

GlobeHopper® Senior Single-Trip

All amounts shown are in U.S. dollars. URC - Usual, Reasonable and Customary charges.

LIMIT/OTHER	LIMIT/AMOUNT FOR ELIGIBLE MEDICAL EXPENSES
Period of Coverage	Minimum 5 days, up to a maximum of 365 days
Area of Coverage	Outside the United States
Maximum Limits	\$50,000 to \$1,000,000 - dependent upon age
Deductible	\$0 to \$2,500 - dependent on max limit
Extensions	Up to 12 continuous months
Coinsurance	IMG pays 100%
Sudden & Unexpected Reoccurrence of Pre-existing Condition	\$2,500 maximum limit
Continuation of Treatment Period	Earlier of six months per injury or illness or upon return to country of residence
Non-Emergency Medical Evacuation	\$25,000 maximum limit
Hospital Indemnity	\$250 per night, 30 overnights maximum (<i>Not subject to deductible</i>)
Local Ambulance Expense	IMG pays 100%, up to \$5,000
INPATIENT/OUTPATIENT BENEFITS CHARGES FOR	MAXIMUM LIMITS PER PERIOD OF COVERAGE, OR IF INDICATED, PER LIFETIME
Hospitalization / Room & Board	Average semi-private room rate
Intensive Care Unit	Up to maximum limit
Surgery	Up to maximum limit

Physician Visits	Up to maximum limit
Diagnostic Procedures	Up to maximum limit
Home Nursing Care	Up to maximum limit
Durable Medical Equipment	Up to maximum limit
Emergency Room	Up to maximum limit Additional \$250 deductible for illness that does not result in a direct hospital admission
PRESCRIPTIONS <small>(SUBJECT TO DEDUCTIBLE AND COINSURANCE UNLESS OTHERWISE NOTED ELIGIBLE MEDICAL EXPENSES ARE LIMITED TO USUAL, REASONABLE AND CUSTOMARY)</small>	LIMITS PER PERIOD OF COVERAGE UNLESS STATED AS MAXIMUM LIMIT
Prescription Medication	Up to maximum limit
EMERGENCY SERVICES <small>(NOT SUBJECT TO DEDUCTIBLE AND COINSURANCE UNLESS OTHERWISE NOTED ELIGIBLE MEDICAL EXPENSES ARE LIMITED TO USUAL, REASONABLE AND CUSTOMARY)</small>	LIMITS PER PERIOD OF COVERAGE UNLESS STATED AS MAXIMUM LIMIT
Emergency Medical Evacuation	\$250,000 maximum limit
Emergency Reunion	\$50,000 maximum limit
Return of Mortal Remains	\$50,000 maximum limit
Political Evacuation	\$50,000 maximum limit
Interfacility Transportation	\$2,500 maximum limit
OTHER SERVICES <small>(NOT SUBJECT TO DEDUCTIBLE AND COINSURANCE UNLESS OTHERWISE NOTED ELIGIBLE MEDICAL EXPENSES ARE LIMITED TO USUAL, REASONABLE AND CUSTOMARY)</small>	LIMITS PER PERIOD OF COVERAGE UNLESS STATED AS MAXIMUM LIMIT
Terrorism	\$50,000 maximum limit
Natural Disaster	\$100 per day for five days, \$5,000 maximum limit for evacuations
Accidental Death and Dismemberment	\$25,000 principal sum
Common Carrier Accidental Death	\$100,000 per adult \$200,000 per family maximum limit

Trip Interruption	\$5,000 limit
Identity Theft	\$500 limit
Felonious Battery	\$10,000 maximum limit
Lost Luggage	\$50 maximum per item of personal property, \$250 overall maximum
Hospital Indemnity	\$250 per overnight inpatient confinement, maximum limit of 30 overnights. Not subject to deductible
Dental Treatment - for unexpected pain	\$100 limit
Traumatic Dental Injury	Up to maximum limit