

schedule of benefits

A Policy Period is 364 days in length.	treatment received inside the united states and canada	treatment received outside the united states and canada
lifetime maximum Deductible Options, per person per Injury/Sickness	US \$500,000 \$70, \$100, \$150, \$250, \$500, \$1000 After the per Injury/Sickness Deductible, the program will pay up to the amount listed below for each Injury/Sickness.	US \$5,000,000
inpatient Private or semi-private room, per day (maximum of 240 consecutive days) Intensive care, room, per day (maximum of 180 consecutive days) Surgical Treatment Anesthetist's charges Assistant Surgeon Physician's Non-Surgical/Urgent Care Visit Laboratory Tests and X-Rays Prescription medication Chemotherapy and radiation therapy Organ Transplant Durable Medical Equipment	US \$600 US \$1,500 US \$3,000 US \$600 US \$600 US \$60/visit, max 10 US \$450 US \$100 US \$1,000 US \$100,000 US \$100	US \$900 US \$2,000 US \$5,000 US \$1,000 US \$1,000 US \$75/visit, max 10 US \$600 US \$125 US \$1,250 US \$130,000 US \$200
maternity Normal and complicated child delivery maximum, including pre- and postnatal care which is reimbursed according to the limits shown within this Schedule of Benefits. Waiting period of 364 days before maternity benefit begins. Professional service related to hospitalization, per day	US \$2,500 per pregnancy US \$200	US \$4,000 per pregnancy US \$250
outpatient Surgical Treatment Anesthetist's charges Assistant Surgeon Physician's Non-Surgical/Urgent Care Visit Hospital Emergency Room (all expenses incurred therein) Prescription medication Chemotherapy and radiation therapy Laboratory Tests and X-Rays	US \$3,000 US \$600 US \$600 US \$60/visit, max 10 US \$350 US \$100 US \$1,000 US \$450	US \$5,000 US \$1,000 US \$1,000 US \$75/visit, max 10 US \$500 US \$125 US \$1,250 US \$600
other treatment Dental treatment for Injury to sound, natural teeth Psychiatrist Endoscopy (i.e. Gastroscopy, Colonoscopy, Cystoscopy) Various Scans (i.e. MRI, CAT, Echocardiography) Chiropractors Physiotherapy Well Child Care (not subject to Deductible) 180-day waiting period, under age 19 Preventative Benefit (females and males, age 19 and over) for checkups, routine physical exams, female preventative exams and mammograms, (not subject to Deductible) 180-day waiting period	US \$500 US \$60/visit, max 10 US \$450 US \$450 US \$60/visit, max 3 US \$60/visit, max 10 US \$60/visit, max 2 US \$60/visit, max 1	US \$500 US \$75/visit, max 10 US \$600 US \$600 US \$75/visit, max 3 US \$75/visit, max 10 US \$75/visit, max 2 US \$75/visit, max 1
newborn coverage Lifetime maximum for the first 31 days after birth, per limits as stated in the Certificate of Coverage	US \$5,000	US \$10,000
transportation Local ground ambulance Emergency Evacuation, when adequate medical facilities or treatment is not available locally (pre-approval required) Return of Mortal Remains	US \$1,500 US \$25,000 US \$20,000	US \$2,000 US \$50,000 US \$25,000
accidental death & dismemberment 24 Hour Accidental Death and Dismemberment - Insured and Spouse - Dependent Children	Principal Sum US \$10,000 US \$2,000	Principal Sum US \$10,000 US \$2,000
Common Carrier Accidental Death and Dismemberment - Insured and Spouse - Dependent Children	US \$40,000 US \$8,000	US \$40,000 US \$8,000