

INBOUND IMMIGRANT - 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	Age 70 and over Plan J
	\$50,000 max per injury/ sickness	\$75,000 max per injury/ sickness	\$100,000 max per injury/ sickness	\$130,000 max per injury/sickness	\$75,000 max per injury/sickness
INPATIENT					
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other	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	Up to \$1,250/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	Additional \$525/day, 8 day max
Surgical Treatment	Up to \$2,100	Up to \$4,800	Up to \$5,800	Up to \$7,200	Up to \$3,350
Anesthetist	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650	Up to \$800
Assistant Surgeon	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650	Up to \$800
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	Up to \$65/visit, 1/day, 30 visits
Consultant Physician, when requested by attending Physician	Up to \$250	Up to \$325	Up to \$500	Up to \$575	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital	Up to \$650	Up to \$975	Up to \$1,300	Up to \$1,300	Up to \$900
Private Duty Nurse	Up to \$650	Up to \$650	Up to \$650	Up to \$650	Up to \$450
OUTPATIENT					
Surgical Treatment	Up to \$2,100	Up to \$4,800	Up to \$5,800	Up to \$7,200	Up to \$3,350
Anesthetist	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650	Up to \$800
Assistant Surgeon	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650	Up to \$800
Physician's Non-Surgical 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	Up to \$65/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	Up to \$500; Additional \$975 - One CAT scan, PET scan or MRI	Up to \$575; Additional \$975 - One CAT scan, PET scan or MRI	Up to \$450; Additional \$325 - 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	Up to \$325 max
Prescription Drugs	Up to \$68	Up to \$101	Up to \$135	Up to \$200	Up to \$100
Outpatient Surgical Facility	Up to \$600	Up to \$900	Up to \$1,200	Up to \$1,400	Up to \$1,050
OTHER					
Ambulance Services	Up to \$500	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	Up to \$1,000
Chemotherapy and/or Radiation Therapy	Up to \$663	Up to \$994	Up to \$1,325	Up to \$1,600	Up to \$1,000
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$650	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	Same as any Sickness
Maternity (conception occurs at least 90 days after your effective date)	Up to \$2,800	Up to \$2,800	Up to \$2,800	Up to \$2,800	N/A
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	Up to \$45/visit, 1/day, 12 visits
Emergency Evacuation	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Return of Remains	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier
Acute Onset of a Pre- existing Condition(s)	\$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 pe- riod for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per policy period for	\$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	\$130,000 per policy period for Medical Ex- pense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per policy period for	N/A