

# MissionArmor

 MissionWorks

**BRONZE PLAN**



**MissionArmor**

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## SUMMARY OF COVERAGE International Medical Insurance

# BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Period of Coverage	Maximum Limit: 365 days		
Benefit Period • Charges incurred in the United States are not eligible for coverage during the Benefit Period	6 months		
Period of Coverage limit	Through age 69 years: \$250,000 Ages 70 to 79: \$100,000		
Benefit Plan Features			
Benefit Levels • Treatment in the United States is for the purposes of Incidental Trip Coverage and Benefit Period only	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 90% Insured pays 10%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$500	\$1,000	\$0
Pre-certification			
<ul style="list-style-type: none"> <li>Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>All other Treatments &amp; supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.</li> <li>Deductible is taken after reduction.</li> <li>Coinsurance is applied to remainder of the reduced amount.</li> <li>Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.</li> </ul>			
Sudden and Unexpected Reoccurrence of a Pre-existing Condition			
<p>For United States Citizens</p> <ul style="list-style-type: none"> <li>○ Insured Persons up to age 65 with a Primary Health Plan: Up to the per Period of Coverage limit</li> <li>○ Insured Persons up to age 65 without a Primary Health Plan: Maximum Limit: \$20,000</li> <li>○ Insured Persons age 65 and older: Maximum Limit: \$2,500</li> </ul> <ul style="list-style-type: none"> <li>For United States residents (non-United States citizens):               <ul style="list-style-type: none"> <li>○ Insured Persons up to age 65: Maximum Limit: \$50,000</li> <li>○ Insured Persons age 65 and older: Maximum Limit: \$2,500</li> </ul> </li> <li>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 65: Up to \$25,000 Maximum Limit. Approved in advance and coordinated by the Company.</li> </ul>			

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.

### Inpatient or Outpatient Services

Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit

Benefit	In-Network	Out-of-Network	International
Eligible Medical Expenses	90%	80%	100%
Outpatient Physician / Specialist Visit	90%	80%	100%
Physician Visits / Services	90%	80%	100%
Hospital Emergency Room <ul style="list-style-type: none"> <li>• Injury: Not subject to Emergency Room Deductible</li> <li>• Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission</li> </ul>	90%	80%	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> <li>• Average semi-private room rate</li> <li>• Includes nursing, miscellaneous and Ancillary services</li> </ul>	90%	80%	100%
Intensive Care <ul style="list-style-type: none"> <li>• Includes nursing, miscellaneous and Ancillary services</li> </ul>	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"> <li>• Surgery is incidental to and follows Surgery that was covered under the plan</li> </ul>	90%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>• 20% of the primary surgeon's eligible fee</li> </ul>	90%	80%	100%
Anesthesia	90%	80%	100%
Durable Medical Equipment	90%	80%	100%
Chiropractic Care <ul style="list-style-type: none"> <li>• Medical order or Treatment plan required</li> </ul>	90%	80%	100%
Physical Therapy <ul style="list-style-type: none"> <li>• Medical order or Treatment plan required</li> </ul>	90%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> <li>• Upon direct transfer from an acute care Facility</li> </ul>	90%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> <li>• Provided by a Home Health Care Agency</li> <li>• Upon direct transfer from an acute care Facility</li> </ul>	90%	80%	100%

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<b>Prescriptions</b> Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Prescriptions <ul style="list-style-type: none"> <li>• Dispensing Maximum: 90 days</li> <li>• Preventative Prescription Limit: \$150</li> </ul>	Not Applicable	80%	100%
<b>Emergency Services</b> NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Emergency Medical Evacuation <ul style="list-style-type: none"> <li>• Maximum Limit: \$250,000</li> <li>• Approved in advance and coordinated by the Company</li> </ul>	100%	100%	100%
Emergency Local Ambulance <ul style="list-style-type: none"> <li>• Subject to Deductible and Coinsurance</li> <li>• Injury</li> <li>• Illness resulting in a Hospital admission</li> </ul>	90%	80%	100%
Emergency Reunion <ul style="list-style-type: none"> <li>• Maximum Limit: \$100,000</li> <li>• Maximum Day Limit: 15</li> <li>• Meal Maximum Limit per Day: \$25</li> <li>• Reasonable and necessary travel costs and accommodations</li> <li>• Approved in advance by the Company</li> </ul>	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> <li>• Services rendered in the United States</li> <li>• Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission</li> </ul>	100%	100%	100%
Political Evacuation <ul style="list-style-type: none"> <li>• Maximum Limit: \$20,000</li> <li>• Approved in advance by the Company</li> </ul>	100%	100%	100%
Return of Minor Children <ul style="list-style-type: none"> <li>• Maximum Limit: \$100,000</li> <li>• Approved in advance by the Company</li> </ul>	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> <li>• Maximum Limit: \$100,000</li> <li>• Local Burial / Cremation Maximum Limit: \$10,000</li> <li>• Return of Insured Person's Mortal Remains to Country of Residence</li> <li>• Approved in advance by the Company</li> </ul>	100%	100%	100%

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### Other Services

NOT Subject to Deductible or Coinsurance unless otherwise noted  
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Limits per Period of Coverage unless stated as Maximum Limit

Benefit	In-Network	Out-of-Network	International															
Accidental Death and Dismemberment	Accidental Death Principal Sum: <ul style="list-style-type: none"> <li>Maximum Limit: \$25,000</li> </ul>																	
	Dismemberment: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Loss</u></th> <th style="text-align: right;"><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of one eye</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand or one foot</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand and loss of sight in one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One foot and loss of sight in one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One hand and one foot</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Both hands and both feet</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Loss of sight in both eyes</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table> <p>The maximum benefit payable for all dismemberment or losses resulting from any one (1) Accident or Injury shall not exceed the Principal Sum.</p>			<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
<u>Loss</u>	<u>Percent of Principal Sum</u>																	
Sight of one eye	50%																	
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One hand and loss of sight in one eye	100%																	
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One hand and one foot	100%																	
Both hands and both feet	100%																	
Loss of sight in both eyes	100%																	
Common Carrier Accidental Death <ul style="list-style-type: none"> <li>Maximum Limit per Insured Person: \$50,000</li> <li>Maximum Limit per Family: \$250,000</li> </ul>	100%	100%	100%															
Emergency Dental <ul style="list-style-type: none"> <li>Limit: \$100 (Relief of sudden and unexpected pain to sound natural teeth)</li> </ul>	100%	100%	100%															
Traumatic Dental Injury <ul style="list-style-type: none"> <li>Subject to Deductible and Coinsurance</li> <li>Treatment at a Hospital due to an Accident</li> <li>Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%</li> </ul>	100%	80%	100%															
Hospital Indemnity <ul style="list-style-type: none"> <li>Must be a United States citizen or resident Hospitalized in a Facility outside the United States</li> <li>Maximum Limit per Overnight: \$100</li> <li>Maximum Overnight Limit: 10</li> </ul>	100%	100%	100%															
Incidental Trip Coverage <ul style="list-style-type: none"> <li>Maximum days: 14</li> <li>Services rendered in the United States</li> <li>Refer to the INCIDENTAL TRIP provision for further details</li> </ul>	100%	100%	100%															
Identity Theft <ul style="list-style-type: none"> <li>Limit: \$500</li> </ul>	100%	100%	100%															

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**Other Services**

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<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Lost Luggage <ul style="list-style-type: none"> <li>• Limit: \$50 per item</li> <li>• Limit: \$250</li> </ul>	100%	100%	100%
Natural Disaster <ul style="list-style-type: none"> <li>• Limit per Day: \$100</li> <li>• Maximum days: 10</li> </ul>	100%	100%	100%
Quarantine Daily Indemnity <ul style="list-style-type: none"> <li>• Maximum Daily Limit: up to \$200 per day for necessary lodging expenses and meals</li> <li>• Maximum Day Limit: up to 15 days</li> <li>• Maximum Benefit Limit: \$3,000</li> <li>• Proof of Quarantine mandate required from a Physician or state or governmental authority</li> <li>• Quarantine mandate resulted from Insured Person testing positive for or being exposed to someone who has tested positive for COVID-19/SARS-CoV2 or a variant of COVID-19/SARS-CoV2, or the Insured Person is symptomatic and has been tested for COVID-19/SARS-CoV2 and is awaiting diagnostic test results.</li> <li>• Available while in transit to or in the Destination Country but outside the Country of Residence</li> <li>• Refer to the QUARANTINE DAILY INDEMNITY provision for further details and requirements</li> </ul>	100%	100%	100%
Terrorism <ul style="list-style-type: none"> <li>• Maximum Limit: \$50,000</li> </ul>	100%	100%	100%
Trip Interruption <ul style="list-style-type: none"> <li>• Limit: \$5,000</li> </ul>	100%	100%	100%

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