**Supplemental Medical Insurance**

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)

Deductible $50: Deductible is per person per Occurrence.

Coinsurance 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.

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: To a maximum of $250

(Only available to programs purchased for 1 month or more.)

Emergency Medical Evacuation/Repatriation $100,000 (in addition to the Medical Maximum)

Return of Mortal Remains $20,000

Return of Minor Child(ren) $5,000

Emergency Reunion $10,000

Local Ambulance Benefit $2,500

Accidental Death & Dismemberment (AD&D) $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

Interruption of Trip $5,000

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

Extension of Benefits: Up to $5,000

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 Usual, reasonable and customary to the selected Medical Maximum

Unexpected Recurrence of a Pre-existing Condition\*\* Class 1 : Up to $15,000

(Age 65+, up to $2,500)

Benefit Period 180 days