SCHEDULE OF BENEFITS: All coverages and plan costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

Medical Maximums
$10,000; $25,000 per Period of Coverage. (age 80+, maximum limited to $15,000)
$50: Deductible is per person per Occurrence.

Class 1: U.S. or Canadian citizens traveling outside the United States.
After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.

Class 2: Non-U.S. citizens traveling to the United States.
After You pay the Deductible, the plan pays 80% of the next $5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Class 3: Non U.S. citizens traveling outside of their Home Country (No travel inside of the U. S.)
After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.

Class 4: U.S. citizens traveling inside the United States only while participating in a sanctioned United Methodist Volunteers in Mission trip, whose name and travel dates have been submitted on the Group Application and have been accepted by the Administrator.
After You pay the Deductible, the plan pays 80% of the next $5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Class 1 & Class 3: To a maximum of $500 (Only available to programs purchased for 1 month or more.)

Hospital Indemnity**
Class 1 & Class 3: $150 per night, up to a maximum of 30 days

Dental (Accident Coverage)
To a maximum of $500 (Only available to programs purchased for 1 month or more.)

Dental (Sudden Relief of Pain)**
Class 1 & Class 3: $250

Emergency Medical Evacuation/Repatriation
Class 1 & Class 3: $5,000

Return of Mortal Remains
Class 1 & Class 3: $2,500

Return of Minor Child(ren)
Class 1 & Class 3: $5,000 principal sum for Insured or Insured Spouse / $5,000 principal sum for Dependent Child
Aggregate limit of $250,000 per family

Emergency Reunion
Class 1 & Class 3: $10,000

Local Ambulance Benefit
Class 1 & Class 3: $2,500

Accidental Death & Dismemberment (AD&D)
Class 1 & Class 3: $50,000 principal sum for Insured or Insured Spouse / $5,000 principal sum for Dependent Child
Aggregate limit of $250,000 per family

Loss of Baggage
$250

Interuption of Trip
$2,500

Home Country Coverage
Incidental Trips to The Home Country: Up to $50,000

Extension of Benefits: Up to $5,000
Usual, reasonable and customary to the selected Medical Maximum

Hospital Room & Board
Usual, reasonable and customary to the selected Medical Maximum

Intensive Care
Usual, reasonable and customary to the selected Medical Maximum

Outpatient Medical Expenses
Class 1: Up to $15,000
(Age 65+, up to $2,500)
180 days

Benefit Period