



GOLD PLAN

missions 

SUMMARY OF COVERAGE
International Medical Insurance

Charges and expenses incurred by the Insured Person during the Period of Coverage with respect to an illness or injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses").

BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Period of Coverage	Maximum Limit: 365 days		
Benefit Period	12 months; refer to the DEFINITIONS provision for further details		
Lifetime Maximum Limit	Option 1 selected on Application: Insured Persons age 14 days to 69 years: \$1,000,000 Insured Persons age 70 to 79 years: \$100,000 Insured Persons age 80+ years: \$20,000 Option 2 selected on Application: Insured Persons age 14 days to 69 years: \$5,000,000 Option 3 selected on Application: Insured Persons age 14 days to 69 years: \$8,000,000		
Benefit Plan Features			
Benefit Levels	United States	United States	International
	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses			
Deductible	\$0	\$0	\$0
Coinsurance for Eligible Medical Expenses			
Coinsurance • In addition to Deductible	Plan pays 100%	Plan pays 90%	Plan pays 100%
	Insured pays 0%	Insured pays 10%	Insured pays 0%
Out of Pocket Maximum	\$0	\$500	\$0
Pre-certification			
<ul style="list-style-type: none">• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.• Medical Evacuation: No coverage if Pre-certification requirements are not met.• All other Treatments and supplies: fifty percent (50%) reduction of Eligible Medical Expenses.• Deductible is taken after reduction.• Coinsurance is applied to remainder of the reduced amount.• Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require pre-certification.			
Sudden and Unexpected Reoccurrence of a Pre-existing Condition			
<ul style="list-style-type: none">• For United States citizens<ul style="list-style-type: none">○ Insured Persons up to age sixty-five (65) with a Primary Health Plan: Up to Maximum Limit○ Insured Persons up to age sixty-five (65) without a Primary Health Plan: Maximum Limit: \$20,000○ Insured Persons age sixty-five (65) and older: Maximum Limit: \$2,500• For United States residents (non-United States citizens):<ul style="list-style-type: none">○ Insured Persons up to age sixty-five (65): Maximum Limit: \$50,000○ Insured Persons age sixty-five (65) and older: Maximum Limit: \$2,500• Emergency Medical Evacuations that arise or result directly or indirectly from a Sudden and Unexpected Reoccurrence of a Pre-existing Condition eligible for coverage: Up to \$25,000 Maximum Limit. Approved in advance and coordinated by the Company.			

Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limits per Period of Coverage or if indicated, per Lifetime			
Benefit	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	90%	100%
Outpatient Physician / Specialist Visit	100%	90%	100%
Physician Visits / Services	100%	90%	100%
Hospital Emergency Room <ul style="list-style-type: none"> • Injury: Not subject to Emergency Room Deductible • Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission 	100%	90%	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> • Average semi-private room rate • Includes nursing, miscellaneous and Ancillary Services 	100%	90%	100%
Intensive Care <ul style="list-style-type: none"> • Includes nursing, miscellaneous and Ancillary Services 	100%	90%	100%
Outpatient Surgical / Hospital Facility	100%	90%	100%
Laboratory	100%	90%	100%
Radiology	100%	90%	100%
Pre-admission Testing	100%	90%	100%
Surgery	100%	90%	100%
Reconstructive Surgery <ul style="list-style-type: none"> • Surgery is incidental to or follows Surgery that was covered under the Plan 	100%	90%	100%
Assistant Surgeon <ul style="list-style-type: none"> • 20% of the primary surgeon's eligible fee 	100%	90%	100%
Anesthesia	100%	90%	100%
Physical Therapy <ul style="list-style-type: none"> • Medical order or Treatment plan required 	100%	90%	100%
Extended Care Facility <ul style="list-style-type: none"> • Upon direct transfer from an acute care Facility 	100%	90%	100%
Home Nursing Care <ul style="list-style-type: none"> • Upon direct transfer from an acute care Facility 	100%	90%	100%
Prescriptions Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limits per Period of Coverage or if indicated, per Lifetime			
Prescriptions: United States <ul style="list-style-type: none"> • Dispensing Maximum: 90 days 	100%	90%	Not Applicable

Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

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Benefit	In-Network	Out-of-Network	International
Prescriptions: International • Preventative Prescription Maximum Limit: \$150	Not Applicable	Not Applicable	100%
Emergency Services NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limits per Period of Coverage or if indicated, per Lifetime			
Emergency Medical Evacuation • Approved in advance and coordinated by the Company	100%	100%	100%
Emergency Local Ambulance • Subject to Deductible and Coinsurance • Injury • Illness resulting in a Hospital admission	100%	90%	100%
Emergency Reunion • Lifetime Maximum Limit: \$100,000 • Maximum Day Limit: 15 • Meal Maximum Limit per Day: \$25 • Reasonable and necessary travel costs and accommodations • Approved in advance by the Company	100%	100%	100%
Interfacility Ambulance Transfer • Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission	100%	100%	100%
Political Evacuation • Lifetime Maximum Limit: \$100,000 • Approved in advance by the Company	100%	100%	100%
Return of Minor Children • Maximum Limit: \$100,000 • Approved in advance by the Company	100%	100%	100%
Return of Mortal Remains • Maximum Limit: \$100,000 • Local Burial / Cremation Maximum Limit: \$5,000 • Return of Insured Person's Mortal Remains to Country of Residence • Approved in advance by the Company	100%	100%	100%

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Other Services			
<div>NOT Subject to Deductible or Coinsurance unless otherwise noted</div> <div>Eligible Expenses are limited to Usual, Reasonable and Customary amounts</div> <div>Maximum Limits per Period of Coverage or if indicated, per Lifetime</div>			
Benefit	In-Network	Out-of-Network	International
Accidental Death and Dismemberment	Accidental Death Principal Sum: <ul style="list-style-type: none">Maximum Limit: \$50,000		
	Dismemberment:		
	Loss	Percent of Principal Sum	
	Sight of one eye	50%	
	One hand or one foot	50%	
	One hand and loss of sight in one eye	100%	
	One foot and loss of sight in one eye	100%	
	One hand and one foot	100%	
	Both hands and both feet	100%	
	Loss of sight in both eyes	100%	
The maximum benefit payable for all dismemberment or losses resulting from any one (1) Accident or Injury shall not exceed the Principal Sum.			
Common Carrier Accidental Death <ul style="list-style-type: none">Maximum Limit per Insured Person: \$100,000Maximum per insured Child: \$25,000Maximum Limit per insured Family: \$250,000	100%	100%	100%
Emergency Dental <ul style="list-style-type: none">Maximum Limit: \$250 (Relief of sudden and unexpected pain to sound natural teeth)Dental InjurySubject to Deductible and Coinsurance	100%	100%	100%
Traumatic Dental Injury <ul style="list-style-type: none">Subject to Deductible and CoinsuranceTreatment at a Hospital due to an AccidentAdditional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%	100%	90%	100%
Felonious Assault <ul style="list-style-type: none">Lifetime Maximum: \$10,000Independent of medical benefitsRefer to the FELONIOUS ASSAULT provision for further details	100%	100%	100%
Hospital Indemnity <ul style="list-style-type: none">Must be a United States citizen or resident Hospitalized in a Facility outside the United StatesMaximum Limit per Overnight: \$250Maximum Overnight Limit: 10	100%	100%	100%

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Benefit	In-Network	Out-of-Network	International
Incidental Trip Coverage <ul style="list-style-type: none"> Maximum Day Limit: 14 Refer to the INCIDENTAL TRIP provision for further details 	100%	100%	100%
Identity Theft <ul style="list-style-type: none"> Maximum Limit: \$500 	100%	100%	100%
Lost / Theft Luggage <ul style="list-style-type: none"> Maximum Limit: \$500 	100%	100%	100%
Natural Disaster <ul style="list-style-type: none"> Maximum Limit per Day: \$250 Maximum Day Limit: 5 	100%	100%	100%
Remote Transportation <ul style="list-style-type: none"> Maximum Limit: \$5,000 Lifetime Maximum: \$20,000 Approved in advance by the Company 	100%	100%	100%
Small Pet Common Air Carrier Accidental Death <ul style="list-style-type: none"> Maximum Limit: \$500 	100%	100%	100%
Supplemental Accident <ul style="list-style-type: none"> Maximum Limit per Accident: \$300 	100%	100%	100%
Terrorism	100%	100%	100%
Trip Interruption <ul style="list-style-type: none"> Maximum Limit: \$10,000 	100%	100%	100%

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the insurance contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations, and exclusions in the insurance contract.

Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

Capitalized terms are defined in the Certificate of Insurance.

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