



## SCHEDULE OF BENEFITS

All benefits and plan rates listed in this brochure are in U.S. Dollar amounts and are per person and per coverage period, unless otherwise stated. All benefits are subject to the deductible and coinsurance unless otherwise stated.

|  | Plan A   | Plan B  | Plan C   |
|--|--|---|--|
| <b>U.S. Coverage</b>                                   | Included   | Included  | Included   |
| <b>Medical Maximums</b>                                | \$25,000; \$50,000; \$100,000; \$250,000   | \$25,000; \$50,000; \$100,000; \$250,000  | \$50,000; \$100,000; \$500,000   |
| <b>Deductible</b>                                      | \$100; \$250; \$500; \$1,000; \$2,500<br>Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000   | \$100; \$250; \$500; \$1,000; \$2,500<br>Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000  | \$100; \$250; \$500; \$1,000; \$2,500<br>Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000   |
| <b>Physician Visits/ Urgent Care</b>                   | \$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)   | \$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)  | \$35 Copayment per Physician visit/Urgent Care visit (Not subject to Deductible)   |
| <b>Pre-Notification</b>                                | 50% reduction of Eligible Medical Expenses   | 50% reduction of Eligible Medical Expenses  | 50% reduction of Eligible Medical Expenses   |
| <b>Misuse of Emergency Room Copayment</b>              | \$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization  | \$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization   | \$350 Copayment for each emergency room visit for treatment of an illness which does not result in a direct hospitalization  |
| <b>Coinsurance</b>                                     | <p><b>Traveling Inside the United States:</b><br/>For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>For Treatment received outside the PPO network:</b><br/>After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>Traveling Outside the United States:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p> | <p><b>Traveling Inside the United States:</b><br/>For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p> <p><b>For Treatment received outside the PPO network:</b><br/>After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>Traveling Outside the United States:</b> After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p> | <p><b>Traveling Inside the United States:</b><br/>For Treatment received within the PPO network: After You pay the \$35 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>For Treatment received outside the PPO network:</b><br/>After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum</p> <p><b>Traveling Outside the United States:</b><br/>After You pay the \$35 Physician Visits/ Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum</p> |
| <b>Prescription Drugs</b>                              | Reimbursement Only, Usual, Reasonable, and Customary charges, Subject to 20% Coinsurance inside the US   | Reimbursement Only, Usual, Reasonable, and Customary charges. Subject to 20% Coinsurance inside the US  | Reimbursement Only, Usual, Reasonable, and Customary charges. Subject to 20% Coinsurance inside the US   |
| <b>Emergency Quarantine Indemnity- COVID-19</b>        | 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. <b>Quarantine is not available in your home country.</b> (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. <b>Quarantine is not available in your home country.</b> (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. <b>Quarantine is not available in your home country.</b> (Not subject to Deductible or Coinsurance)   |
| <b>COVID-19 / Coronavirus</b>                          | \$100,000 Maximum Sub-Limit  | \$100,000 Maximum Sub-Limit   | \$100,000 Maximum Sub-Limit  |
| <b>Dental (Accident Coverage)</b>                      | \$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident  | \$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident   | \$1,000 per Coverage Period, available for Policies purchased for 180 days or more during initial purchase for necessary treatment due to an accident  |
| <b>Dental (Sudden Relief of Pain)</b>                  | \$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.   | \$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.  | \$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.   |
| <b>Emergency Medical Evacuation/ Repatriation</b>      | \$100,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions   | \$100,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions  | \$500,000 (in addition to the medical maximum); Benefits reduced when related to Sudden Onset of Pre-existing Conditions   |
| <b>Return of Mortal Remains</b>                        | \$20,000 Must be approved in advance and coordinated by Azimuth Risk Solutions   | \$20,000 Must be approved in advance and coordinated by Azimuth Risk Solutions  | \$50,000 Must be approved in advance and coordinated by Azimuth Risk Solutions   |
| <b>Local Cremation or Burial</b>                       | \$5,000  | \$5,000   | \$5,000  |
| <b>Return of Minor Children</b>                        | \$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions   | \$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions  | \$5,000. Must be approved in advance and coordinated by Azimuth Risk Solutions   |
| <b>Emergency Medical Reunion</b>                       | \$15,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions   | \$15,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions  | \$50,000 for a max of 15 days. Must be approved in advance and coordinated by Azimuth Risk Solutions   |
| <b>Local Ambulance-Ground Benefit</b>                  | Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization  | Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization   | Usual, Reasonable and Customary charges to the Medical Maximum, when covered Illness or Injury results in Hospitalization  |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b> | \$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family  | \$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family   | \$25,000 principal sum for insured, \$12,500 for accidental loss of another member. Aggregate limit of \$250,000 per family  |



## SCHEDULE OF BENEFITS (CONTINUED)

|   | Plan A   | Plan B   | Plan C  |
|---|--|--|---|
| <b>Common Carrier Accidental Death</b>                | \$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18.<br><br>\$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)   | \$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18.<br><br>\$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)   | \$50,000 Principal Sum for the Death of a Participating Member age 18 and older; \$30,000 Principal Sum for the Death of a Participating Member under age 18.<br><br>\$250,000 Maximum Principal Sum for any one Family (Not subject to Deductible or Coinsurance)  |
| <b>Loss of Checked Baggage</b>                        | Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)  | Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)  | Up to \$50 per item of luggage; \$250 max per insured person (Not subject to Deductible or Coinsurance)   |
| <b>Durable Medical Equipment</b>                      | Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair   | Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair   | Usual, Reasonable and Customary charges, limited to a standard hospital bed and/or a standard basic wheelchair  |
| <b>Interruption of Trip</b>                           | \$5,000  | \$5,000  | \$5,000   |
| <b>Home Country Coverage</b>                          | 14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy   | 14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy   | 14 days cumulative Home Country Coverage, subject to 90-day minimum purchase, As defined in the policy  |
| <b>Acute Onset of Pre-existing Condition</b>          | Ages up to 69: Up to lesser of Medical Maximum or \$100,000<br><br>Ages 70-79: Up to lesser of Medical Maximum or \$35,000<br><br>Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located.<br><br>\$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition | Ages up to 69: Up to lesser of Medical Maximum or \$100,000<br><br>Ages 70-79: Up to lesser of Medical Maximum or \$35,000<br><br>Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located.<br><br>\$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition | Ages up to 69: Up to the Medical Maximum<br><br>Ages 70-79: Not Available<br><br>Must be Coordinated by Azimuth Risk Solutions. Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Participating Member is located.<br><br>\$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition |
| <b>Identity Theft</b>                                 | N/A  | N/A  | N/A   |
| <b>Hospital Indemnity</b>                             | N/A  | N/A  | \$100 per overnight; maximum limit of 10 overnights   |
| <b>Political Evacuation</b>                           | N/A  | N/A  | \$10,000; Must be approved in advance and coordinated by Azimuth Risk Solutions   |
| <b>Terrorism</b>                                      | N/A  | N/A  | \$50,000 Eligible Medical Expenses ONLY (Not subject to Deductible)   |
| <b>Natural Disaster- Relocation Accommodations</b>    | Up to \$500 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)   | Up to \$500 Sub-Limit per day (maximum of 5 days) per Coverage Period (Not subject to Deductible or Coinsurance)  |
| <b>Natural Disaster Evacuation/ Repatriation</b>      | N/A  | N/A  | N/A   |
| <b>Hospital Room &amp; Board</b>                      | Average semi-private room rate up to the medical maximum, which would include nursing services   | Average semi-private room rate up to the medical maximum, which would include nursing services   | Average semi-private room rate up to the medical maximum, which would include nursing services  |
| <b>Physiotherapy/ Physical Medicine/ Chiropractic</b> | \$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period  | \$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period  | \$60 per visit, 1 visit per day, Maximum of 15 visits per Coverage Period   |
| <b>Intensive Care</b>                                 | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum  |
| <b>Surgery</b>  | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum  |
| <b>Outpatient Medical Expenses</b>                    | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum  |
| <b>Diagnostic Procedures</b>                          | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum  |
| <b>Home Nursing Care</b>                              | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum   | Usual, Reasonable and Customary to the Medical Maximum  |
| <b>Assistance Services</b>                            | Included   | Included   | Included  |
| <b>Benefit Period</b>                                 | 180 Days   | 180 Days   | 180 Days  |