

# INBOUND USA - SCHEDULE OF BENEFITS & COVERED SERVICES

Age 14 days to Age 69	Plan A	Plan B	Plan C	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
<b>INPATIENT</b>				
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other	Up to \$1,400/day, 30 day max	Up to \$1,675/day, 30 day max	Up to \$1,950/day, 30 day max	Up to \$2,535/day, 30 day max
Hospital Intensive Care Unit	Additional \$660/day, 8 day max	Additional \$755/day, 8 day max	Additional \$850/day, 8 day max	Additional \$1,105/day, 8 day max
Surgical Treatment	Up to \$3,300	Up to \$4,400	Up to \$5,500	Up to \$7,150
Anesthetist	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Assistant Surgeon	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$70/visit, 1/day, 30 visits max	Up to \$85/visit, 1/day, 30 visits max	Up to \$110/visit, 1/day, 30 visits max
Consulting Physician, when requested by attending	Up to \$450	Up to \$475	Up to \$500	Up to \$650
Private Duty Nurse	Up to \$550	Up to \$550	Up to \$550	Up to \$700
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1,100	Up to \$1,100	Up to \$1,100	Up to \$1,450
<b>OUTPATIENT</b>				
Surgical Treatment	Up to \$3,300	Up to \$4,400	Up to \$5,500	Up to \$7,150
Anesthetist	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Assistant Surgeon	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$70/visit, 1/day, 10 visits max	Up to \$85/visit, 1/day, 10 visits	Up to \$110/visit, 1/day, 10 visits
Diagnostic X-rays & Lab Services	Up to \$450 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$475 - additional \$375 - One CAT scan, PET scan or MRI	Up to \$500 - Additional \$500 - One CAT scan, PET scan or MRI	Up to \$650 - Additional \$600 - One CAT scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred)	Up to \$330	Up to \$440	Up to \$550	Up to \$700
Prescription Drugs	Up to \$100	Up to \$125	Up to \$150	Up to \$200
Outpatient Surgical Facility	Up to \$1,000	Up to \$1,050	Up to \$1,100	Up to \$1,400
<b>OTHER TREATMENT &amp; SERVICES</b>				
Ambulance Services	Up to \$450	Up to \$450	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$1,100	Up to \$1,200	Up to \$1,300	Up to \$1,700
Chemotherapy and/or Radiation	Up to \$1,100	Up to \$1,225	Up to \$1,350	Up to \$1,750
Dental Treatment for Injury to Sound, Natural Teeth	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
Physiotherapy	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
Emergency Evacuation	\$50,000	\$50,000	\$50,000	\$50,000
Return of Remains	\$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
Acute Onset of a Pre-existing Condition (the above maximum schedule still applies)	\$50,000 <i>per policy period</i> for medical expense benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per policy period</i> for medical evacuation	\$75,000 <i>per policy period</i> for medical expense benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per policy period</i> for medical evacuation	\$100,000 <i>per policy period</i> for medical expense benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per policy period</i> for medical evacuation	\$130,000 <i>per policy period</i> for medical expense benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per policy period</i> for 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.

## SCHEDULE OF BENEFITS & COVERED SERVICES (CONT.)

Age 70 to Age 99	Plan J	Plan K
<b>INPATIENT</b>		
	\$50,000 Max per Injury/Sickness	\$70,000 Max per Injury/Sickness
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous	Up to \$1,050/day, 30 day max	Up to \$1,470/day, 30 day max
Hospital Intensive Care Unit	Additional \$460/day, 8 day max	Additional \$640/day, 8 day
max Surgical Treatment	Up to \$2,750	Up to \$3,850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits
max A Consulting Physician, when requested by attending Physician	Up to \$400	Up to \$560
Private Duty Nurse	Up to \$450	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$775	Up to \$1,085
<b>OUTPATIENT</b>		
Surgical Treatment	Up to \$2,750	Up to \$3,850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$400 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$560 – additional \$300 - One CAT scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$250	Up to \$350
Prescription Drugs	Up to \$80	Up to \$110
Outpatient Surgical Facility	Up to \$850	Up to \$1,190
<b>OTHER TREATMENT AND SERVICES</b>		
Ambulance Services	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$850	Up to \$1,190
Chemotherapy and/or radiation therapy	Up to \$850	Up to \$1,190
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any
<b>Sickness</b>		
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits
max Emergency Evacuation	\$50,000	\$50,000
Return of Remains	\$25,000	\$25,000
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier

Accute Onset of Pre-existing Conditions

This benefit is not available if you are 70 or older

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