THE MERIDIAN SERIES ESSENTIAL SCHEDULE OF BENEFITS*		
Maximum Limit	$5,000,000 Maximum Limit	
Deductibles	$250; $500; $1,000; $2,500; $5,000; $10,000 per Participating Member per Coverage Period	
Family Deductible	Maximum of 2 Deductibles per Family 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 Medical Expenses, then 100% to the Maximum Limit. The Coinsurance will be waived if Eligible Medical Expenses are incurred within the Preferred Provider Organization Network	
Coinsurance - Claims incurred outside US or Canada	After the Deductible the Plan will pay 100% of Eligible Medical Expenses to the Maximum Limit	
Pre-notification Penalty	50% Eligible Medical Expenses	
Pre-existing Condition	$10,000 Sub-Limit per Coverage Period, $50,000 Maximum Sub-Limit (After 728 of continuous coverage*)	
Human Organ/ Tissue Transplant	$500,000 Maximum Sub-Limit for Covered Transplants	
Hospital Room & Board - Coverage Area 1 & 2	Average Semi-Private room rate	
Intensive Care Unit - Coverage Area 1 & 2	Up to $4,500 Maximum Sub-Limit per day, 30-day Maximum per incident	
Emergency Dental - Due to an Accident	$500 Sub-Limit per Coverage Period	
Local Ambulance	$1,500 Sub-Limit per Coverage Period when Illness or Injury results in Hospitalization	
Surgery	Usual, Reasonable and Customary	
Prescription Medications	Reimbursement Only, Usual, Reasonable and Customary, Subject to 20% Co-pay in the US	
Mental & Nervous Disorders	$40 per day, $10,000 Sub-Limit per Coverage Period for Outpatient treatment only, $25,000 Maximum Sub-Limit, Prescriptions are subject to benefit waiting period (After 728 days of Continuous Coverage*)	
Wellness - Adult	$250 Sub-Limit per Coverage Period for Participating Members age 25 and over, Not subject to Deductible or Coinsurance (After 180 days of Continuous Coverage*)	
Wellness - Dependent Child	$175 Sub-Limit per Coverage Period for Participating Members age 18 and under, Not subject to Deductible or Coinsurance (After 180 days of Continuous Coverage*)	
Physical Therapy	$40 per day, $500 Sub-Limit per Coverage Period, $5,000 Maximum Sub-Limit	
All Other Medical Expenses	Usual, Reasonable, and Customary	
Emergency Room	Usual, Reasonable, and Customary, Subject to $350 Co-pay	
Urgent Care Facility	Usual, Reasonable and Customary (Not subject to Deductible)	
Emergency Medical Evacuation	$50,000 Maximum Sub-Limit, $25,000 Maximum Sub-Limit for Participating Members ages 65 and older	
Return of Mortal Remains	Reimbursement up to $25,000 for the return of a Participating Members Mortal Remains to his/her Home Country, Not subject to Deductible or Coinsurance	
Emergency Reunion	Reimbursement up to $7,500 for Expenses Incurred related to the Emergency Reunion of a relative or friend resulting from an Emergency Medical Evacuation of a Participating Member	
Dental Coverage	**Optional Rider** - $750 Maximum Limit per Participating Member per Coverage Period. $50 Deductible per Participating Member. Schedule of Benefit payout: Class A=90%; Class B= 70%; Class C=50%; Ortho=No Coverage (After 90 days of Continuous Coverage*)	

*This is only a consolidated and summary description of some of the current Azimuth Risk Solutions benefits, conditions, limitation and exclusions. An Evidence of Insurance containing the terms, conditions and exclusions will be included in the fulfillment kit. Azimuth Risk Solutions 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.

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 Participating Member per Coverage Period	
Family Deductible	Maximum of 2 Deductibles per Family 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 90% of the next $5,000 of Eligible Medical Expenses, then 100% to the Maximum Limit. The Coinsurance will be waived if Eligible Medical Expenses are incurred within the Preferred Provider Organization Network	
Coinsurance - Claims incurred outside US or Canada	After the Deductible the Plan will pay 100% of Eligible Medical Expenses to the Maximum Limit	
Pre-notification Penalty	50% Eligible Medical Expenses	
Pre-existing Condition	Same as any other Injury or Illness if fully disclosed on the Application and not excluded or limited by a medical rider (After 364 days of Continuous Coverage)	
Maternity - Normal or Complicated Delivery	$2,500 co-pay per pregnancy; $50,000 Maximum Sub-Limit (After 364 days of Continuous Coverage)	
Newborn Wellness Care	$500 Maximum Sub-Limit for the first 60 days of life, per eligible pregnancy	
Human Organ/ Tissue Transplant	$2,000,000 Maximum Sub-Limit for Covered Transplants	
Hospital Room & Board	Usual, Reasonable and Customary	
Intensive Care Unit	Usual, Reasonable and Customary	
Surgery	Usual, Reasonable and Customary	
Local Ambulance	Usual, Reasonable and Customary when Illness or Injury results in Hospitalization	
Emergency Dental - Due to an Accident	$500 Sub-Limit per Coverage Period	
Prescription Medications	Reimbursement Only, Usual, Reasonable and Customary, Subject to 20% Co-Pay in the US	
Vision Care	$250 Sub-Limit per Coverage Period for exams and materials (After 364 days of Continuous Coverage)	
Mental & Nervous Disorders	$50 per day, $15,000 Sub-Limit per Coverage Period for Outpatient Treatment only, $30,000 Maximum Sub-Limit, Prescriptions are subject to the benefit waiting period (After 364 days of Continuous Coverage)	
Wellness - Adult	$350 Sub-Limit per Coverage Period for Participating Members age 25 and over, Not subject to Deductible or Coinsurance (After 90 days of Continuous Coverage)	
Wellness - Dependent Child	$200 Sub-Limit per Coverage Period for Participating Members age 18 and under, Not subject to Deductible or Coinsurance (After 60 days of Continuous Coverage)	
Physical Therapy	$50 per day, $1,000 Sub-Limit per Coverage Period, $10,000 Maximum Sub-Limit	
High School Sports Injury	$10,000 Maximum Sub-Limit, Subject to an additional $250 Deductible	
All Other Medical Expenses	Usual, Reasonable, and Customary	
Emergency Room -	Usual, Reasonable, and Customary, Subject to $350 Co-Pay	
Urgent Care Facility	Usual, Reasonable, and Customary (Not subject to Deductible)	
Emergency Medical Evacuation	$110,000 Maximum Sub-Limit, $55,000 Maximum Sub-Limit for Participating Members ages 60 &older	
Return of Mortal Remains	Reimbursement up to $30,000 for the return of a Participating Members Mortal Remains to his/her Home Country, Not subject to Deductible or Coinsurance	
Emergency Reunion	Reimbursement up to $10,000 for travel expenses related to the Emergency Reunion of a relative or friend resulting from an Emergency Medical Evacuation of a Participating Member	
Complimentary Medicine	$175 Sub-Limit per Coverage Period, One service per Coverage Period for Acupuncture, Aroma Therapy, Herbal Therapy, Massage Therapy or Vitamin Therapy (After 364 days of Continuous Coverage)	
Dental Coverage	**Optional Rider** - $750 Maximum Limit per Participating Member per Coverage Period. $50 Deductible per Participating Member. Schedule of Benefit payout: Class A=90%; Class B= 70%; Class C=50%; Ortho=No Coverage (After 90 days of Continuous Coverage)	

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