

## DESIRED BENEFITS

## APPENDIX A

<b>MEDICAL EXPENSES</b>	<b>DESIRED COVERAGE/LIMITS</b>
Period of Coverage Maximum Benefits	Give Options for both \$200,000.00 and \$250,000.00
Maximum Benefit per Injury or Sicknesses	Give Options for both \$200,000.00 and \$250,000.00
Period of Coverage Maximum Out-of-Pocket Limit	\$0 per Injury or Sickness
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses
Emergency Hospital Services	100% of Reasonable Expenses
Maternity Care for a Covered Pregnancy	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Plan.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	100% of Reasonable Expenses
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	100% of Reasonable Expenses
Treatment of specified therapies, including acupuncture, Physiotherapy, and spinal manipulation	Maximum of \$100/visit; maximum of 10 visits; \$1000 overall maximum
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$500 Maximum per Period of Coverage
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 per Period of Coverage maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge
30-day extension of benefits	For conditions first treated internationally
Home Country Coverage	\$10,000 (secondary to domestic insurance)
Pre-existing conditions	Up to \$1000
Suicide and self-inflicted injuries	Covered with exception of accidental death and dismemberment
Termination of Pregnancy	\$500
Coverage for Accidents Involving Alcohol	Provide options.
<b>TRAVEL EXPENSES</b>	<b>DESIRED COVERAGE/LIMITS</b>
Lost Luggage/Personal Effects	Up to \$500
24/7/365 Team Assist package	Included
Comprehensive Security Evacuation	\$100,000
Trip Interruption Coverage	\$2500
Coverage for named activities	Up to \$10,000
Program Fee Refund Coverage	\$2500
Travel Delay Benefit	\$500 (\$100/day)
Trip Cancellation	Please provide options.
Coverage for Extreme Activities	Provide options, and covered activities
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	\$15,000 for any covered person
<b>REPATRIATION OF REMAINS</b>	100% of Covered Expenses
<b>MEDICAL EVACUATION</b>	100% of Covered Expenses
<b>BEDSIDE VISIT (EMERGENCY MEDICAL REUNION)</b>	\$5000; \$200 maximum/day