Covered Medical Expense includes services and supplies which are:

1. Inpatient Hospitalization, including admission to a surgical unit, Critical Care Unit, Intensive Care Unit, newborn nursery, or newborn intensive care unit of a hospital. It also includes any services and supplies provided in a hospital emergency department for the reasonable and customary charge and any services and supplies provided on an outpatient basis in a hospital, such as diagnostic tests or ambulatory surgery, for which the reasonable and customary charge rests solely with the Insurer.

2. Surgical treatment of a Sickness is an Injury.

3. The surgical treatment of any congenital condition or anomaly.

4. Extractions of teeth, TMJ dysfunction that is dental in nature or skeletal irregularities of one or both jaws.

5. The surgical treatment of any congenital condition or anomaly.

6. Any prescription drug that is for the treatment of a pre-existing condition.

7. Any longest covered or fro any other cause of death.

8. Expenses incurred as a result of pregnancy that is experimental, investigational, or anomaly.

Covered Person has been continuously insured as stated in the Pre-Existing Condition Limitation. Covered Person is insured under the Policy, unless the Covered Person has been Continuously Insured as stated in the Pre-Existing Condition Limitation.

Section 2.

Covered Person has been continuously insured as stated in the Pre-Existing Condition Limitation.
**SCHEDULE OF BENEFITS – TABLE 1**

**LIMITS – COVERED PERSON**

<table>
<thead>
<tr>
<th>INJURY &amp; SICKNESS</th>
<th>MEDICAL EXPENSE LIMITS – COVERED PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable Expenses</td>
<td>up to $500 Maximum per Policy Year</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Outpatient prescription drugs</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Outpatient treatment of mental and nervous disorders</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient treatment of mental and nervous disorders</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Medical Care; x-rays; laboratory services; radiation therapy, chemotherapy and hemodialysis ordered by a Physician</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Local, professional ground ambulance services to and from a hospital or provider</td>
<td>up to $2,000 per Policy Year</td>
</tr>
<tr>
<td>Outpatient nursing services provided by an RN, LPN or LVN; home health care visits of up to four hours of service provided by a home health care provider; home health care aide or a visit by any other home health care provider</td>
<td>up to $1,000 per Policy Year</td>
</tr>
<tr>
<td>Physician Services</td>
<td>up to $450 per Physician Office Visit</td>
</tr>
<tr>
<td>Inpatient Hospital services and Hospital and Physician Services</td>
<td>up to $200,000</td>
</tr>
<tr>
<td>Other benefits may apply as mandated by the State of New York.</td>
<td></td>
</tr>
</tbody>
</table>

**Catastrophic Medical Expense Benefit (CMM) per Injury or Sickness**

- Up to $4,000 Maximum: 100% of Reasonable Expenses after Deductible*
- Reasonable Expenses up to $193,000 Maximum
- Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Services, Reasonable Expenses benefits, Supplemental Medical Expense Benefits; and Table Medical Expenses Benefits, Supplemental Medical Expense Benefits until the earlier of the date the Principal Sum is exhausted or the date the Covered Person's insurance terminates as stated in the Period of Coverage provision.

**Participant's Deductible is reduced to $0 if the initial treatment is received from a covered provider within four (4) hours of the time the Injury or Sickness occurs and all subsequent medical care is received from covered providers.**

**INDEMNITY PLAN BENEFITS**

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>BENEFITS</th>
<th>LIMITS – COVERED PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>up to $450 per Physician Office Visit</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital services and Hospital and Physician Services</td>
<td>up to $200,000</td>
<td></td>
</tr>
<tr>
<td>Other benefits may apply as mandated by the State of New York.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medicaid, Medicare, and Medicaid Benefits Provided by U.S. Government**

Reasonable Expenses within 365 days from the date of evacuation notice given by the recognized government of the Covered Person’s Home Country or Host Country. If evacuation notice is not received, the effective date is deemed to be the date on which evacuation was declared by the Covered Person’s employer or such other party as the Insurer may designate. The Insurer will pay the benefit stated below if a Covered Person sustains an Injury in the Country of Assignment, provided that the Covered Person is in the Covered Person’s Home Country or Host Country on the date of evacuation notice.

**Medical Treatment Benefits**

- 12. Chiropractic Care
- 11. Second Medical Opinion
- 10. Dental
- 9. Vision
- 8. Hearing
- 7. Orthotics
- 6. Orthopedic
- 5. Physiotherapy
- 4. Prostate screening tests
- 3. Preventive care
- 2. Preventive care

**Repatriation of Remains**

- After initial treatment for any Injury or Sickness is completed, the Insurer will arrange and pay to transport the individual back to his Home Country at the Insurer’s discretion.

**Transportation after Security or Political Evacuation**

- If a Covered Person dies, this plan will arrange and pay for covered airfare to return the Covered Person’s remains to the place of residence in the U.S. or the Covered Person’s permanent place of residence.

**Medical evacuation and repatriation expenses for security or political evacuation**

- After emergency evacuation by

**Repatriation of Remains**

- After initial treatment for any Injury or Sickness is completed, the Insurer will arrange and pay to transport the individual back to his Home Country at the Insurer’s discretion.

**Medical evacuation and repatriation expenses for security or political evacuation**

- After emergency evacuation by