

BENEFIT COMPARISON	CARE	SELECT	ELITE
Area of Coverage	Worldwide/ Worldwide Excluding the U.S.		
Currency	USD	USD	USD
Lifetime Maximum Benefit	1,000,000	3,000,000	5,000,000
Eligibility Age	0-74	0-74	0-74
Deductible Options \$250, \$500, \$1,000, \$2,500 & \$5,000	Subject to applicable deductible	Subject to applicable deductible	Subject to applicable deductible
Coinsurance [Applied only when in the U.S.]	100% In country and 80% in the U.S. in Network	100% In country and 80% in the U.S. in Network	100% In country and 90% in the U.S. in Network
Out of Pocket Maximum per Individual	\$1,000	\$1,000	\$500
INPATIENT BENEFITS - <i>In country / In Network</i>			
Hospitalization	100% / 80% up to \$600 per day	100% / 80% Semi-Private room	100% / 90% Private room
Intensive Care Unit (ICU)	100% / 80% up to \$1,500 per day	100% / 80%	100% / 90%
Physicians visits	100% / 80%	100% / 80%	100% / 90%
Surgery	100% / 80%	100% / 80%	100% / 90%
Organ Transplant *	100% / 80% up to \$250,000 Lifetime	100% / 80% up to \$1,000,000 Lifetime	100% / 90% up to \$2,000,000 Lifetime
OUTPATIENT BENEFITS - <i>In country / In Network</i>			
Doctor Visits, Mental and Nervous and Chiropractic Visits have a combined maximum of 25 visits per policy year for the <b>Care Option</b> .			
Doctor Visits	100% / 80% up to \$70 per visit	100% / 80%	100% / 90%
Mental and Nervous *	100% / 80% up to \$60 per visit	100% / 80% up to \$10,000 per policy year/Lifetime \$50,000	100% / 90% up to \$50,000 Lifetime
Chiropractic Visits	100% / 80% up to \$50 per visit	100% / 80%	100% / 90%
Outpatient Surgery	100% / 80%	100% / 80%	100% / 90%
Prescription Medication [Rx]	100% / 80% up to \$20,000 per policy year	100% / 80% up to \$20,000 per policy year	100% / 90% up to \$20,000
Alternative Medicine	Not Covered	Please refer to policy wording terms and conditions for specific benefits	
Laboratory Tests	100% / 80%	100% / 80%	100% / 90%
Diagnostics [Labs, X-Ray, CT Scan, MRI]	100% / 80% up to \$250 per scan	100% / 80%	100% / 90%
Emergency Room	100% / 80%	100% / 80%	100% / 90%
Ground Ambulance	100% / 80% up to \$1,500 per event	100% / 80%	100% / 90%
Oncology Treatment	100% / 80%	100% / 80%	100% / 90%
Home Care	100% / 80% up to 30 days per policy year	100% / 80%	100% / 90%
Hospice	100% / 80% up to 30 days	100% / 80% up to 180 days	100% / 90% up to 180 days
Durable Medical Equipment	100% / 80%	100% / 80%	100% / 90%
Therapeutic Services	100% / 80% up to \$40 per visit, 30 visits per policy year	100% / 80% up to \$50 per visit	100%/ 90% up to \$50 per visit
MATERNITY BENEFITS * [OPTIONAL BENEFIT WITH RIDER]** - <i>In country / In Network</i>			
Normal Delivery / Elective C-Section	100% / 80% up to \$5,000	100% / 80% up to \$5,000	100% / 90% up to \$50,000
Medically Nec. C. Section / Complications Pregnancy	100% / 80% up to \$7,500	100% / 80% up to \$7,500	
WELLNESS BENEFITS *			
Adult Routine Wellness	Not Covered	100% up to \$250 per policy year	100% up to \$500 per policy year
Child Routine Wellness [1-18 years of age]	100% / 80% up to 3 visits limited to \$70	100% up to \$200 per policy year	100% up to \$400 per policy year
Newborn Routine Wellness [born under the plan up to age 1 year of age]	100% up to \$200 per policy year	100% up to \$200 per policy year	100% up to \$200 per policy year