

Schedule of Benefits: Coverage and Benefits in U.S. Dollars

Accident and Sickness Medical Maximums Per Injury or Illness	\$100,000
Deductible per Injury or Illness	\$50
*Deductible – Emergency Room	\$250 per ER Visit
Coinsurance	100% to plan maximum
Benefit Period	Period of Coverage
Extension of Coverage	Up to a max of 30 days
Mental Illness – Lifetime Benefit	Inpatient: \$5,000 payable at 100%, up to a max of 30 days Outpatient: \$500 payable at 100%
Dental (Emergency)	\$100 per tooth to a maximum of \$500
Dental (Palliative)	Up to a maximum of \$200
Emergency Medical Evacuation	\$100,000
Return of Mortal Remains/Cremation	\$25,000
Emergency Reunion	\$5,000
Accidental Death & Dismemberment	\$15,000
Hazardous Sports Coverage	\$100,000
Assistance – On Call International	24 hours – Worldwide

* Only applies to an illness that is considered non-emergent. Non-emergent shall be defined as an illness that results in the Insured **not** being admitted into the hospital as an Inpatient

DESCRIPTION OF BENEFITS**Medical Expenses:**

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the Deductible and Coinsurance up to the Medical Maximum, incurred by you due to a covered Injury or Illness which occurred during the Period of Coverage outside your Home Country. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges, are incurred within the Period of Coverage, and which are not excluded shall be considered Covered Expenses:

- Charges made by a Hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, Treatment and Surgery by a Physician.
- Charges made for an operating room.
- Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- Charges for physiotherapy, to a maximum of \$500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.

- Charges for physiotherapy as the result of Covered Sickness, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- Local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$350, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense

Mental Illness:

Benefits are payable as follows, subject to the Plan maximum as stated in the Schedule of Benefits: **Inpatient Care** – Shall be payable at 100% to \$5,000, subject to a maximum of 30 days of inpatient care. **Outpatient Care** – Shall be payable at 100% up to a maximum of \$500. Mental Illness must first manifest itself during the Period of Coverage.

Refer to the Evidence of Coverage for additional language on the Mental Illness benefit

Emergency Dental Treatment (Emergency Accident):

Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance up to the Plan maximum as stated in the Schedule of Benefits, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

Dental – Emergency Relief of Pain (Palliative):

This plan shall pay in excess of the deductible and coinsurance, up to the Plan maximum as stated in the Schedule of Benefits, for emergency treatment for the relief of pain to natural teeth.

Emergency Medical Evacuation:

Benefits are paid for Covered Expenses incurred up to the plan maximum, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation. The decision for an Emergency Medical Evacuation must be pre-approved and arranged by the assistance company in consultation with Your local attending physician.

Return of Mortal Remains:

Should death occur, benefits will be paid for Reasonable and Customary Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, to return Your remains to Your Home Country. Covered Expenses include, but are not limited to, expenses for embalming or cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or cremation must be pre-approved and arranged by the assistance company.

Emergency Medical Reunion:

If You are hospitalized for more than five (5) days, or if You are eligible for a covered Emergency Medical Evacuation or Repatriation, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by You from Your Home Country to the location where You are hospitalized and then return to the current Home Country.

Refer to the Evidence of Coverage for additional language on the Emergency Reunion, Medical Evacuation or Repatriation benefit.

Hazardous Sports Coverage:

This Plan shall pay up to the maximum as stated in the Schedule of Benefits for Injury which occurs while you are participating in one of the following hazardous sports: snow skiing or snowboarding.

PLAN DEFINITIONS

Coinsurance shall mean the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

Deductible shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

Outpatient shall mean if you receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Pre-existing Condition shall mean 1) any condition that would have caused a person to seek medical advice, diagnosis, care or Treatment 24 months prior to the Effective Date of coverage under the Plan; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 24 months prior to the Effective date of coverage under this plan. This exclusion does not apply to Emergency Evacuation/ Repatriation or Return of Remains.

Reasonable and Customary shall mean the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to but not to exceed charges actually billed. The determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors included but not limited to, a resource based relative value scale.

Refer to the Evidence of Coverage for additional Plan Definitions

EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

- Any Pre-Existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
- Injury or Illness which is not presented to the Company for payment within 3 months of receiving treatment;
- Charges for treatment which is not Medically Necessary;
- Charges provided at no cost to you;
- Charges for Treatment which exceeds Reasonable and Customary charges;
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Suicide or any attempts thereof, while sane or self destruction or any attempt thereof, while insane;
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.

10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in Amateur or Interscholastic Athletics, unless covered hereunder;
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
13. Treatment of the Temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
21. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the treatment of drug addiction;
22. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of or in connection with the commission of a felony offense;
27. Injury sustained while taking part in mountaineering; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, snorkeling, water skiing, spelunking, and parasailing.
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without any cost to you;
29. Treatment of venereal disease;
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
31. Routine Dental Treatment;
32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
33. For miscarriage resulting from Accident;
34. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;

35. Treatment for human organ tissue transplants and their related treatment;
36. Expenses incurred while in your Home Country
37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
39. Covered Expenses incurred for which the Trip to the Host Country or the United States was undertaken to seek medical treatment for a condition;
40. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity.

Refer to the Evidence of Coverage for additional exclusions on the AD&D benefit

PLAN SERVICES

Website Information

For additional information or policy details, please go to:

www.compassbenefits.com/geovisions

Plan Eligibility

For questions eligibility or proof of enrollment contact:

Compass Administrators 1-800-683-1468

groups@sevendcorners.com

FAX: 317-575-2659

Claims & Assistance Services

You are eligible to use any of the assistance services provided. These services are open 24 Hours a day, 365 days a year. There are multilingual personnel that can help answer questions or help with emergency situations.

When treatment is received, a claim form must be completed and sent with the original itemized bills to the claim administrator within 90 days. Submit Claims & Inquiries to:

Seven Corners, Inc.

303 Congressional Blvd

Carmel, IN 46032

800-683-1427 Outside the US or Canada call collect 317-575-2652

FAX: 317-575-2659 Email: claims@sevendcorners.com

Assistance Services – On Call International:

This Plan provides 24-hour worldwide assistance services for an emergency anywhere in the world. The assistance service provider is **On Call International** and can be reached toll-free at (866) 525-1958; or collect at (603) 328-1958. **When calling, please identify yourself as a participant with GeoVisions.**



GeoVisions

*Supporting your effort
to learn more about your world!*

INSURANCE PLAN SUMMARY

Underwritten By:

Virginia Surety Company Inc.

Important Notice: Please keep this brochure as a general summary of the insurance. This brochure is a brief summary of filed form number IN/OUT-EOC (01/2004) which contains complete details of the coverage and is the governing document. A copy of the Policy is available for inspection at the Plan Administrator's office. The Master Policy shall control in the event of any conflict between this brochure and the Policy.