

## SEVEN CORNERS TRAVEL MEDICAL INCLUDING USA COMPARISON QUICK GUIDE

An overview of benefits for new SCTM Including USA launching 8/25/2026 vs. old SCTM Including USA



|                                     | BASIC                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  | CHOICE                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                  |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | New                                                                                                                                                                                                                                                                                                                                                                 | Old                                                                                                                                                                                                                                                              | New                                                                                                                                                                                                                                                                                                                                                                 | Old                                                                                                                                                                                                                                                              |
| <b>PRODUCT DESIGN</b>               |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |
| Coverage Length                     | 5 days to 364 days                                                                                                                                                                                                                                                                                                                                                  | 5 days to 364 days                                                                                                                                                                                                                                               | 5 days to 364 days                                                                                                                                                                                                                                                                                                                                                  | 5 days to 364 days                                                                                                                                                                                                                                               |
| Coverage Extension                  | Up to 364 days                                                                                                                                                                                                                                                                                                                                                      | Up to 364 days                                                                                                                                                                                                                                                   | Up to 364 days                                                                                                                                                                                                                                                                                                                                                      | Up to 364 days                                                                                                                                                                                                                                                   |
| Eligible Demographic                | Non-U.S. Residents<br>Ages 14 days to 80+ years                                                                                                                                                                                                                                                                                                                     | Non-U.S. Residents<br>Ages 14 days to 80+ years                                                                                                                                                                                                                  | Non-U.S. Residents<br>Ages 14 days to 80+ years                                                                                                                                                                                                                                                                                                                     | Non-U.S. Residents<br>Ages 14 days to 80+ years                                                                                                                                                                                                                  |
| Coverage Area                       | Worldwide including United States                                                                                                                                                                                                                                                                                                                                   | Worldwide including United States                                                                                                                                                                                                                                | Worldwide including United States                                                                                                                                                                                                                                                                                                                                   | Worldwide including United States                                                                                                                                                                                                                                |
| Residence State Restrictions        | All                                                                                                                                                                                                                                                                                                                                                                 | All                                                                                                                                                                                                                                                              | All                                                                                                                                                                                                                                                                                                                                                                 | All                                                                                                                                                                                                                                                              |
| Residence Country Restrictions      | Australia, Cuba, Gambia, Ghana, Iran, Nigeria, North Korea, Sierra Leone, Syria, U.S. Virgin Islands, United States                                                                                                                                                                                                                                                 | Australia, Cuba, Gambia, Ghana, Iran, Nigeria, North Korea, Sierra Leone, Syria, U.S. Virgin Islands, United States                                                                                                                                              | Australia, Cuba, Gambia, Ghana, Iran, Nigeria, North Korea, Sierra Leone, Syria, U.S. Virgin Islands, United States                                                                                                                                                                                                                                                 | Australia, Cuba, Gambia, Ghana, Iran, Nigeria, North Korea, Sierra Leone, Syria, U.S. Virgin Islands, United States                                                                                                                                              |
| Destination Country Restrictions    | Afghanistan, Antarctica, Bahrain, Belarus, Burkina Faso, Central African Republic, Congo DRC, Cuba, Cyprus, Haiti, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Mali, Myanmar, Niger, North Korea, Oman, Pakistan, Palestinian Territories, Qatar, Russia, Saudi Arabia, Somalia, South Sudan, Sudan, Syria, Ukraine, United Arab Emirates, Venezuela, Yemen | Afghanistan, Antarctica, Belarus, Burkina Faso, Central African Republic, Congo DRC, Cuba, Haiti, Iran, Iraq, Israel, Lebanon, Libya, Mali, Myanmar, North Korea, Palestinian Territories, Russia, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen | Afghanistan, Antarctica, Bahrain, Belarus, Burkina Faso, Central African Republic, Congo DRC, Cuba, Cyprus, Haiti, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Mali, Myanmar, Niger, North Korea, Oman, Pakistan, Palestinian Territories, Qatar, Russia, Saudi Arabia, Somalia, South Sudan, Sudan, Syria, Ukraine, United Arab Emirates, Venezuela, Yemen | Afghanistan, Antarctica, Belarus, Burkina Faso, Central African Republic, Congo DRC, Cuba, Haiti, Iran, Iraq, Israel, Lebanon, Libya, Mali, Myanmar, North Korea, Palestinian Territories, Russia, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen |
| <b>MEDICAL</b>                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                  |
| Medical Maximum Options             | <b>AGES 14 DAYS TO 69 YEARS</b><br>\$50,000; \$100,000; \$500,000; \$1,000,000                                                                                                                                                                                                                                                                                      | <b>AGES 14 DAYS TO 69 YEARS</b><br>\$50,000; \$100,000; \$500,000; \$1,000,000                                                                                                                                                                                   | <b>AGES 14 DAYS TO 69 YEARS</b><br>\$50,000; \$100,000; \$500,000; \$1,000,000                                                                                                                                                                                                                                                                                      | <b>AGES 14 DAYS TO 69 YEARS</b><br>\$50,000; \$100,000; \$500,000; \$1,000,000                                                                                                                                                                                   |
|                                     | <b>AGES 70 TO 79 YEARS</b><br>\$50,000; \$100,000                                                                                                                                                                                                                                                                                                                   | <b>AGES 70 TO 79 YEARS</b><br>\$50,000; \$100,000                                                                                                                                                                                                                | <b>AGES 70 TO 79 YEARS</b><br>\$50,000; \$100,000                                                                                                                                                                                                                                                                                                                   | <b>AGES 70 TO 79 YEARS</b><br>\$50,000; \$100,000                                                                                                                                                                                                                |
|                                     | <b>AGES 80 YEARS &amp; OVER</b><br>\$10,000                                                                                                                                                                                                                                                                                                                         | <b>AGES 80 YEARS &amp; OVER</b><br>\$10,000                                                                                                                                                                                                                      | <b>AGES 80 YEARS &amp; OVER</b><br>\$10,000                                                                                                                                                                                                                                                                                                                         | <b>AGES 80 YEARS &amp; OVER</b><br>\$10,000                                                                                                                                                                                                                      |
| Deductible Options                  | \$0; \$100; \$250; \$500; \$1,000, \$5,000                                                                                                                                                                                                                                                                                                                          | \$0; \$100; \$250; \$500; \$1,000, \$5,000                                                                                                                                                                                                                       | \$0; \$100; \$250; \$500; \$1,000, \$5,000                                                                                                                                                                                                                                                                                                                          | \$0; \$100; \$250; \$500; \$1,000, \$5,000                                                                                                                                                                                                                       |
| Coinsurance                         | <b>INSIDE THE UNITED STATES</b><br>In PPO Network: We pay 100%                                                                                                                                                                                                                                                                                                      | <b>INSIDE THE UNITED STATES</b><br>In PPO Network: We pay 100%                                                                                                                                                                                                   | <b>INSIDE THE UNITED STATES</b><br>In PPO Network: We pay 100%                                                                                                                                                                                                                                                                                                      | <b>INSIDE THE UNITED STATES</b><br>In PPO Network: We pay 100%                                                                                                                                                                                                   |
|                                     | Out of PPO Network: We pay 80% of the first \$10,000, then 100% to the medical maximum                                                                                                                                                                                                                                                                              | Out of PPO Network: We pay 80% of the first \$10,000, then 100% to the medical maximum                                                                                                                                                                           | Out of PPO Network: We pay 90% of the first \$10,000, then 100% to the medical maximum                                                                                                                                                                                                                                                                              | Out of PPO Network: We pay 90% of the first \$10,000, then 100% to the medical maximum                                                                                                                                                                           |
|                                     | <b>OUTSIDE THE UNITED STATES</b><br>We pay 100%                                                                                                                                                                                                                                                                                                                     | <b>OUTSIDE THE UNITED STATES</b><br>We pay 100%                                                                                                                                                                                                                  | <b>OUTSIDE THE UNITED STATES</b><br>We pay 100%                                                                                                                                                                                                                                                                                                                     | <b>OUTSIDE THE UNITED STATES</b><br>We pay 100%                                                                                                                                                                                                                  |
| Benefit Period                      | 180 days                                                                                                                                                                                                                                                                                                                                                            | 180 days                                                                                                                                                                                                                                                         | 180 days                                                                                                                                                                                                                                                                                                                                                            | 180 days                                                                                                                                                                                                                                                         |
| Hospital Room and Board             | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        |
| Inpatient Medical Expenses          | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        |
| Outpatient Medical Expenses         | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        |
| Emergency Room Services             | URC up to medical maximum<br>\$100 copay [in addition to deductible]                                                                                                                                                                                                                                                                                                | URC up to medical maximum<br>\$100 copay [in addition to deductible]                                                                                                                                                                                             | URC up to medical maximum<br>\$100 copay [in addition to deductible]                                                                                                                                                                                                                                                                                                | URC up to medical maximum<br>\$100 copay [in addition to deductible]                                                                                                                                                                                             |
| Physician Office Visits             | URC up to medical maximum<br>\$30 copay [in addition to deductible]                                                                                                                                                                                                                                                                                                 | URC up to medical maximum<br>\$30 copay [in addition to deductible]                                                                                                                                                                                              | URC up to medical maximum<br>\$20 copay [in addition to deductible]                                                                                                                                                                                                                                                                                                 | URC up to medical maximum<br>\$20 copay [in addition to deductible]                                                                                                                                                                                              |
| Urgent Care Visits                  | URC up to medical maximum<br>\$30 copay [in addition to deductible]                                                                                                                                                                                                                                                                                                 | URC up to medical maximum<br>\$30 copay [in addition to deductible]                                                                                                                                                                                              | URC up to medical maximum<br>\$20 copay [in addition to deductible]                                                                                                                                                                                                                                                                                                 | URC up to medical maximum<br>\$20 copay [in addition to deductible]                                                                                                                                                                                              |
| Telehealth Consultations or Care    | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        |
| Prescription Drugs                  | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        |
| Physiotherapy and Chiropractic Care | N/A                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                                                              | \$50 per visit / 10 visit maximum                                                                                                                                                                                                                                                                                                                                   | \$50 per visit / 10 visit maximum                                                                                                                                                                                                                                |
| Home Health Care                    | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        | URC up to medical maximum                                                                                                                                                                                                                                                                                                                                           | URC up to medical maximum                                                                                                                                                                                                                                        |

# SEVEN CORNERS TRAVEL MEDICAL INCLUDING USA COMPARISON QUICK GUIDE

[continued]



|                                               | BASIC                                                                                 |                                                                                       | CHOICE                                                                                            |                                                                                                   |
|-----------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|                                               | New                                                                                   | Old                                                                                   | New                                                                                               | Old                                                                                               |
| <b>MEDICAL</b>                                |                                                                                       |                                                                                       |                                                                                                   |                                                                                                   |
| Acute Onset of Pre-Existing Conditions        | 168 hour [7 day] waiting period                                                       | 168 hour [7 day] waiting period                                                       | 168 hour [7 day] waiting period                                                                   | 168 hour [7 day] waiting period                                                                   |
|                                               | <b>AGES 14 DAYS TO 69 YEARS</b><br>\$25,000                                           | <b>AGES 14 DAYS TO 69 YEARS</b><br>\$25,000                                           | <b>Other than Cardiac Condition and/or Stroke:</b><br><b>AGES 14 DAYS TO 69 YEARS</b><br>\$75,000 | <b>Other than Cardiac Condition and/or Stroke:</b><br><b>AGES 14 DAYS TO 69 YEARS</b><br>\$75,000 |
|                                               | <b>AGES 70 TO 79 YEARS</b><br>\$2,500                                                 | <b>AGES 70 TO 79 YEARS</b><br>\$2,500                                                 | <b>AGES 70 TO 79 YEARS</b><br>\$7,500                                                             | <b>AGES 70 TO 79 YEARS</b><br>\$7,500                                                             |
|                                               | <b>AGES 80 YEARS &amp; OVER</b><br>N/A                                                | <b>AGES 80 YEARS &amp; OVER</b><br>N/A                                                | <b>AGES 80 YEARS &amp; OVER</b><br>N/A                                                            | <b>AGES 80 YEARS &amp; OVER</b><br>N/A                                                            |
|                                               |                                                                                       |                                                                                       | <b>Cardiac Condition and/or Stroke:</b><br><b>AGES 14 DAYS TO 69 YEARS</b><br>\$50,000            | <b>Cardiac Condition and/or Stroke:</b><br><b>AGES 14 DAYS TO 69 YEARS</b><br>\$50,000            |
|                                               |                                                                                       |                                                                                       | <b>AGES 70 TO 79 YEARS</b><br>\$5,000                                                             | <b>AGES 70 TO 79 YEARS</b><br>\$5,000                                                             |
|                                               |                                                                                       |                                                                                       | <b>AGES 80 YEARS &amp; OVER</b><br>N/A                                                            | <b>AGES 80 YEARS &amp; OVER</b><br>N/A                                                            |
| Terrorist Activity                            | \$10,000                                                                              | \$10,000                                                                              | \$25,000                                                                                          | \$25,000                                                                                          |
| Local Ambulance                               | Inside the United States: \$5,000<br>Outside the United States: Up to medical maximum | Inside the United States: \$5,000<br>Outside the United States: Up to medical maximum | Inside the United States: \$10,000<br>Outside the United States: Up to medical maximum            | Inside the United States: \$10,000<br>Outside the United States: Up to medical maximum            |
| Incidental Trips to Home Country              | \$5,000                                                                               | \$5,000                                                                               | \$10,000                                                                                          | \$10,000                                                                                          |
| Extension of Benefits to Home Country         | \$5,000                                                                               | \$5,000                                                                               | \$10,000                                                                                          | \$10,000                                                                                          |
| Coverage Type                                 | Secondary                                                                             | Secondary                                                                             | Secondary                                                                                         | Secondary                                                                                         |
| <b>DENTAL</b>                                 |                                                                                       |                                                                                       |                                                                                                   |                                                                                                   |
| Dental - Accident                             | \$250                                                                                 | \$250                                                                                 | \$500                                                                                             | \$500                                                                                             |
| Dental - Sudden Relief of Pain                | \$100                                                                                 | \$100                                                                                 | \$200                                                                                             | \$200                                                                                             |
| Coverage Type                                 | Secondary                                                                             | Secondary                                                                             | Secondary                                                                                         | Secondary                                                                                         |
| <b>EMERGENCY ASSISTANCE</b>                   |                                                                                       |                                                                                       |                                                                                                   |                                                                                                   |
| Emergency Medical Evacuation and Repatriation | \$250,000 [separate from medical maximum]                                             | \$250,000 [separate from medical maximum]                                             | \$500,000 [separate from medical maximum]                                                         | \$500,000 [separate from medical maximum]                                                         |
| Emergency Medical Reunion                     | \$2,000                                                                               | \$2,000                                                                               | \$2,000                                                                                           | \$2,000                                                                                           |
| Bedside Visit                                 | \$1,000                                                                               | \$1,000                                                                               | \$1,000                                                                                           | \$1,000                                                                                           |
| Return of Child(ren)                          | \$25,000                                                                              | \$25,000                                                                              | \$50,000                                                                                          | \$50,000                                                                                          |
| Return of Mortal Remains                      | \$25,000                                                                              | \$25,000                                                                              | \$50,000                                                                                          | \$50,000                                                                                          |
| Local Burial or Cremation                     | \$25,000                                                                              | \$25,000                                                                              | \$50,000                                                                                          | \$50,000                                                                                          |
| Natural Disaster Evacuation                   | \$25,000                                                                              | \$25,000                                                                              | \$25,000                                                                                          | \$25,000                                                                                          |
| Political Evacuation and Repatriation         | \$10,000                                                                              | \$10,000                                                                              | \$10,000                                                                                          | \$10,000                                                                                          |
| Coverage Type                                 | Secondary                                                                             | Secondary                                                                             | Secondary                                                                                         | Secondary                                                                                         |
| <b>TRIP PROTECTION</b>                        |                                                                                       |                                                                                       |                                                                                                   |                                                                                                   |
| Trip Interruption                             | \$2,500                                                                               | \$2,500                                                                               | \$5,000                                                                                           | \$5,000                                                                                           |
| Loss of Checked Baggage                       | \$50 per article / \$250 per occurrence                                               | \$50 per article / \$250 per occurrence                                               | \$50 per article / \$500 per occurrence                                                           | \$50 per article / \$500 per occurrence                                                           |
| Lost or Stolen Travel Documents               | N/A                                                                                   | N/A                                                                                   | \$100                                                                                             | \$100                                                                                             |
| Coverage Type                                 | Secondary                                                                             | Secondary                                                                             | Secondary                                                                                         | Secondary                                                                                         |

## SEVEN CORNERS TRAVEL MEDICAL INCLUDING USA COMPARISON QUICK GUIDE

[continued]



|                                       |                                                                                                                                                        | BASIC                                                                                                                                                  |                                                                                                                                                        | CHOICE                                                                                                                                                 |          |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|                                       |                                                                                                                                                        | New                                                                                                                                                    | Old                                                                                                                                                    | New                                                                                                                                                    | Old      |
| <b>OTHER COVERAGES &amp; SERVICES</b> |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |          |
| 24/7 Travel Assistance Services       | Included                                                                                                                                               | Included                                                                                                                                               | Included                                                                                                                                               | Included                                                                                                                                               | Included |
| Teladoc Virtual Medical Care          | Included                                                                                                                                               | N/A                                                                                                                                                    | Included                                                                                                                                               | N/A                                                                                                                                                    |          |
| Accidental Death and Dismemberment    | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$2,500 principal sum                                                                                               | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$2,500 principal sum                                                                                               | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$5,000 principal sum                                                                                               | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$5,000 principal sum                                                                                               |          |
|                                       | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$10,000 principal sum                                                                                        | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$10,000 principal sum                                                                                        | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$25,000 principal sum                                                                                        | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$25,000 principal sum                                                                                        |          |
|                                       | \$250,000 aggregate limit per total insureds on plan                                                                                                   | \$250,000 aggregate limit per total insureds on plan                                                                                                   | \$250,000 aggregate limit per total insureds on plan                                                                                                   | \$250,000 aggregate limit per total insureds on plan                                                                                                   |          |
| Common Carrier Accidental Death       | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$5,000 principal sum                                                                                               | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$5,000 principal sum                                                                                               | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$10,000 principal sum                                                                                              | <b>AGES 14 DAYS TO 18 YEARS</b><br>\$10,000 principal sum                                                                                              |          |
|                                       | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$20,000 principal sum                                                                                        | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$20,000 principal sum                                                                                        | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$50,000 principal sum                                                                                        | <b>AGES 19 TO 80 YEARS &amp; OVER</b><br>\$50,000 principal sum                                                                                        |          |
|                                       | \$250,000 aggregate limit per total insureds on plan                                                                                                   | \$250,000 aggregate limit per total insureds on plan                                                                                                   | \$250,000 aggregate limit per total insureds on plan                                                                                                   | \$250,000 aggregate limit per total insureds on plan                                                                                                   |          |
| Personal Liability                    | \$25,000                                                                                                                                               | \$25,000                                                                                                                                               | \$50,000                                                                                                                                               | \$50,000                                                                                                                                               |          |
| Coverage Type                         | Primary [secondary for Personal Liability]                                                                                                             | Primary [secondary for Personal Liability]                                                                                                             | Primary [secondary for Personal Liability]                                                                                                             | Primary [secondary for Personal Liability]                                                                                                             |          |
| <b>OPTIONAL BENEFITS</b>              |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |          |
| <b>Adventure Activities Add-On</b>    |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |          |
| Adventure Activities                  | Up to medical maximum                                                                                                                                  | Up to medical maximum                                                                                                                                  | Up to medical maximum                                                                                                                                  | Up to medical maximum                                                                                                                                  |          |
| <b>Trip Protection Add-On</b>         |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |          |
| Trip Interruption                     | See <i>Standard Benefits</i>                                                                                                                           | N/A                                                                                                                                                    | See <i>Standard Benefits</i>                                                                                                                           | N/A                                                                                                                                                    |          |
| Trip Delay                            | N/A                                                                                                                                                    | N/A                                                                                                                                                    | N/A                                                                                                                                                    | N/A                                                                                                                                                    |          |
| Baggage Delay                         | N/A                                                                                                                                                    | N/A                                                                                                                                                    | N/A                                                                                                                                                    | N/A                                                                                                                                                    |          |
| <b>ANCILLARY FEATURES</b>             |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |                                                                                                                                                        |          |
| Claims Timely Filing                  | 90 days                                                                                                                                                | 90 days                                                                                                                                                | 90 days                                                                                                                                                | 90 days                                                                                                                                                |          |
| Purchase Date vs. Effective Date      | 12 months                                                                                                                                              | 12 months                                                                                                                                              | 12 months                                                                                                                                              | 12 months                                                                                                                                              |          |
| Refund / Cancellation                 | Before Effective Date: Full refund<br>After Effective Date: Partial refund unused portion of plan cost less \$35 cancellation fee if no claims on file | Before Effective Date: Full refund<br>After Effective Date: Partial refund unused portion of plan cost less \$35 cancellation fee if no claims on file | Before Effective Date: Full refund<br>After Effective Date: Partial refund unused portion of plan cost less \$35 cancellation fee if no claims on file | Before Effective Date: Full refund<br>After Effective Date: Partial refund unused portion of plan cost less \$35 cancellation fee if no claims on file |          |