

The Beacon Series Group Travel Medical Plan Schedule of Benefits	
Medical Coverage	USD
Maximum Limits	\$60,000 Maximum Limit
Deductibles	\$100 per Coverage Period.
Coinsurance (Subject to the Deductible)	The plan pays 100% of Eligible Expenses to the Maximum Limit for claims incurred in the US or Canada within the Multi-Plan PPO Network. The plan pays 80% of the next \$5,000 after the Deductible outside of the Network. The plan pays 100% for claims incurred outside the US & Canada.
Hospital Services	
Pre-Certification Penalty	50%
Hospital Indemnity	\$150 per night; Inpatient Hospitalization (Outside the US and Canada ONLY).
Hospital Room and Board	Average Semi-private room rate, including nursing services.
Intensive Care Unit	Usual, Reasonable, and Customary charges to the Maximum Limit.
Emergency Room Illness	Usual, Reasonable, and Customary charges (subject to additional \$250 Deductible if not admitted overnight).
Emergency Room Accident	Usual, Reasonable, and Customary charges.
Outpatient Services	
Physician Visit	Usual, Reasonable and Customary charges.
Physical Therapy	\$60 Maximum Limit per visit, 1 visit per day, Maximum of 15 visits per Coverage Period.
Prescription Drugs	Usual, Reasonable and Customary charges.
Other Services	
All Other Eligible Medical Expenses	Usual, Reasonable and Customary charges.
Pre-existing Condition	No Coverage.
Local Ambulance	Usual, Reasonable and Customary charges, when covered Illness or Injury results in Hospitalization.
Durable Medical Equipment	Usual, Reasonable and Customary charges.
Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more.	\$250 Maximum Limit per Coverage Period.
Dental (Acute onset of pain) Only available for Policies purchased for 90 days or more.	\$100 Maximum Limit per Coverage Period.
Emergency Medical Evacuation	Maximum Limit
Emergency Reunion	Maximum Limit
Return of Mortal Remains	Maximum Limit
Return of Minor Children	\$5,000 Maximum Limit
Quick Trip Home Country Coverage	No Coverage.
Quick Trip Home Country Coverage (End of Trip)	No Coverage.
Lost Checked Luggage	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.
Accidental Death and Dismemberment (AD&D) Participating Members age 18 and older	Up to \$10,000 Maximum Limit (not subject to the Deductible or Coinsurance) Death of Insured Person= \$10,000; Death of Spouse= \$5,000; Death of Child(ren)= \$1,000 Loss of 2 or more Limbs or both eyes= \$10,000 Loss of 1 Limb or eye= \$5,000 Age 70-74 benefits are reduced by 50% Age 75+ benefits are reduced by an additional 50% \$50,000 Maximum Benefit any one family
Accidental Death and Dismemberment (AD&D) Participating Members under the age 18	Up to \$6,000 Maximum Limit (not subject to the Deductible or Coinsurance) Death of Insured Person= \$6,000 Loss of 2 or more Limbs or both eyes= \$6,000 Loss of 1 Limb or eye= \$3,000 \$10,000 Maximum Benefit any one family
Political Evacuation	\$10,000 Maximum Limit (not subject to Deductible or Coinsurance).
Terrorism	\$25,000 Maximum Limit, Medical Expenses ONLY.
Personal / Third Party Liability	\$500 Maximum Limit. As defined in the Policy.
Trip Delay / Missed Connection	\$100 Maximum Limit per day (Maximum 2 days), after a 12 hour delay period. As defined in the Policy.
Optional Sports Rider	No Coverage.

This is a consolidated and summary description of benefits and limits. A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.