

Part A: Accident and Sickness Benefits

Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown. Benefits are not provided for Coverages marked “NIL”.

Per Injury or Sickness Maximum for all Injury and Sickness Medical **\$2,000,000 USD**
Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness: **\$50 USD**

Initial Treatment Period: 30 Days from the date of Injury or Sickness
 Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges
 Terms of Payment: Full Excess

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit	URC, Semi-Private Room Rate
Intensive Care/Cardiac Care Unit Benefit	URC
Hospital Miscellaneous Expense Benefit	URC
Surgeon (In or Outpatient) Benefits	URC
Assistant Surgeon Benefit	URC
Pre-Admission Testing Benefit	URC
Anesthesia Benefit	100% URC
Day Surgery Miscellaneous Benefit	URC
Diagnostic X-Ray and Lab Benefit	URC
Ambulance Benefit	URC
Physician Visit Benefit	
▶ Inpatient	URC
▶ Outpatient	URC
Consultant Physician Benefit	URC
Radiation/Chemotherapy Benefit	URC
Emergency Room Benefit	URC, subject to a \$350 copay; copay will be waived if admitted
Emergency Dental Expense Benefit	URC
Palliative Dental	100% URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit	
▶ Inpatient	URC
▶ Outpatient	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit	URC

Benefit Coverage	Covered Benefit
Emergency Medical Evacuation Expense Benefit	100% of actual expense
Emergency Medical Repatriation Expense Benefit	100% of actual expense
Return of Mortal Remains Expense Benefit	100% of actual expense
Emergency Reunion Expense Benefit	100% of actual expense
Prescription Drug Benefit, Covered Percentage	100% URC
Mental & Nervous Conditions Expense Benefit	Pay at 80% up to \$10,000 up to the maximum of 40 days Pay at 80% up to \$5,000
<ul style="list-style-type: none"> ▶ Inpatient ▶ Outpatient 	
Return Ticket Benefit	Up to \$5,000 per Policy Period

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Copay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

Accidental Death and Dismemberment Benefits

Principal Sum: **\$15,000**

(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)

Aggregate Limit: **\$500,000**

Loss of:	Benefit: (% of Principal Sum)
Loss of Life	100%
Loss of Both Hands.....	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes.....	100%
Loss of One Hand and One Foot.....	100%
Loss of One Hand	50%
Loss of One Foot.....	50%
Loss of Entire Sight of One Eye.....	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: **100% of actual expense**

Return Ticket Benefit: **Up to \$5,000 per Policy Period**