

| Benefits Comparison | Care | Select | Elite |
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| Area of Coverage Options | Worldwide (including U.S. Coverage) or Worldwide (excluding U.S. Coverage) | | |
| Policy Lifetime Maximum per Insured | \$1,000,000 | \$3,000,000 | \$5,000,000 |
| Policy Year Deductible Options <i>(Certificate of Coverage defines your selection)</i> - Individual - Family <i>Deductible for Family is a maximum of two (2) individually met deductibles per policy year.</i> | \$250 \$500 \$1,000 \$2,500 \$5,000 | \$250 \$500 \$1,000 \$2,500 \$5,000 | \$250 \$500 \$1,000 \$2,500 \$5,000 |
| Co-Insurance Limit Outside the U.S. (Out-of-Pocket) | No co-insurance applies | No co-insurance applies | No co-insurance applies |
| Co-Insurance Limit U.S. In-Network (Out-of-Pocket) | After the deductible, 20% of the first \$5,000 of covered medical charges | After the deductible, 20% of the first \$5,000 of covered medical charges | After the deductible, 10% of the first \$5,000 of covered medical charges |
| Co-Insurance Limit U.S. Out-of-Network (Out-of-Pocket) | After the deductible, 50% of covered medical charges | After the deductible, 50% of covered medical charges | After the deductible, 50% of covered medical charges |
| Policy Waiting Period | 30 days | 30 days | 30 days |
| Deductible Carry Over <i>(Applies to the last 3 months of the Policy Year)</i> | Included | Included | Included |
| Inpatient Benefits | Care | Select | Elite |
| Area of Coverage | U.S. In Network U.S. Out of Network Outside the U.S. | | |
| Hospital Room and Board | 80% 50% 100% Up to \$600 per day <i>(60 days per hospital admission., 240 days per policy year.)</i> | 80% 50% 100% | 90% 50% 100% |
| Intensive Care Unit (ICU) | 80% 50% 100% Up to \$1,500 per day <i>(45 days per confinement., 180 days per policy year.)</i> | 80% 50% 100% | 90% 50% 100% |
| Inpatient Ancillary Hospital Services <i>including but not limited to X-rays, drugs, bandages, operating room fee, surgical implants</i> | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Inpatient Physician/Specialist Visits <i>Limited to one visit per day specialty</i> | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Inpatient Surgery | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Surgeon's Fees | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Assistant's Surgeon's Fees | 20% of the Primary Surgeon approved fees | 20% of the Primary Surgeon approved fees | 20% of the Primary Surgeon approved fees |
| Anesthesiologist's Fees | 30% of the Primary Surgeon approved fees | 30% of the Primary Surgeon approved fees | 30% of the Primary Surgeon approved fees |
| Pre-Admission Testing <i>Must be performed before non-emergency hospitalization</i> | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Extended Care Facility <i>30 days per policy year</i> | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Human Organ Transplant & Acquisition <i>Subject to 12-month waiting period</i> | 80% Not Covered 100% \$250,000 lifetime maximum | 80% Not Covered 100% \$1,000,000 lifetime maximum | 90% Not Covered 100% \$2,000,000 lifetime maximum |
| Inpatient Mental/Nervous Health <i>Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined</i> | N/A | 80% 50% 100% Up to \$10,000 per policy year and \$50,000 lifetime maximum | 90% 50% 100% \$50,000 lifetime maximum |
| Outpatient Benefits | Care | Select | Elite |
| Area of Coverage | U.S. In Network U.S. Out of Network Outside the U.S. | | |
| Outpatient Surgery | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Surgeon's Fees | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Assistant's Surgeon's Fees | 20% of the Primary Surgeon approved fees | 20% of the Primary Surgeon approved fees | 20% of the Primary Surgeon approved fees |
| Anesthesiologist's Fees | 30% of the Primary Surgeon approved fees | 30% of the Primary Surgeon approved fees | 30% of the Primary Surgeon approved fees |
| Chiropractic Services | 80% 50% 100% Up to \$50 per visit* | 80% 50% 100% | 90% 50% 100% |
| Diagnostic Testing | 80% 50% 100% <i>(MRI, CT Scan, PET Scan, and other diagnostic machine tests; Limited to \$250 per scan)</i> | 80% 50% 100% <i>(MRI, CT Scan, PET Scan, and other diagnostic machine tests)</i> | 90% 50% 100% <i>(MRI, CT Scan, PET Scan, and other diagnostic machine tests)</i> |

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| Dialysis | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Emergency Room Services | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Home Health Care | 80% 50% 100% <i>(30 days per policy year)</i> | 80% 50% 100% | 90% 50% 100% |
| Hospice Care | 80% 50% 100% <i>(30 days per policy year)</i> | 80% 50% 100% | 90% 50% 100% <i>(180 days per policy year)</i> |
| Outpatient Physician/Specialist Visits <i>Limited to one visit per day</i> | 80% 50% 100% Up to \$70 per visit* | 80% 50% 100% | 90% 50% 100% |
| Oncology / Cancer Treatment | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Reconstruction Surgery <i>Due to covered injury or illness</i> | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Outpatient Rehabilitation / Therapeutic Services <i>Physical, Speech, Occupational Therapy</i> | 30 visits per policy year | 40 visits per policy year | 60 visits per policy year |
| Outpatient Mental / Nervous Health <i>Subject to 12-month waiting period; Coverage limits apply to Inpatient & Outpatient visits combined</i> | 80% 50% 100% Up to \$60 per visit* | 80% 50% 100% Up to \$10,000 per policy year and \$50,00 lifetime maximum | 90% 50% 100% \$50,000 lifetime maximum |
| Wellness Benefit for Children under the age of 19 <i>Subject to 12-month waiting</i> | Up to \$200 per policy year Deductible waived | Up to \$200 per policy year Deductible waived | Up to \$400 per policy year Deductible waived |
| Wellness Benefit for Adults <i>Subject to 12-month waiting period</i> | N/A | Up to \$250 per policy year Deductible waived | Up to \$500 per policy year Deductible waived |

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| Alternative Medicine Benefits | Care | Select | Elite |
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| Area of Coverage | U.S. In Network U.S. Out of Network Outside the U.S. | | |
| Aroma & Herbal Therapy | N/A | 80% up to \$50 per policy year | 80% up to \$50 per policy year |
| Magnetic Therapy | N/A | 80% up to \$75 per policy year | 80% up to \$75 per policy year |
| Vitamin Therapy | N/A | 80% up to \$100 per policy year | 80% up to \$100 per policy year |
| Acupuncture & Massage Therapy | N/A | 80% up to \$150 per policy year | 80% up to \$150 per policy year |

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| Additional Benefits | Care | Select | Elite |
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| Area of Coverage | U.S. In Network U.S. Out of Network Outside the U.S. | | |
| Congenital Disorders, Birth Defects & Hereditary Conditions | 80% 50% 100% \$250,000 lifetime maximum | 80% 50% 100% \$250,000 lifetime maximum | 90% 50% 100% \$250,000 lifetime maximum |
| Durable Medical Equipment | 80% 50% 100% | 80% 50% 100% | 90% 50% 100% |
| Prosthetic Limbs | 80% 50% 100% Up to \$10,000 per prosthesis \$20,000 lifetime maximum | 80% 50% 100% Up to \$20,000 per prosthesis \$40,000 lifetime maximum | 90% 50% 100% Up to \$30,000 per prosthesis \$60,000 lifetime maximum |
| Prescription Medication | 80% 50% 100% Up to \$20,000 per policy year | 80% 50% 100% Up to \$20,000 per policy year | 80% 50% 100% Up to \$20,000 per policy year |
| Emergency Dental Treatment <i>To restore natural teeth damaged in a covered accident</i> | 80% 50% 100% Up to \$1,000 per policy year | 80% 50% 100% Up to \$3,000 per policy year | 90% 50% 100% |
| Non-Professional Sports | \$50,000 lifetime maximum | \$150,000 lifetime maximum | \$200,000 lifetime maximum |
| Emergency Medical Evacuation / Air Ambulance | Up to \$50,000 policy year | 100% Deductible waived | 100% Deductible waived |
| Insured's return ticket after an evacuation by air transportation <i>(Plane ticket limited to economy-class)</i> | Up to \$250 per event | Up to \$450 per event | Up to \$1,000 per event |
| Emergency Ground Ambulance | 80% 50% 100% Up to \$1,500 per event | 80% 50% 100% | 90% 50% 100% |
| Emergency Transportation of 1 Family Member | N/A | \$10,000 lifetime maximum Deductible waived | \$10,000 lifetime maximum Deductible waived |
| Repatriation of Mortal Remains or Local Burial <i>(in lieu of repatriation)</i> | \$25,000 lifetime maximum Deductible waived | \$25,000 lifetime maximum Deductible waived | \$50,000 lifetime maximum Deductible waived |
| Eye Examination <i>One routine eye examination every two years</i> | N/A | N/A | Up to \$100 per policy year; Deductible waived |
| Eyeglasses or Contacts <i>Once every two years</i> | N/A | N/A | Up to \$150 per policy year |
| Routine Dental <i>Subject to 6-month waiting period</i> • Class A | N/A | N/A | Up to \$700 per policy year \$50 Deductible |

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| <ul style="list-style-type: none"> Class B Class C | | | <ul style="list-style-type: none"> Class A: 90% - No Deductible applies Class B: \$50 Deductible then payable at 70% Class C: \$50 Deductible then payable at 50% |
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| Maternity Benefits | Care | Select | Elite |
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| Area of Coverage | <p align="center">U.S. In Network U.S. Out of Network Outside the U.S. Lifetime maximum of \$50,000; Subject to 10-month waiting period; Deductible waived for deductible options of \$2,500 or less 100% coverage up to the limits below for the insured female policyholder or insured dependent spouse only.</p> | | |
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| Normal Delivery <i>Prenatal and postnatal care</i> | 80% 50% 100% Up to \$5,000 per pregnancy Premium Fee: \$3,250 | 80% 50% 100% Up to \$5,000 per pregnancy Premium Fee: \$3,250 | 90% 50% 100% \$50,000 lifetime maximum |
| Cesarean Section | 80% 50% 100% Up to \$7,500 per pregnancy Premium Fee: \$3,250 | 80% 50% 100% Up to \$7,500 per pregnancy Premium Fee: \$3,250 | 90% 50% 100% \$50,000 lifetime maximum |
| Complications of Pregnancy and Birth | 80% 50% 100% \$50,000 lifetime maximum Premium Fee: \$3,250 | 80% 50% 100% \$50,000 lifetime maximum Premium Fee: \$3,250 | 90% 50% 100% \$50,000 lifetime maximum |

| Life Insurance and Accidental Death & Dismemberment <i>(Coverage is available for primary insured only)</i> | Care | Select | Elite |
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| Option 1: \$10,000 | \$40 annually | | |
| Option 2: \$25,000 | \$100 annually | | |
| Option 3: \$50,000 | \$200 annually | | |
| Option 4: \$75,000 | \$300 annually | | |
| Option 5: \$100,000 | \$400 annually | | |

Travel Assistance

Travel Assistance is a great option for those who are regular travelers. Some key benefits include:

- Hotel convalescence expenses
- Round-trip airfare ticket for a family member
- Supplemental indemnity for lost luggage
- Legal assistance

| Premium Fee | Care | Select | Elite |
|------------------------|----------------|--------|-------|
| Primary | \$150 annually | | |
| Primary and Dependents | \$300 annually | | |

| Coverage | Care | Select | Elite |
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| Maximum Amount in U.S. Dollars | | | |
| Medical, hospital and pharmaceutical expenses | \$10,000 | \$10,000 | \$10,000 |
| Emergency dental expenses | \$250 | \$250 | \$250 |
| In-office medications | \$300 | \$300 | \$300 |
| Repatriation to domicile after treatment | \$10,000 | \$10,000 | \$10,000 |
| Hotel convalescence expenses | \$100 per day (Maximum of 10 days) | \$100 per day (Maximum of 10 days) | \$100 per day (Maximum of 10 days) |
| Transfer of accompanying minors | \$2,000 | \$2,000 | \$2,000 |
| Round-trip ticket for a family member | \$1,000 | \$1,000 | \$1,000 |
| Hotel expenses for a family member | \$50 per day (Maximum of 10 days) | \$50 per day (Maximum of 10 days) | \$50 per day (Maximum of 10 days) |
| Search and transportation of luggage and personal belongings | \$500 | \$500 | \$500 |
| Legal assistance | \$1,500 | \$1,500 | \$1,500 |
| Supplemental indemnity for loss of luggage | \$1,000 | \$1,000 | \$1,000 |