

The Beacon Series Schedule of Benefits

Benefits	US and Canada	Worldwide
Medical Maximum	\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000, \$2,000,000 (ages 70-79 limited to \$50,000 maximum; ages 80+ limited to \$12,000)	\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000 (ages 70-79 limited to \$50,000 maximum; ages 80+ limited to \$12,000)
Deductibles	\$0; \$100; \$250; \$500; \$1,000; or \$2,500 per Coverage Period	\$0; \$100; \$250; \$500; \$1,000; or \$2,500 per Coverage Period
Benefit Period	6 months	6 months
Coinsurance- Claims incurred in US or Canada	The plan pays 80% of next \$5,000 of Eligible Expenses (subject to Deductible), then 100% to the Overall Maximum Limit.	The plan pays 80% of next \$5,000 of Eligible Expenses (subject to Deductible), then 100% to the Overall Maximum Limit.
Coinsurance- Claims incurred outside US or Canada	No Coinsurance	No Coinsurance
Pre-Certification Penalty	50%	50%
Hospital Indemnity (Traveling outside US and Canada)	\$150 per night; Inpatient Hospitalization	\$150 per night; Inpatient Hospitalization
Hospital Room and Board	Private room rate. US citizens only.	Average Semi-private room rate.
Intensive Care Unit	Usual, Reasonable, and Customary to selected Policy Maximum Limit.	Usual, Reasonable, and Customary to selected Policy Maximum Limit.
Local Ambulance	Usual, Reasonable, and Customary charges, when covered Illness or Injury results in Hospitalization as Inpatient.	Usual, Reasonable, and Customary charges, when covered Illness or Injury results in Hospitalization as Inpatient.
Physical Therapy	\$60 Maximum Limit per visit. Maximum 15 visits.	\$60 Maximum Limit per visit. Maximum 15 visits.
Sudden Onset of Pre-existing Condition	\$20,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation.	\$1,000 Maximum Limit for Eligible Medical Expenses.
All Other Medical Expenses	Usual, Reasonable and Customary charges	Usual, Reasonable and Customary charges
Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more.	\$250 Maximum Limit per Coverage Period	\$250 Maximum Limit per Coverage Period
Emergency Medical Evacuation	\$30,000 Maximum Limit (except for additional coverage purchased as Rider).	\$30,000 Maximum Limit (except for additional coverage purchased as Rider).
Emergency Reunion	\$15,000 Limit per Coverage Period	\$15,000 Limit per Coverage Period
Return of Mortal Remains	\$30,000 Limit per Coverage Period	\$30,000 Limit per Coverage Period
Return of Minor Children	\$5,000 Limit per Coverage Period	\$5,000 Limit per Coverage Period
Quick Trip Home Country Coverage	14 days cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchased.	14 days cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchased.
Home Country Coverage (End of Trip)	Free 15 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period.	Free 15 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period.
Lost Checked Luggage	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.
Accidental Death and Dismemberment (AD&D)	\$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child(ren)	\$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child(ren)
Common Carrier Accidental Death and Dismemberment	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)
Terrorism	\$50,000 Maximum Limit, Medical expenses only.	\$50,000 Maximum Limit, Medical expenses only.
Trip Delay/Missed Connection	Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As defined in the Policy.	Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As defined in the Policy.