

**Schedule of Benefits**  
**Covered Medical Expenses for Accident or Sickness**

**Medical Expense Benefits**

<b>Total Maximum per Covered Accident or Sickness</b>	\$500,000
<b>Maximum for Pre-existing Conditions</b>	\$10,000
<b>Deductible</b>	\$0 per Covered Accident or Sickness
<b>Co-insurance Rate</b>	100% of the Usual and Customary Charges
<b>Incurral Period:</b>	30 days after the date of Covered Accident or Sickness
<b>Maximum Benefit Period</b>	The earlier of the date the Covered Person's Trip ends, or 52 weeks from the date of Covered Accident or Sickness
<b>Maximum Period of Coverage</b>	365 days
<b>Dental Treatment:</b> 1. Injury Only 2. Alleviation of Pain	Treated as any other Injury \$250 per tooth, \$500 max
<b>Emergency Medical Treatment of Pregnancy</b>	Treated as any other medical condition
<b>Room &amp; Board Charges</b>	Average rate of a semi-private room
<b>ICU Room &amp; Board Charges</b>	Two (2) times the average rate of a semi-private room
<b>Chiropractic Care</b>	\$50 per visit, \$500 max
<b>Mental and Nervous Disorders:</b> 1. Inpatient 2. Outpatient	\$20,000 (30 day maximum) \$10,000 (10 day maximum)
<b>Newborn Nursery Care</b>	\$500
<b>Prescription Drugs:</b> 1. Inpatient Co-insurance 2. Outpatient Co-insurance	100% of Covered Expenses 100% of Covered Expenses
<b>Therapeutic Termination of Pregnancy</b>	\$500
<b>Emergency Medical Benefit</b>	Up to \$10,000
<b>Emergency Medical Evacuation Benefit</b>	\$250,000
<b>Repatriation of Remains Benefit</b>	\$100,000
<b>Emergency Reunion Benefit</b> 1. Benefit Maximum 2. Daily Benefit Maximum 3. Maximum Number of Days	\$5,000 \$250 10 days
<b>Home Country Extension Benefit</b> 1. Benefit Maximum 2. Deductible 3. Maximum Benefit Period	\$5,000 \$0 30 days
<b>Personal Property and Financial Instrument Reimbursement Benefit</b>	
<b>Deductible per Trip</b>	\$50
<b>Personal Property</b> 1. Benefit Maximum per Trip 2. Benefit Maximum per Item or Set of Items	\$250 \$100
<b>Financial Instrument</b> 1. Benefit Maximum per Trip 2. Benefit Maximum for Cash	\$250 \$100
<b>Security Evacuation Expense Benefit</b>	
<b>Benefit Maximum</b>	\$100,000
<b>Aggregate Limit per Occurrence</b>	\$1,000,000
<b>Accident Death &amp; Dismemberment Benefits</b>	
<b>Principle Sum:</b> 1. Class 1 2. Spouse of Class 1 3. Children of Class 1	\$20,000 \$20,000 \$20,000