



The Beacon Series Group Travel Medical Plan

World Study- Brazil Schedule of Benefits for Coverage Including the US & Canada

	Beacon Gold Plan	Beacon Silver Plan	Beacon Bronze Plan
Maximum Limits	\$1,000,000	\$250,000	\$50,000
Deductibles	\$0 or \$100 per Coverage Period	\$0 or \$100 per Coverage Period	\$0 or \$100 per Coverage Period
Benefit Period	6 months	6 months	6 months
Coinsurance (Subject to the Deductible)	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (The Coinsurance is waived if incurred in the US and within the Multi-Plan PPO). Plan pays 100% for claims incurred outside the US & Canada.	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (The Coinsurance is waived if incurred in the US and within the Multi-Plan PPO). Plan pays 100% for claims incurred outside the US & Canada.	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (The Coinsurance is waived if incurred in the US and within the Multi-Plan PPO). Plan pays 100% for claims incurred outside the US & Canada.
Pre-Certification Penalty	50%	50%	50%
Hospital Indemnity	\$150 per night; Inpatient Hospitalization (Outside the US and Canada)	\$50 per night; Inpatient Hospitalization (Outside the US and Canada)	\$25 per night; Inpatient Hospitalization (Outside the US and Canada)
Hospital Room and Board	Average Semi-private room rate.	Average Semi-private room rate.	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.	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.	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	\$30 Maximum Limit per visit. Maximum 10 visits	\$20 Maximum Limit per visit. Maximum 5 visits
Sudden Onset of pre-existing Condition	\$20,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).	\$10,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).	\$10,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).
All Other Medical Expenses	Usual, Reasonable and Customary charges,	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.	\$350 Maximum Limit per Coverage Period	\$100 Maximum Limit per Coverage Period	\$50 Maximum Limit per Coverage Period
Emergency Medical Evacuation	\$150,000 Maximum Limit	\$50,000 Maximum Limit	\$25,000 Maximum Limit
Emergency Reunion	\$15,000 Limit per Coverage Period	\$10,000 Limit per Coverage Period	\$1,000 Limit per Coverage Period
Return of Mortal Remains	\$30,000 per Coverage Period	\$10,000 per Coverage Period	\$1,000 per Coverage Period
Return of Minor Children	\$5,000 Limit per Coverage Period	\$1,000 Limit per Coverage Period	\$500 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 purchase.	10 days Cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase.	5 days Cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase
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 10 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period.	Free 5 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.	\$100 per Coverage Period (not subject to Deductible or Coinsurance). As defined In the Policy.	\$50 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)	\$10,000 for Insured or Insured spouse and \$6,000 for Dependent Child (ren)	\$5,000 for Insured or Insured spouse and \$1,000 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)	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)
Terrorism	\$50,000 Maximum Limit. Medical expenses only.	\$30,000 Maximum Limit. Medical expenses only.	\$15,000 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 \$50 a day after a minimum of 12 hour delay period. As Defined in the Policy.	Maximum Limit of \$25 a day after a minimum of 12 hour delay period. As Defined in the Policy.
Third Party Liability- Personal Liability	\$500.00 per Coverage Period	\$100.00 per Coverage Period	\$50.00 per Coverage Period
Third Party Liability- Damage to property	\$150,000 Maximum Limit personal liability and damage to property	\$25,000 Maximum Limit personal liability and damage to property	\$15,000 Maximum Limit personal liability and damage to property
The Aggregate Limit for the Personal Liability Coverage per participating Member equals the above Limit			

World Study-Brazil Schedule of Benefits for Coverage Excluding the US & Canada

	Beacon Platinum Plan	Beacon Gold Plan	Beacon Silver Plan	Beacon Bronze Plan
Maximum Limits	\$2,000,000	\$1,000,000	\$250,000	\$50,000
Deductibles	\$0 or \$100 per Coverage Period	\$0 or \$100 per Coverage Period	\$0 or \$100 per Coverage Period	\$0 or \$100 per Coverage Period
Benefit Period	6 months	6 months	6 months	6 months
Coinsurance (Subject to The Deductible)	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada.	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada.	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada.	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada.
Pre-Certification Penalty	50%	50%	50%	50%
Hospital Indemnity	\$150 per night; Inpatient Hospitalization (Outside the US and Canada)	\$150 per night; Inpatient Hospitalization (Outside the US and Canada)	\$50 per night; Inpatient Hospitalization (Outside the US and Canada)	\$25 per night; Inpatient Hospitalization (Outside the US and Canada)
Hospital Room and Board	Average Semi-private room rate.	Average Semi-private room rate.	Average Semi-private room rate.	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.	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	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.	\$30 Maximum Limit per visit. Maximum 10 visits.	\$20 Maximum Limit per visit. Maximum 5 visits.
Sudden Onset of Preexisting Condition	\$20,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).	\$20,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).	\$10,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).	\$1,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuation (US citizens only). \$500 Maximum Limit for Eligible Medical Expenses (all others).
All Other Medical Exnenses	Usual, Reasonable and Customary charges	Usual, Reasonable and Customary charges	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.	\$350 Maximum Limit per Coverage Period.	\$350 Maximum Limit per Coverage Period.	\$100 Maximum Limit per Coverage Period.	\$50 Maximum Limit per Coverage Period.
Emergency Medical Evacuation	\$150,000 Maximum Limit	\$150,000 Maximum Limit	\$50,000 Maximum Limit	\$25,000 Maximum Limit
Emergency Reunion	\$15,000 Limit per Coverage Period	\$15,000 Limit per Coverage Period	\$10,000 Limit per Coverage Period	\$1,000 Limit per Coverage Period
Return of Mortal Remains	\$30,000 Limit per Coverage Period	\$30,000 Limit per Coverage Period	\$10,000 Limit per Coverage Period	\$1,000 Limit per Coverage Period
Return of Minor Children	\$5,000 Limit per Coverage Period	\$5,000 Limit per Coverage Period	\$1,000 Limit per Coverage Period	\$500 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 purchase	14 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase	10 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase	5 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase
Quick Trip 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.	Free 10 days with a 6 month purchase, Or Free 30 days with a 12 month purchase per Coverage Period.	Free 12 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.	\$100 per Coverage Period (not subject to Deductible or Coinsurance) As defined in the Policy.	\$50 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 \$6,000 for Dependent Child(ren)	\$30,000 for Insured or Insured spouse \$6,000 for Dependent Child(ren)	\$10,000 for Insured or Insured spouse \$6,000 for Dependent Child(ren)	\$5,000 for Insured or Insured spouse \$1,000 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)	\$30,000 per Member (age 18 and over) \$10,000 per Member (under age 18)	\$15,000 per Member (age 18 and over) \$000 per Member (under age 18)
Terrorism	\$50,000 Maximum Limit. Medical expenses only.	\$50,000 Maximum Limit. Medical expenses only.	\$30,000 Maximum Limit. Medical expenses only.	\$15,000 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.	Maximum Limit of \$50 a day after a minimum of 12 hour delay period. As Defined in the Policy.	Maximum Limit of \$25 a day after a minimum of 12 hour delay period. As Defined in the Policy.
Third Party Liability- Personal Liability	\$500.00 per Coverage Period	\$500.00 per Coverage Period	\$100 per Coverage Period	\$50 per Coverage Period
Third Party Liability- Damage to property	\$150,000 Maximum Limit personal liability and damage to property	\$150,000 Maximum Limit personal liability and damage to property	\$25,000 Maximum Limit personal liability and damage to property	\$15,000 Maximum Limit personal liability and damage to property
The Aggregate Limit for the Personal Liability Coverage per participating Member equals the above Limit.				

With regard to the forgoing Schedule of Benefits/Limits, the references to continuous coverage mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous Coverage Period so specified.