

INBOUND CHOICE - SCHEDULE OF BENEFITS & COVERED EXPENSES

	Age 14 Days To Age 69 - Plan A	Age 14 Days To Age 69 - Plan B	Age 14 Days To Age 69 - Plan C	Age 14 Days To Age 69 - Plan D
	\$50,000 max per injury/sickness	\$75,000 max per injury/sickness	\$100,000 max per injury/sickness	\$130,000 max per injury/sickness
INPATIENT				
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous	Up to \$1,500/day, 30 day max	Up to \$2,000 per day, 30 day max	Up to \$2,500/day, 30 day max	Up to \$3,000/day, 30 day max
Hospital Intensive Care Unit	Additional \$500/day, 8 day max	Additional \$500/day, 8 day max	Additional \$500/day, 8 day max	Additional \$800/day, 8 day max
Surgical Treatment	Up to \$2,100	Up to \$4,800	Up to \$5,800	Up to \$7,200
Anesthetist	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Assistant Surgeon	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Physician's Non-Surgical Visits	Up to \$38/visit, 1/day, 30 visits	Up to \$56/visit, 1/day, 30 visits	Up to \$75/visit, 1/day, 30 visits	Up to \$100/visit, 1/day, 30 visits
Consultant Physician, when requested by attending Physician	Up to \$250	Up to \$325	Up to \$500	Up to \$575
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$650	Up to \$975	Up to \$1,300	Up to \$1,300
Private Duty Nurse	Up to \$650	Up to \$650	Up to \$650	Up to \$650
OUTPATIENT				
Surgical Treatment	Up to \$2,100	Up to \$4,800	Up to \$5,800	Up to \$7,200
Anesthetist	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Assistant Surgeon	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Physician's Non-Surgical /Urgent Care Visits	Up to \$38/visit, 1/day, 10 visits	Up to \$56/visit, 1/day, 10 visits	Up to \$75/visit, 1/day, 10 visits	Up to \$100/visit, 1/day, 10 visits
Diagnostic X-rays & Lab Services	Up to \$250; Additional \$325 - One CAT scan, PET scan or MRI	Up to \$375; Additional \$325 - One CAT scan, PET scan or MRI	Up to \$500; Additional \$975 - One CAT scan, PET scan or MRI	Up to \$575; Additional \$975 - One CAT scan, PET scan or MRI

Hospital Emergency Room	Up to \$200 max	Up to \$300 max	Up to \$400 max	Up to \$650 max
Prescription Drugs	Up to \$68	Up to \$101	Up to \$135	Up to \$200
Outpatient Surgical Facility	Up to \$600	Up to \$900	Up to \$1,200	Up to \$1,400
OTHER SERVICES				
Ambulance Services	Up to \$500	Up to \$500	Up to \$500	Up to \$500
Initial Orthopedic Prosthesis/Brace	Up to \$663	Up to \$994	Up to \$1,325	Up to \$1,600
Chemotherapy and/or Radiation Therapy	Up to \$663	Up to \$994	Up to \$1,325	Up to \$1,600
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$650	Up to \$650	Up to \$650	Up to \$650
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits
Emergency Evacuation	\$50,000	\$50,000	\$50,000	\$50,000
Return of Remains	\$25,000	\$25,000	\$25,000	\$25,000
Common Carrier AD&D Principal Sum	\$25,000	\$25,000	\$25,000	\$25,000
Acute Onset of a Pre-existing Condition	\$50,000 per policy period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per policy period for Emergency Medical Evacuation.	\$75,000 per policy period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per policy period for Emergency Medical Evacuation.	\$100,000 per policy period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per policy period for Emergency Medical Evacuation.	\$130,000 per policy period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per policy period for Emergency Medical Evacuation.