

Summary of Benefits

Platinum *Plus+* Plan

Benefit / Other	Limit / Sub Limit
Coverage Area	Platinum <i>Plus+</i> covers you Worldwide with <u>no</u> boundaries
Lifetime Maximum Benefit	\$ 5,000,000. or € 4,500,000. per individual
In Network Copayment	\$ 0. to \$ 25. or € 0. to € 20. depending on location and facility
Deductible	No Deductible in Network
Hospital Room & Board	In U.S. 100% of average semi-private room rate. Outside of U.S. 100% of private room rate Not to exceed 150% of semi-private room rate. All subject to \$ 600. or € 550. per day – 240 day max
Surgery	100%
Intensive Care Unit	\$ 1,500. or € 1,400. per day – 180 days of coverage per event
Emergency Room Illness (Additional \$250 deductible if not admitted as an inpatient)	100%
Emergency Room Accident	100%
Local Ambulance due to Injury or Illness resulting in Hospitalization	\$ 1,500. or € 1,400. maximum limit per event Not subject to deductible or coinsurance
Prescription Medication	<u>Inpatient</u> : 100%. \$ 50,000. or € 46,000. maximum per period of coverage. Not subject to deductible or coinsurance
Emergency Evacuation	\$ 50,000. or € 46,000. maximum per period of coverage. Not subject to deductible or coinsurance

Return of Mortal Remains	\$ 25,000. or € 23,000. lifetime maximum Not subject to deductible or coinsurance
Maternity	Optional at additional cost, if approved.
Physical Therapy	Inpatient: 100%. Outpatient: \$ 40. or € 35. maximum limit per visit, 30 visits per event
Mental / Nervous	Outpatient after 12 months of continuous coverage
Child Wellness (Through age 18)	3 visits per period of coverage \$ 70. or € 65. maximum per visit Available after 12 months of continuous coverage
Routine Dental	Not Covered
Emergency Dental due to Accident	\$ 1,000. or € 900. per period of coverage
Vision	Not Covered
Hospital Indemnity (Outside the US. only)	<u>Private Hospitals:</u> \$400 or € 350. per over-night and \$ 4,000. or € 3,500. maximum limit per period of coverage <u>Public Hospitals:</u> \$ 500. or € 450. per over-night and \$ 5,000. or € 4,500. maximum limit per period of coverage
Pre-Existing Conditions Limitation	\$ 50,000. or € 45,000. lifetime maximum; \$ 5,000. or € 4,500. per period of coverage after 24 months