



# Reviewing Plan Benefits

What is covered by your plan?

## BENEFIT OVERVIEW MATRIX

Policy Maximums	Insurer pays up to Per Insured Person
Trip Period Maximum Benefits	\$250,000
Period of Insurance Maximum Benefits	\$250,000
Benefits	Insurer pays
<b>Professional Services</b>	
a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab	100%
b. Office Visits: including X-rays and lab work billed by the attending physician.	100%
<b>Inpatient Hospital Services</b>	
a. Surgery, X-rays, In-hospital doctor visits	100%
b. In-patient medical emergency	100%
<b>Ambulatory Surgical Center</b>	100%
<b>Ambulance Service (non Medical Evacuation)</b>	100% up to \$1,000
<b>Benefits for claims resulting from downhill (alpine) skiing and scuba diving (certification by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI) required or diving under the supervision of a certified instructor)</b>	Limited to Trip Period Maximum or \$10,000 whichever is less.
<b>Outside Home Country Outpatient prescription drugs</b>	100% of Covered Expenses
<b>Dental Care required due to an Injury</b>	100% of Covered Expenses up to \$200 with maximum per Trip Period
<b>Dental Care for Relief of Pain</b>	100% of Covered Expenses up to \$100 per Trip Period
<b>Repatriation Of Remains</b>	Deductible is not applicable. Maximum Benefit up to \$50,000.
<b>Medical Evacuation</b>	Deductible is not applicable. Maximum Benefit per Trip Period for all Evacuations up to \$250,000.
<b>Bedside Visit</b>	Deductible is not applicable. Maximum Benefit per Trip Period up to \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person.



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## Exclusions and Limitations: What the Plan does not pay for

The Plan does not provide any benefits for:

1. Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Plan.
2. Services **not specifically listed** in this Plan as Covered Services.
3. Services or supplies that are **not Medically Necessary** as defined by the Insurer.
4. Services or supplies that the Insurer considers to be **Experimental or Investigative**.
5. Services received **before the Effective Date** of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received **after coverage ends** unless an extension of benefits applies as specifically stated under Extension of Benefits in the 'Who is Eligible for Coverage' section of this Plan.
7. Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if he/she did not have a health policy or insurance coverage.
8. Services for any condition **for which benefits are recovered or can be recovered**, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
9. Treatment or medical services required **while traveling against the advice of a Physician**, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
10. Services related to **pregnancy or maternity** care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. Conditions caused by or contributed by (a) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (b) An Insured Person participating in the **military service** of any country; (c) An Insured Person participating in an **insurrection, rebellion, or riot**; (d) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a **felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation**; (e) An Insured Person, age 19 or older, being under the **influence of alcohol or intoxicants or of illegal narcotics** or non-prescribed controlled substances unless administered on the advice of a Physician.
12. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption, or the Insured Person's employer.
13. Inpatient or outpatient services of a **private duty nurse**.
14. Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
15. Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
16. Treatment of **Mental, Emotional or Functional Nervous Conditions or Disorders**.
17. Treatment of **Drug, alcohol, or other substance addiction or abuse**.
18. **Dental services**, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care and/or Dental Care for Accidental Injury in the Benefits section of this Plan.
19. Dental and orthodontic services for Temporomandibular Joint Dysfunction (**TMJ**).
20. **Orthodontic Services**, braces and other orthodontic appliances except as specifically stated under Orthodontic Dental Care.
21. **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
22. **Hearing aids**.
23. Routine **hearing tests**.
24. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient **speech therapy**.
27. Any **Drugs**, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.
28. Any intentionally **self-inflicted Injury or Illness**. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
29. **Cosmetic surgery** or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
30. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
31. Treatment of **sexual dysfunction** or inadequacy.



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32. All services related to the evaluation or treatment of **fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization
33. All **contraceptive** services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. **Cryopreservation** of sperm or eggs.
35. **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
36. Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
37. **Routine physical exams** or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority.
38. Charges by a provider for **telephone consultations**.
39. Items which are furnished primarily for the Eligible Participant's **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
40. **Educational services** except as specifically provided or arranged by the Insurer.
41. **Nutritional counseling** or food supplements.
42. **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
43. **Physical and/or Occupational Therapy/Medicine**, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
44. All **infusion therapy, radiation therapy and hemodialysis treatment** together with any associated supplies, Drugs or professional services are excluded.
45. **Growth Hormone Treatment**.
46. Routine **foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet.
47. **Charges for which the Insurer are unable to determine the Insurer's liability** because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
48. Charges for the services of a **standby Physician**.
49. Charges for **animal to human organ transplants**.
50. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
51. Claims arising from loss due to riding in any **aircraft** except one licensed for the transportation of passengers.
52. Claims arising from participation in interscholastic or professional and/or non-professional club **sports or sports event** or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping.
53. Treatment for or arising from **sexually transmittable diseases**. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
54. Under the **Repatriation of Remains Benefit and the Medical Evacuation Benefit provision**, for repatriation of remains or medical evacuation of the Covered Accident in the Insured Person's Home Country without the prior approval of the Administrator.
55. Treatment of **Congenital Conditions**.