



SILVER 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	6 months; refer to the DEFINITIONS provision for further details		
Lifetime Maximum Limit	Insured Persons age 14 days to 69 years: \$1,000,000 Insured Persons age 70 to 79 years: \$100,000		
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	Plan pays 90%	Plan pays 80%	Plan pays 100%
• In addition to Deductible	Insured pays 10%	Insured pays 20%	Insured pays 0%
Out of Pocket Maximum	\$500	\$1,000	\$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			
<p>For United States Citizens</p> <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 <p>• For United States residents (non-United States citizen):</p> <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 <p>• Emergency Medical Evacuations that arise or result directly or indirectly from a Sudden and Unexpected Reoccurrence of a Pre-existing Condition eligible for coverage for insured persons up to age sixty-five (65): Up to \$25,000 Maximum Limit. Approved in advance and coordinated by the Company.</p>			
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	90%	80%	100%
Outpatient Physician / Specialist Visit	90%	80%	100%

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Benefit	In-Network	Out-of-Network	International
Physician Visits / Services	90%	80%	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 	90%	80%	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> • Average semi-private room rate • Includes nursing, miscellaneous and Ancillary Services 	90%	80%	100%
Intensive Care <ul style="list-style-type: none"> • Includes nursing, miscellaneous and Ancillary Services 	90%	80%	100%
Outpatient Surgical / Hospital Facility	90%	80%	100%
Laboratory	90%	80%	100%
Radiology	90%	80%	100%
Pre-admission Testing	90%	80%	100%
Surgery	90%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> • Surgery is incidental to or follows Surgery that was covered under the Plan 	90%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> • 20% of the primary surgeon's eligible fee 	90%	80%	100%
Anesthesia	90%	80%	100%
Physical Therapy <ul style="list-style-type: none"> • Medical order or Treatment plan required 	90%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> • Upon direct transfer from an acute care Facility 	90%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> • Upon direct transfer from an acute care Facility 	90%	80%	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 	90%	80%	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 <ul style="list-style-type: none"> Preventative Prescription Maximum Limit: \$150 	Not Applicable	Not Applicable	100%
Emergency Services <u>NOT</u> 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 <ul style="list-style-type: none"> Lifetime Maximum Limit: \$250,000 Approved in advance and coordinated by the Company 	100%	100%	100%
Emergency Local Ambulance <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Injury Illness resulting in a Hospital admission 	90%	80%	100%
Emergency Reunion <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission 	100%	100%	100%
Political Evacuation <ul style="list-style-type: none"> Lifetime Maximum Limit: \$20,000 Approved in advance by the Company 	100%	100%	100%
Return of Minor Children <ul style="list-style-type: none"> Maximum Limit: \$100,000 Approved in advance by the Company 	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> Maximum Limit: \$100,000 Local Burial / Cremation Maximum Limit: \$10,000 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:		
	<div>• Maximum Limit: \$25,000</div>		
	Dismemberment:		
	<u>Loss</u>	<u>Percent of Principal Sum</u>	
	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			
<div>• Maximum Limit per Insured Person: \$50,000</div> <div>• Maximum Limit per Family: \$250,000</div>	100%	100%	100%
Emergency Dental			
<div>• Maximum Limit: \$100</div> <div>(Relief of sudden and unexpected pain to sound natural teeth)</div>	100%	100%	100%
Traumatic Dental Injury			
<div>• Subject to Deductible and Coinsurance</div> <div>• Treatment at a Hospital due to an Accident</div> <div>• Additional Treatment for the same Injury rendered by a Dental Provider will be paid at one hundred percent (100%)</div>	100%	80%	100%
Hospital Indemnity			
<div>• Must be a United States citizen or resident Hospitalized in a Facility outside the United States</div> <div>• Maximum Limit per Overnight: \$100</div> <div>• Maximum Overnight Limit: 10</div>	100%	100%	100%
Incidental Trip Coverage			
<div>• Maximum Day Limit: 14</div> <div>• Refer to the INCIDENTAL TRIP provision for further details</div>	100%	100%	100%
Identity Theft			
<div>• Maximum Limit: \$500</div>	100%	100%	100%

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Benefit	In-Network	Out-of-Network	International
Lost Luggage <ul style="list-style-type: none"> Maximum Limit per Item: \$50 Maximum Limit: \$250 	100%	100%	100%
Natural Disaster <ul style="list-style-type: none"> Maximum Limit per Day: \$100 Maximum Day Limit: 10 	100%	100%	100%
Terrorism <ul style="list-style-type: none"> Maximum Limit: \$50,000 	100%	100%	100%
Trip Interruption <ul style="list-style-type: none"> Maximum Limit: \$5,000 	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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