

## THE OVERSEASCARE VISITORS PLAN SCHEDULE OF BENEFITS

BENEFITS	BASIC COVERAGE OPTION (14 days old to age 79)	PREMIER COVERAGE OPTION (14 days old to age 79)	AGE 80+ COVERAGE OPTION
Deductible Options	\$100, \$250 or \$5000	\$100, \$250 or \$500	\$100, \$250 or \$500
Sudden onset of a Pre-existing Look Back - up to age 69 (\$25,000 Maximum Limit for Medical Evacuations)	\$50,000 Maximum Limit	\$75,000 Maximum Limit	No Coverage.
Pre-existing Condition/Pre-existing Look Back	No Coverage/3 years	No Coverage/2 years	No Coverage/Permanent
<b>INPATIENT Treatment</b>	<b>\$60,000 Maximum per Injury/Illness</b>	<b>\$110,000 Maximum per Injury/illness</b>	<b>\$55,000 Maximum per Injury/illness</b>
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous	Up to \$1,500 per day, 30 day Maximum	Up to \$2,000 per day, 30 day Maximum	Up to \$1,000 per day, 30 day Maximum
Hospital Intensive Care Unit	Up to \$2,000 per day, 7 day Maximum (including Hospital Room & Board)	Up to \$2,500 per day, 7 day Maximum (including Hospital Room & Board)	Up to \$2,000 per day, 7 day Maximum (including Hospital Room & Board)
Surgical Treatment	Up to \$3,500	Up to \$6,000	Up to \$2,000
Anesthesia	Up to \$1,000	Up to \$1,500	Up to \$400
Assistant Surgeon	Up to \$1,000	Up to \$1,500	Up to \$650
Physician's Non-Surgical Visits	Up to \$60 per unit, 1 visit per day, 10 day Maximum	Up to \$80 per unit, 1 visit per day, 10 day Maximum	Up to \$50 per unit, 1 visit per day, 10 day Maximum
Consultant Physician, when requested by attending Physician	Up to \$450	Up to \$500	Up to \$350
Pre-Admission Tests within 7 days before Hospital admission	Up to \$1,000	Up to \$1,250	Up to \$750
<b>OUTPATIENT TREATMENT</b>			
Surgical Treatment	Up to \$3,500	Up to \$6,000	Up to \$2,000
Outpatient Surgical Facility	Up to \$5000	Up to \$1,500	Up to \$400
Anesthesia	Up to \$1,000	Up to \$1,500	Up to \$400
Assistant Surgeon	Up to \$1,000	Up to \$1,000	Up to \$650
Physician's Non-Surgical/Urgent Care Visits	Up to \$60 per unit, 1 visit per day, 10 day Maximum	Up to \$40 per unit, 1 visit per day, 10 day Maximum	Up to \$50 per unit, 1 visit per day, 8 day Maximum
Diagnostic X-ray & Lab Services	Up to \$800	Up to \$1,000	Up to \$300
Scan, PAT, CAT & MRI	Up to \$500	Up to \$500	Up to \$250
Hospital Emergency Room	Up to \$300 Maximum (Additional \$100 Deductible)	Up to \$400 Maximum (Additional \$75 Deductible)	Up to \$300 Maximum (Additional \$100 Deductible)
Prescription Drugs	Up to \$250	Up to \$500	Up to \$100
Day Surgery - related to a scheduled outpatient surgery at a Hospital or licensed outpatient surgery center; including the cost of operating room, anesthesia, drugs and medications and medical supplies.	Up to \$1,000	Up to \$1,200	Up to \$750
<b>OTHER TREATMENT &amp; SERVICES</b>			
Dental Treatment (injury ONLY), Injury to Sound, Natural Teeth	Up to \$500	Up to \$550	Up to \$250
Ambulance Services	Up to \$500 (if admitted for overnight stay)	Up to \$750 (if admitted for overnight stay)	Up to \$400 (if admitted for overnight stay)
Emergency Evacuation	Up to \$30,000	Up to \$50,000	Up to \$10,000
Emergency Quarantine Indemnity- COVID-19	Up to \$35 Sub-Limit per day (maximum of 10 days). Must submit proof of quarantine mandated by a physician or governmental authority. Quarantine must be due to the Participating Member testing positive for COVID-19/ Coronavirus / SARS-CoV2 or being symptomatic and waiting on a diagnostic test result. Quarantine is not available in your home country. (Not subject to Deductible or Coinsurance)	Up to \$50 Sub-Limit per day (maximum of 10 days). Must submit proof of quarantine mandated by a physician or governmental authority. Quarantine must be due to the Participating Member testing positive for COVID-19/ Coronavirus / SARS-CoV2 or being symptomatic and waiting on a diagnostic test result. Quarantine is not available in your home country. (Not subject to Deductible or Coinsurance)	<b>No Coverage</b>
COVID-19 / Coronavirus	\$50,000 Maximum Sub-Limit	\$100,000 Maximum Sub-Limit	<b>No Coverage</b>
Repatriation of Remains	Up to \$5,000	Up to \$7,500	Up to \$5,000
Local Cremation or Burial	Up to \$2,500	Up to \$5,000	<b>No Coverage</b>
Physiotherapy	Up to \$25 per unit, per day, 10 visits Maximum	Up to \$50 per unit, per day, 10 visits Maximum	Up to \$25 per unit, per day, 10 visits Maximum
AD&D Principal Sum	Up to \$25,000 Common Carrier	Up to \$25,000 Common Carrier	Up to \$25,000 Common Carrier
<b>TRAVEL RELATED COVERAGE</b>			
Loss of Passport	Up to \$100	Up to \$150	Up to \$100
Natural Disaster- Relocation Accommodations	Up to \$250 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)	Up to \$500 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)	<b>No Coverage</b>
Lost Checked Luggage - Commercial Carrier	Up to \$100 (secondary coverage ONLY)	Up to \$100 (secondary coverage ONLY)	Up to \$100 (secondary coverage ONLY)
Mental & Nervous Disorder/Substance Abuse	No Coverage	No Coverage	No Coverage
Skin Disease	No Coverage	No Coverage	No Coverage
Coverage - International Travel (excluding Participating Member's Home Country)	Yes	Yes	No Coverage
Coverage - Mexico and Canada (starting port must be based in US)	Yes	Yes	No Coverage

This is a consolidated and summary description of benefits and limits. A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations, and exclusions is available upon request.