

INBOUND GUEST - SCHEDULE OF BENEFITS & COVERED SERVICES

Age 14 days to Age 69	Plan A	Plan B	Plan C	Plan D	Plan E
	\$25,000 Max per Injury/Sickness	\$45,000 Max per Injury/Sickness	\$65,000 Max per Injury/Sickness	\$85,000 Max per Injury/Sickness	\$120,000 Max per Injury/Sickness
INPATIENT					
Hospital Room & Board Including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$910/day, 30 day max	Up to \$1,260/day, 30 day max	Up to \$1,565/day, 30 day max	Up to \$1,785/day, 30 day max	Up to \$2,340/day, 30 day max
Hospital Intensive Care Unit	Add'l \$430/day, 8 day max	Add'l \$595/day, 8 day max	Add'l \$720/day, 8 day max	Add'l \$790/day, 8 day max	Add'l \$1020/day, 8 day max
Surgical Treatment	Up to \$2,150	Up to \$2,970	Up to \$3,960	Up to \$4,840	Up to \$6,600
Anesthetist	Up to \$540	Up to \$740	Up to \$990	Up to \$1,210	Up to \$1,650
Assistant Surgeon	Up to \$540	Up to \$740	Up to \$990	Up to \$1,210	Up to \$1,650
Physician's Non-Surgical Visits	Up to \$40/visit, 1/day, 30 visits max	Up to \$50/visit, 1/day, 30 visits max	Up to \$65/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits max	Up to \$100/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$295	Up to \$405	Up to \$465	Up to \$485	Up to \$600
Private Duty Nurse	Up to \$360	Up to \$495	Up to \$550	Up to \$550	Up to \$660
Pre-Admission Tests within 7 days before Hospital admission	Up to \$715	Up to \$990	Up to \$1,100	Up to \$1,100	Up to \$1,100
OUTPATIENT					
Surgical Treatment	Up to \$2,150	Up to \$2,970	Up to \$3,960	Up to \$4,840	Up to \$6,600
Anesthetist	Up to \$540	Up to \$740	Up to \$990	Up to \$1,210	Up to \$1,650
Assistant Surgeon	Up to \$540	Up to \$740	Up to \$990	Up to \$1,210	Up to \$1,650
Physician's Non-Surgical / Urgent Care Visits	Up to \$40/visit, 1/day, 10 visits max	Up to \$50/visit, 1/day, 10 visits max	Up to \$65/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max	Up to \$100/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$295 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$405 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$465 - additional \$375 - One CAT scan, PET scan or MRI	Up to \$485 - Additional \$450 - One CAT scan, PET scan or MRI	Up to \$600 - Additional \$500 - One CAT scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$215	Up to \$295	Up to \$395	Up to \$485	Up to \$660
Prescription Drugs	Up to \$65	Up to \$90	Up to \$115	Up to \$135	Up to \$180
Outpatient Surgical Facility	Up to \$650	Up to \$900	Up to \$1,030	Up to \$1,070	Up to \$1,320
OTHER TREATMENT & SERVICES					
Ambulance Services	Up to \$295	Up to \$450	Up to \$450	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$715	Up to \$990	Up to \$1,160	Up to \$1,240	Up to \$1,560
Chemotherapy and/or radiation therapy	Up to \$715	Up to \$990	Up to \$1,175	Up to \$1,275	Up to \$1,620
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$360	Up to \$550	Up to \$550	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$30/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Acute Onset of Pre-existing Condition(s)	\$25,000 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.	\$45,000 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.	\$65,000 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.	\$85,000 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.	\$120,000 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.

If you turn 70 years old during the purchased coverage period, the 70 and over benefit schedule becomes effective on the day you turn 70. If you have the \$100,000 or \$130,000 per injury or sickness policy maximum, you will receive the \$70,000 per injury or sickness schedule for age 70 and older. If you have the \$75,000 or \$50,000 per injury or sickness policy maximum, you will receive the \$50,000 per injury or sickness schedule for age 70 and older.

Age 70 to Age 99	Plan J	Plan K	Plan L
	\$40,000 Max per Injury/Sickness	\$60,000 Max per Injury/Sickness	\$100,000 Max per Injury/Sickness
INPATIENT			
Hospital Room & Board including miscellaneous	Up to \$870/day, 30 day max	Up to \$1,260/day, 30 day max	Up to \$2,050/day, 30 day max
Hospital Intensive Care Unit	Additional \$380/day, 8 day max	Additional \$550/day, 8 day max	Additional \$900/day, 8 day max
Surgical Treatment	Up to \$2,285	Up to \$3,300	Up to \$5,365
Anesthetist	Up to \$570	Up to \$825	Up to \$1,340
Assistant Surgeon	Up to \$570	Up to \$825	Up to \$1,340
Physician's Non-Surgical Visits	Up to \$45/visit, 1/day, 30 visits max	Up to \$65/visit, 1/day, 30 visits max	Up to \$100/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$330	Up to \$480	Up to \$780
Private Duty Nurse	Up to \$375	Up to \$450	Up to \$880
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$775	Up to \$775	Up to \$1,500
OUTPATIENT			
Surgical Treatment	Up to \$2,285	Up to \$3,300	Up to \$5,365
Anesthetist	Up to \$570	Up to \$825	Up to \$1,340
Assistant Surgeon	Up to \$570	Up to \$825	Up to \$1,340
Physician's Non-Surgical / Urgent Care Visits	Up to \$45/visit, 1/day, 10 visits max	Up to \$65/visit, 1/day, 10 visits max	Up to \$100/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$330 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$480 – additional \$300 - One CAT scan, PET scan or MRI	Up to \$780 – additional \$300 - One CAT scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$208	Up to \$300	Up to \$480
Prescription Drugs	Up to \$65	Up to \$95	Up to \$160
Outpatient Surgical Facility	Up to \$705	Up to \$1,020	Up to \$1,660
OTHER TREATMENT AND SERVICES			
Ambulance Services	Up to \$450	Up to \$450	Up to \$880
Initial Orthopedic Prosthesis/brace	Up to \$705	Up to \$1,020	Up to \$1,660
Chemotherapy and/or radiation therapy	Up to \$705	Up to \$1,020	Up to \$1,660
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550	Up to \$1,075
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$80/visit, 1/day, 12 visits max
Accute Onset of Pre-existing Conditions	This benefit is not available if you are 70 or older	This benefit is not available if you are 70 or older	This benefit is not available if you are 70 or older