

The Company agrees to provide insurance, in exchange for payment of the required Premium. Coverage is subject to the Terms and Conditions described in the Policy. The Company and the Policyholder have agreed to all the Terms and Conditions of the Policy.

The Company hereby insures all persons whose Application has been accepted by Our administrator on behalf of the Company, subject to all the exclusions, limitations and provisions set forth in this Policy. Coverage is afforded only with respect to the Covered Person, the coverage, the amounts, and the limits specified in the Certificate issued to the Covered Person, for which Premium has been paid. All benefit amounts, coverage, monetary limits and sub-limits, and other amounts stated herein including Premium, are in USD (United States Dollars). All benefit amounts, coverage, monetary limits and sub-limits, and other amounts stated herein including Premium, are in USD (United States Dollars).

SCHEDULE OF BENEFITS

BENEFIT SUMMARY

MEDICAL MAXIMUM PER PERIOD OF INSURANCE	\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000
DEDUCTIBLE PER PERIOD OF INSURANCE	\$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000
CO-INSURANCE PER PERIOD OF INSURANCE	80% of the first \$5,000 then 100% up to the Medical Maximum
URGENT CARE CO-PAY	\$30 per Incident If the \$0 Deductible is chosen, there is no Co-Pay
PRE-CERTIFICATION	<p>Pre-certification is a general determination of Medical Necessity only.</p> <ul style="list-style-type: none"> • Inpatient Hospitalization, Surgery or Surgical procedure: 70% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. • Deductible is taken after reduction. • Coinsurance and Out of Pocket Maximum are applied to remainder of the reduced amount. • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Emergency Medical Evacuation or Medically Necessary Repatriation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION or MEDICALLY NECESSARY REPATRIATION provisions for complete requirements and coverage. • Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.

MEDICAL EXPENSE BENEFIT

HOSPITAL ROOM AND BOARD EXPENSES	The average semi-private room rate
EMERGENCY ROOM SICKNESS WITH NO DIRECT HOSPITAL ADMISSION EXPENSES	\$200 Additional deductible per visit – Only applies when receiving care in an Emergency Room for a

