The OverseasCare™ Visitors Insurance™ Plan Schedule of Benefits



BASIC COVERAGE OPTION (Age 5 years old to age 79) Sudden onset of a Pre-existing Look Back - up to age 69 (\$25,00 Maximum Limit for Medical Evacuations) Pre-existing Condition/Pre-existing Look Back No Coverage/3 years No Coverage/2 yea	num I
September Sept	num I
Hospital Intensive Care Unit Up to \$2,000 per day, 7 day Maximum (including Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous Up to \$2,000 per day, 30 day Maximum Up to \$2,000 per day, 30 day Maximum (including Hospital Room & Board) Up to \$2,500 per day, 7 day Maximum (including Hospital Room & Board) Up to \$3,500 Up to \$6,000 Up to \$6,000 Up to \$400 Assistant Surgeon Up to \$1,000 Up to \$1,000 Up to \$1,500 Up to \$80 per unit, 1 visit per day, 10 day Maximum Consultant Physician, when requested by attending Physician Up to \$450 Up to \$1,000 Up to \$1,000 Up to \$500	num I
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 \$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 \$2,500 per day, 7 day Maximum (including Hospital Room & Board) Up to \$4,000 Up to \$4,000 Up to \$4,000 Anesthesia Up to \$1,000 Up to \$1,500 Up to \$1,500 Up to \$1,500 Up to \$6,000 Up to \$6,000 Up to \$6,000 Up to \$50 Physician's Non-Surgical Visits Up to \$6,000 Up to \$6,000 Up to \$50 per unit, 1 visit per day, 10 day Maximum Maximum Consultant Physician, when requested by attending Physician Up to \$400 Up to \$1,000 Up to \$500 Up to \$500 Up to \$500 Up to \$550 Up to \$550 Up to \$550 Up to \$550 Up to \$5,000 Up to \$500 Up to \$500 Up to \$500 Up to \$500 Up to \$750 OUTPATIENT TREATMENT Surgical Facility Up to \$500 Up to \$1,000 Up to \$1,000 Up to \$1,500 Up to \$1,500 Up to \$400 Anesthesia Up to \$400 Up to \$400 Up to \$400	num I
Prescription Medical and other miscellaneous Hospital Intensive Care Unit Up to \$2,000 per day, 7 day Maximum (including Hospital Room & Board) Up to \$3,500 Up to \$6,000 Up to \$1,500 Up to \$1,500 Up to \$1,500 Up to \$650 Physician's Non-Surgical Visits Up to \$60 per unit, 1 visit per day, 10 day Maximum (including Hospital Room & Board) Up to \$500 Up to \$750 OUTPATIENT TREATMENT Surgical Facility Up to \$500 Up to \$1,000 Up to \$1,000 Up to \$1,500 Up to \$1,500 Up to \$400 Up to \$400 Up to \$500	num I
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Assistant Surgeon Up to \$1,000 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 Consultant Physician, when requested by attending Physician Up to \$450 Up to \$500 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 OUTPATIENT TREATMENT Surgical Treatment Up to \$3,500 Up to \$3,500 Up to \$3,500 Up to \$1,500 Up to \$400 Anesthesia Up to \$1,000 Up to \$1,500 Up to \$400	10 day
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Anesthesia	
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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, 80 Maximum	8 day
Diagnostic X-ray & Lab Services Up to \$800 Up to \$1,000 Up to \$300	
Scan, PAT, CAT & MRI 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)	00 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 \$1,200 Up to \$750	
OTHER TREATMENT & SERVICES	
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)	ght stay)
Emergency Evacuation Up to \$30,000 Up to \$50,000 Up to \$10,000	
Repatriation of Remains Up to \$5,000 Up to \$7,500 Up to \$5,000	
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	its Maximum
AD&D Principal Sum Up to \$25,000 Common Carrier Up to \$25,000 Common Carrier Up to \$25,000 Common Carrier	
TRAVEL RELATED COVERAGE	
Loss of Passport Up to \$100 Up to \$150 Up to \$100	
Lost Checked Luggage - Commercial Carrier Up to \$100 (secondary coverage ONLY) Up to \$100 (secondary coverage ONLY) Up to \$100 (secondary coverage ONLY)	INLY)
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 No Coverage	
Coverage - Mexico and Canada (starting port must be based in US) Yes Yes No Coverage	