

COVERAGES	LIMITS – ELIGIBLE PARTICIPANT
<b>Medical Benefits</b>	
Lifetime Maximum Benefit	\$1,000,000
Policy Year Maximum Benefits	\$250,000
Maximum Benefit per Injury or Sicknesses	\$250,000
Deductible	\$0 per Injury or Sickness
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services <sup>1</sup>	100% of Reasonable Expenses
Hospital and Physician Outpatient Services <sup>1</sup>	100% of Reasonable Expenses.
Pre-Existing Condition Limitation	The Insurer does pay benefits for loss due to a Pre-Existing Condition
<b>Medical Benefit Limitations</b>	
Maternity Care for a Covered Pregnancy <sup>2</sup>	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Policy.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	100% of Reasonable Expenses
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Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$10,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Policy Year.
Therapeutic termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 per Policy Year maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge
<b>OTHER COVERAGES</b>	
Medical treatment received in the Home Country, if NOT covered by Other Plan	100% of Reasonable Expenses up to \$10,000 lifetime maximum for conditions first diagnosed or treated in the country of assignment
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000; Principal sum up to \$5,000 for Spouse and Principal sum up to \$1,000 for Child(ren)
Repatriation of Remains	Maximum Benefit up to \$25,000
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$200,000
Bedside Visit	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person
<b>OTHER INCLUDED SERVICES</b>	
Global Assistance Services	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed

1. Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi-private room. If Tests and X-rays are the result of a Physician Office Visit or of Hospital and Physician Outpatient Services there is no additional Copayment for these Tests or X-rays. A Deductible may apply. However, if there is neither a Physician Office Visit nor Hospital or Physician Outpatient Services delivered, the Hospital and Physician Outpatient Services Copayment applies
2. The Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any Complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.