
Anesthesiologist 20% of Surgeon benefit Assistant Surgeon 20% of Surgeon benefit Surgery Usual, Reasonable, and Customary Midwife Services \$350 per covered Pregnancy Prescription Drug Coverage In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	Local Ambulance	\$1,500 per covered event, per Member, per Coverage Period
Anesthesiologist 20% of Surgeon benefit Assistant Surgeon 20% of Surgeon benefit Surgery Usual, Reasonable, and Customary Midwife Services \$350 per covered Pregnancy In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	X-rays	\$250 per exam (includes all procedures carried out on one specimen)
Assistant Surgeon 20% of Surgeon benefit  Surgery Usual, Reasonable, and Customary  Midwife Services \$350 per covered Pregnancy  Prescription Drug Coverage In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	INPATIENT OR OUTPATIENT BENEFITS (	ALL Subject to Deductible and Coinsurance)
Surgery  Midwife Services  \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$7,500 Maximum Limit	Anesthesiologist	20% of Surgeon benefit
Midwife Services \$350 per covered Pregnancy  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$7,500 Maximum Limit	Assistant Surgeon	20% of Surgeon benefit
Prescription Drug Coverage  In-Patient prescription drugs covered only if Hospitalized. Out-Patient is URC. NO COVERAGE FOR MAINTENANCE MEDICATIONS  MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$30,000 Maximum Limit  Emergency Reunion  \$7,500 Maximum Limit	Surgery	Usual, Reasonable, and Customary
MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$30,000 Maximum Limit  Emergency Reunion  \$7,500 Maximum Limit	Midwife Services	\$350 per covered Pregnancy
Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  Chemotherapy and Radiation  Usual, Reasonable, and Customary  OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$30,000 Maximum Limit  Emergency Reunion  \$7,500 Maximum Limit	Prescription Drug Coverage	
OTHER BENEFITS (ALL Subject to Deductible and Coinsurance)  Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$30,000 Maximum Limit  Emergency Reunion  \$7,500 Maximum Limit	MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy	\$500 per exam
Durable Medical Equipment  Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet  Emergency Medical Evacuation  \$30,000 Maximum Limit  Emergency Reunion  \$7,500 Maximum Limit	Chemotherapy and Radiation	Usual, Reasonable, and Customary
Emergency Medical Evacuation \$30,000 Maximum Limit  Emergency Reunion \$7,500 Maximum Limit	OTHER BENEFITS (ALL Subject to Deduc	ctible and Coinsurance)
Emergency Reunion \$7,500 Maximum Limit	Durable Medical Equipment	Usual, Reasonable, and Customary charges for Wheelchair, Hospital Bed, and or Toilet
	Emergency Medical Evacuation	\$30,000 Maximum Limit
Return of Mortal Remains \$30,000 Maximum Limit	Emergency Reunion	\$7,500 Maximum Limit
	Return of Mortal Remains	\$30,000 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.

### **Key Meridian Clear Benefits**

#### **Emergency Medical Evacuation**

In the event you suffer a life threatening injury or illness, Meridian Clear provides benefits that are prepared to respond in a time of crisis. Emergency medical evacuation provides transportation to the nearest facility that is equipped to properly care for your condition. This does not necessarily mean a return to your home country or any specific country or territory, as the condition may demand treatment in a timely fashion which would not be the case if it was necessary for you to be repatriated. All emergency medical evacuations must be precertified and coordinated by Azimuth Risk Solutions, LLC to be eligible for coverage.

#### **Emergency Reunion**

We know it's important not to feel alone at a time of crisis, so Meridian Clear provides coverage to transport an immediate family member or friend to your bedside in the event you are evacuated. Meridian Clear will pay for round trip air or ground travel as well as lodging and meals for up to 15 days so that you will have companionship during your recovery.

#### Family Friendly Rates

International living can be financially challenging for a family and Meridian Clear helps make insurance affordable, thanks to our First Two Free feature. Families enjoy the benefit of having the first two children under age 10 covered at no extra charge if their parents are insured on the plan!

### **Optional Dental Rider**

Azimuth wants to make you smile and the optional dental rider can help keep that smile looking great. By selecting this optional benefit plan, you can protect yourself from high dental costs with dental benefits that increase over a 3 year time horizon.

# Optional Term Life and Accidenatal Death & Dismemberment (AD&D) Rider

If you reside outside of the US, you may have access to this valuable and easily added benefit. So long as you are accepted on your chosen version of the Meridian Basic or Enhanced plan, you would be able to add up to a total of \$100,000 of term life and AD&D to your plan with no additional medical questions. This powerful benefit allows you to have additional security for anyone who would suffer financially in the event of your passing.

Optional Term Life (including AD&D) If you reside outside of the US, you may have access to this valuable and easily added benefit. So long as you are accepted on the Meridian Clear Plan, you are eligible to add up to a total of \$100,000 in Term Life (including AD&D) to your plan with no additional medical questions. This powerful benefit allows you to have additional security for anyone who would suffer financially in the event of a tragic loss.

### **Preferred Provider Network**

Taking advantage of Azimuth's broad selection of quality US preferred providers benefits you by allowing cost advantaged access to US medical care and the significant ease of finding a qualified health care provider virtually anywhere in the US. For providers outside the US, you may access care anywhere of your choosing, or simply contact Azimuth for a suggested referral.

#### What If I have a Claim?

The claim process is quite simple. In the event that you have a claim for eligible expenses you have already incurred, simply complete our Claim Form, which is included in your plan fulfillment and available online and return to Azimuth with your original receipts and your eligible expenses will be promptly refunded. As with every aspect of Azimuth's operations, if you have any difficulty, simply contact Azimuth we will gladly help you with completing the process. In the event that you have a large or ongoing claim your pre-certification through Azimuth will in many cases allow us to arrange for your care and payment directly to your healthcare provide.

#### **Pre-existing Conditions**

If you have a medical condition which has occurred in the past or is ongoing, that condition must be disclosed on the application for underwriters' review. If you are accepted for the Meridian Clear Plan your existing condition will have a waiting period of 24 months before any coverage is available. After 24 months of continuous coverage, the existing condition will be limited to \$5,000 in any one Coverage Period and a plan maximum of \$50,000. The Meridian Clear Plan provides no coverage for prescription drugs to treat pre-existing conditions at any time.

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.

### **180 Day Special Conditions Exclusion**

In the first 180 days of coverage, charges are not covered which are related to treatment of any of the following: any condition of the breast, prostate, the reproductive system, tonsils, adenoids, hemorrhoids, hernia, gallstones, kidney stones, glaucoma, cataracts, disk disease, all types of cysts, and any disorder or disease of the skin.

#### **Pre-certification**

In order to receive complete benefits, hospital admissions, trip interruptions, repatriation of mortal remains, emergency reunions, emergency medical evacuations, any eligible inpatient or outpatient procedure as indicated in the Evidence of Insurance, must be pre-certified by contacting Azimuth Risk Solutions through the contact information indicated on the member's insurance card prior to receiving service. In the case of emergency hospital admission, Azimuth must be contacted within the first 48 hours of admission or as soon as possible. Pre-certification is not a guarantee of coverage.

#### **The ARS Client Center**

The ARS Client Center is a tremendous online resource which allows you to access information about your insurance on a round the clock basis. Whether you need to print a replacement identification card, to find a nearby doctor, check on a claim or much more, you can do so from any computer in the world. Azimuth recognizes that there are times that nothing substitutes for a caring human being. That is why the service first corporate culture is mbodied in every phone call and every contact Azimuth makes with our valued clients. Azimuth stands ready to assist with any plan question or to help with these valuable services:

#### Meridian Clear Exclusions and Limitations\*

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 Clear Plan would not cover:

- 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 Evidense 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.





# **MERIDIAN CLEAR RATE SHEET**





# MERIDIAN CLEAR (WORLD WIDE COVERAGE EXCLUDING US & CANADA

WORLDWIDE COVERAGE EXCLUDING US & CANADA (New Business Rates valid through 12/31/2016) Rates do not include surplus lines taxes (where applicable)

		•		• • •								
Deductible	US \$250	US \$250	US \$500	US \$500	US \$1,000	US \$1,000	\$2,500	\$2,500	\$5,000	\$5,000	\$10,000	\$10,000
Age	Male	Female										
14 days to 9 Years	First 2 Free Thereafter \$357.00	First 2 Free Thereafter \$357.00	First 2 Free Thereafter \$301.00	First 2 Free Thereafter \$301.00	First 2 Free Thereafter \$230.00	First 2 Free Thereafter \$230.00	First 2 Free Thereafter \$206.00	First 2 Free Thereafter \$206.00	First 2 Free Thereafter \$185.00	First 2 Free Thereafter \$185.00	First 2 Free Thereafter \$167.00	First 2 Free Thereafter \$167.00
10-18	\$388.00	\$388.00	\$317.00	\$317.00	\$246.00	\$246.00	\$222.00	\$222.00	\$200.00	\$200.00	\$180.00	\$180.00
19-24	\$834.00	\$1,134.00	\$718.00	\$1,080.00	\$559.00	\$770.00	\$493.00	\$682.00	\$404.00	\$578.00	\$320.00	\$436.00
25-29	\$864.00	\$1,365.00	\$754.00	\$1,196.00	\$584.00	\$858.00	\$514.00	\$755.00	\$423.00	\$658.00	\$332.00	\$452.00
30-34	\$954.00	\$1,417.00	\$838.00	\$1,328.00	\$652.00	\$988.00	\$578.00	\$874.00	\$473.00	\$737.00	\$373.00	\$551.00
35-39	\$990.00	\$1,569.00	\$879.00	\$1,427.00	\$680.00	\$1,097.00	\$602.00	\$961.00	\$493.00	\$821.00	\$387.00	\$566.00
40-44	\$1,276.00	\$1,720.00	\$1,128.00	\$1,538.00	\$874.00	\$1,192.00	\$775.00	\$1,059.00	\$633.00	\$842.00	\$500.00	\$662.00
45-49	\$1,436.00	\$1,790.00	\$1,282.00	\$1,614.00	\$994.00	\$1,255.00	\$882.00	\$1,112.00	\$721.00	\$858.00	\$567.00	\$673.00
50-54	\$1,745.00	\$1,942.00	\$1,573.00	\$1,767.00	\$1,222.00	\$1,378.00	\$1,113.00	\$1,251.00	\$912.00	\$1,023.00	\$715.00	\$805.00
55-59	\$2,210.00	\$2,216.00	\$2,025.00	\$2,031.00	\$1,580.00	\$1,586.00	\$1,394.00	\$1,399.00	\$1,174.00	\$1,177.00	\$917.00	\$918.00
60-64	\$3,106.00	\$3,021.00	\$2,873.00	\$2,779.00	\$2,405.00	\$2,297.00	\$2,196.00	\$2,094.00	\$1821.00	\$1,662.00	\$1,495.00	\$1,374.00
65-69	\$6,414.00	\$5,769.00	\$6,179.00	\$5,528.00	\$5,713.00	\$5,044.00	\$4,442.00	\$4,141.00	\$3,854.00	\$3,579.00	\$3,176.00	\$2,951.00
70-74	\$10,583.00	\$9,520.00	\$10,195.00	\$9,121.00	\$9,427.00	\$8,323.00	\$7,329.00	\$6,834.00	\$6,360.00	\$5,905.00	\$5,240.00	\$4,869.00

MERIDIAN CLEAR (US & CANADA)
WORLDWIDE COVERAGE (New Business Rates valid through 12/31/2016) Rates do not include surplus lines taxes (where applicable)

								,	,	,		
Deductible	US \$250	US \$250	US \$500	US \$500	US \$1,000	US \$1,000	\$2,500	\$2,500	\$5,000	\$5,000	\$10,000	\$10,000
Age	Male	Female										
14 days to 9 Years	First 2 Free Thereafter \$486.00	First 2 Free Thereafter \$486.00	First 2 Free Thereafter \$410.00	First 2 Free Thereafter \$410.00	First 2 Free Thereafter \$312.00	First 2 Free Thereafter \$312.00	First 2 Free Thereafter \$281.00	First 2 Free Thereafter \$281.00	First 2 Free Thereafter \$252.00	First 2 Free Thereafter \$252.00	First 2 Free Thereafter \$228.00	First 2 Free Thereafter \$228.00
10-18	\$530.00	\$530.00	\$432.00	\$432.00	\$335.00	\$335.00	\$303.00	\$303.00	\$272.00	\$272.00	\$244.00	\$244.00
19-24	\$1,136.00	\$1,527.00	\$950.00	\$1,433.00	\$760.00	\$1,038.00	\$670.00	\$919.00	\$550.00	\$778.00	\$435.00	\$587.00
25-29	\$1,176.00	\$1,705.00	\$1,030.00	\$1,610.00	\$795.00	\$1,155.00	\$700.00	\$1,016.00	\$575.00	\$885.00	\$450.00	\$608.00
30-34	\$1,299.00	\$1,908.00	\$1,142.00	\$1,788.00	\$890.00	\$1,330.00	\$790.00	\$1,176.00	\$645.00	\$992.00	\$508.00	\$742.00
35-39	\$1,346.00	\$2,114.00	\$1,198.00	\$1,922.00	\$925.00	\$1,477.00	\$825.00	\$1,295.00	\$670.00	\$1,106.00	\$528.00	\$762.00
40-44	\$1737.00	\$2,318.00	\$1,538.00	\$2,070.00	\$1,190.00	\$1,606.00	\$1,058.00	\$1,428.00	\$860.00	\$1,134.00	\$682.00	\$890.00
45-49	\$1,955.00	\$2,410.00	\$1,750.00	\$2,174.00	\$1,355.00	\$1,692.00	\$1,200.00	\$1,498.00	\$980.00	\$1,155.00	\$775.00	\$907.00
50-54	\$2,376.00	\$2,616.00	\$2,140.00	\$2,379.00	\$1,665.00	\$1,856.00	\$1,520.00	\$1,685.00	\$1,245.00	\$1,378.00	\$975.00	\$1,083.00
55-59	\$3,008.00	\$2,985.00	\$2,760.00	\$2,734.00	\$2,155.00	\$2,135.00	\$1,900.00	\$1,885.00	\$1,600.00	\$1,585.00	\$1,250.00	\$1,237.00
60-64	\$4,230.00	\$4,068.00	\$3,910.00	\$3,743.00	\$3,275.00	\$3,094.00	\$2,990.00	\$2,825.00	\$2,480.00	\$2,239.00	\$2,040.00	\$1,849.00
65-69	\$8,732.00	\$7,772.00	\$8,415.00	\$7,446.00	\$7,778.00	\$6,795.00	\$6,050.00	\$5,578.00	\$5,250.00	\$4,820.00	\$4,325.00	\$3,975.00
70-74	\$14,408.00	\$12,825.00	\$13,890.00	\$12,286.00	\$12,840.00	\$11,212.00	\$9,985.00	\$9,205.00	\$8,665.00	\$7,954.00	\$7,140.00	\$6,560.00