MEDICAL SCHEDULE OF BENEFITS

AGE 14 DAYS TO AGE 69	BASIC	SILVER	GOLD	PLATINUM	DIAMOND 50 to 89
Policy Maximums	$50,000 Max per Injury/Sickness	$75,000 Max per Injury/Sickness	$100,000 Max per Injury/Sickness	$175,000 Max per Injury/Sickness	$50,000 Annual Policy Max
Deductible options (per Incidence)	$0, $50 $100				$100 or $200

INPATIENT

	BASIC	SILVER	GOLD	PLATINUM	DIAMOND
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to $1400/day, 30 day max	Up to $1750/day, 30 day max	Up to $2000/day, 30 day max	Up to $2700/day, 30 day max	Up to $1500 /day, 15 day max
Hospital Intensive Care Unit	Additional $700/day, 8 day Max	Additional $800/day, 8 day Max	Additional $900/day, 8 day Max	Additional $1150/day, 10 day Max	Additional $500/day, 8 day Max
Surgical Treatment	Up to $3500	Up to $4750	Up to $6000	Up to $7500	Up to $3500
Anesthetist	Up to $850	Up to $1200	Up to $1400	Up to $1800	Up to $850
Assistant Surgeon	Up to $850	Up to $1200	Up to $1400	Up to $1800	Up to $850
Physician's Non-Surgical Visits	Up to $55/visit, 1/day, 30 visits Max	Up to $70/visit, 1/day, 30 visits Max	Up to $85/visit, 1/day, 30 visits Max	Up to $115/visit, 1/day, 30 visits Max	Up to $55/visit, 1/day, 30 visits Max
A Consulting Physician, when requested by attending Physician	Up to $450	Up to $550	Up to $550	Up to $700	Up to $450
Private Duty Nurse	Up to $450	Up to $550	Up to $550	Up to $700	Up to $450
Pre-Admission Tests w/in 7 days before admission	Up to $1100	Up to $1100	Up to $1200	Up to $1500	Up to $1100

OUTPATIENT

	BASIC	SILVER	GOLD	PLATINUM	DIAMOND
Surgical Treatment	Up to $3500	Up to $4750	Up to $6000	Up to $7500	Up to $3000
Anesthetist	Up to $850	Up to $1200	Up to $1400	Up to $1800	Up to $700
Assistant Surgeon	Up to $850	Up to $1200	Up to $1400	Up to $1800	Up to $700
Physician's Visits/ Urgent Care	Up to $55/visit, 1/day, 30 visits Max	Up to $70/visit, 1/day, 30 visits Max	Up to $85/visit, 1/day, 30 visits Max	Up to $115/visit, 1/day, 30 visits Max	Up to $55/visit, 1/day, 30 visits Max
Diagnostic X-rays & Lab Services	$450	$475	$500	$675	$450
Scans, PET scan or MRI	Up to $650 Scan PET scan or MRI	$875 scan, PET scan or MRI	Up to $1050 scan, PET scan or MRI	Up to $1300 Scan, PET scan or MRI	Up to $650 Scan PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to $350	Up to $450	Up to $550	Up to $800	Up to $350
Prescription Drugs (outpatient) Per Sickness/ Injury	Up to $100	Up to $125	Up to $150	Up to $200	Up to $90
Outpatient Surgical Facility	Up to $1000	Up to $1150	Up to $1275	Up to $1400	Up to $1000
Physical Therapy	Up to $40/visit, 1/day, 12 visits Max	Up to $40/visit, 1/day, 12 visits Max	Up to $40/visit, 1/day, 12 visits Max	Up to $60/visit, 1/day, 12 visits Max	Up to $40/visit, 1/day, 12 visits Max

MEDICAL SCHEDULE OF BENEFITS

OTHER TREATMENT AND SERVICES

Ambulance Services	Up to $500	Up to $500	Up to $500	Up to $750	Up to $500
Initial Orthopedic Prosthesis/brace	Up to $1100	Up to $1225	Up to $1350	Up to $1750	Up to $1100
Chemotherapy &/ or radiation therapy	Up to $1100	Up to $1225	Up to $1350	Up to $1750	Up to $1100
Dental Treatment for Injury to Sound, Natural Teeth	Up to $600	Up to $600	Up to $600	Up to $600	Up to $600
Mental & Nervous Disorder & Substance Abuse	Up to $5000	Up to $5000	Up to $5000	Up to $20,000 30 days Max	Up to $5000
Emergency Medical Evacuation*	$100,000	$100,000	Unlimited	Unlimited	$50,000
Repatriation of Remains*	$7,500	$10,000	$20,000	$25,000	$7,500
Natural Disaster, Political Evacuation & Repatriation*	Up to $500	Up to $1,000	Up to $1,500	Up to $2,000	Up to $500
Return of Minor Children or Grand-Children*	Up to $5,000	Up to $7,500	Up to $7,500	Up to $10,000	Up to $5,000
Felonious Assault AD&D*	Up to $5,000	Up to $7,500	Up to $7,500	Up to $10,000	Up to $5,000
Return to Home Coverage	Up to 30 days per 12 months Max $2000	Up to 60 days per 12 months Max $2500	Up to 60 days per 12 months Max $5000	Up to 90 days per 12 months Max $7,500	N/A
AD&D Principal Sum*	$25,000 Common Carrier	$35,000 Common Carrier	$35,000 Common Carrier	$35,000 Common Carrier	N/A
Acute Onset of Pre-existing Condition(s) per policy period for Medical Expense Benefits and Emergency Medical Evacuation; Subject to the sub limits for each benefit listed	Up to the Maximum policy limit per Period of Coverage with age limit of having attained the age of 70. Upon attaining age 70 benefits will be reduced to a maximum of $25,000; Maximum Lifetime Limit for Emergency Medical Evacuation of $25,000.	Up to the Maximum policy limit per Period of Coverage with age limit of having attained the age of 70. Upon attaining age 70 benefits will be reduced to a maximum of $25,000; Maximum Lifetime Limit for Emergency Medical Evacuation of $25,000.	Up to the Maximum policy limit per Period of Coverage with age limit of having attained the age of 70. Upon attaining age 70 benefits will be reduced to a maximum of $25,000; Maximum Lifetime Limit for Emergency Medical Evacuation of $25,000.	Up to the Maximum policy limit per Period of Coverage with age limit of having attained the age of 70. Upon attaining age 70 benefits will be reduced to a maximum of $25,000; Maximum Lifetime Limit for Emergency Medical Evacuation of $25,000.	Up to the Maximum policy limit per Period of Coverage with age limit of having attained the age of 70. Upon attaining age 70 benefits will be reduced to a maximum of $25,000; Maximum Lifetime Limit for Emergency Medical Evacuation of $25,000.
Pre-certification	50% reduction of Eligible Medical Expenses if Pre-certification provisions are not met	50% reduction of Eligible Medical Expenses if Pre-certification provisions are not met	50% reduction of Eligible Medical Expenses if Pre-certification provisions are not met	50% reduction of Eligible Medical Expenses if Pre-certification provisions are not met	50% reduction of Eligible Medical Expenses if Pre-certification provisions are not met
Travel Assistance by GBG Assist	Included	Included	Included	Included	Included