



## Summary of Benefits Comparison Maestro Vital, Total, and Total Plus Plans

<b>BRIEF SUMMARY OF BENEFITS OFFERED TO ELIGIBLE INSURED</b>			
<i>Limit/Other</i>	<i>Limit/Amount for Eligible Medical Expenses</i>		
	<u>Vital</u>	<u>Total</u>	<u>Total Plus</u>
Maximum Limit	\$4,000,000 per Period of Coverage	\$4,000,000 per Period of Coverage	\$8,000,000 per Period of Coverage
Area of Coverage	Worldwide	Worldwide	Worldwide
Deductible	\$500/\$1,000, \$1,000/\$2,000, \$1,500/\$3,000, \$5,000, \$10,000 or \$20,000 Outside U.S.A./ Within U.S.A. per Insured per Period of Coverage	\$500/\$1,000, \$1,000/\$2,000, \$1,500/\$3,000, \$5,000, \$10,000 or \$20,000 Outside U.S.A./ Within U.S.A. per Insured per Period of Coverage	\$500/\$1,000, \$1,000/\$2,000, \$1,500/\$3,000, \$5,000, \$10,000 or \$20,000 Outside U.S.A./ Within U.S.A. per Insured per Period of Coverage
Deductible Carry Forward	60 days	60 days	60 days
Coinsurance (Percent insured is responsible after Deductible is met)	For treatment outside U.S.A.– 0%  For treatment within the U.S.A. within PPO Network – 0%  For treatment within U.S.A. outside PPO Network – 20% of eligible medical expenses up to \$5,000, then 0%	For treatment outside U.S.A. – 0%  For treatment within the U.S.A. within PPO Network – 0%  For treatment within U.S.A. outside PPO Network – 20% of eligible medical expenses up to \$5,000, then 0%	For treatment outside U.S.A.– 0%  For treatment within the U.S.A. within PPO Network – 0%  For treatment within U.S.A. outside PPO Network – 20% of eligible medical expenses up to \$5,000, then 0%
<b>INPATIENT BENEFITS</b>			
<i>Benefit</i>	<i>Limit/Amount for Eligible Medical Expenses</i>		
	<u>Vital</u>	<u>Total</u>	<u>Total Plus</u>
Hospital Room & Board	100% private or semi-private room rate	100% private or semi-private room rate	100% private or semi-private room rate
Intensive Care	100%	100%	100%
Surgery	100%	100%	100%
Anesthetist's Charges Associated with Surgery	100%	100%	100%
Prescription Medication	100%. Maximum 30 day supply per prescription	100%	100%
Transplant Expense	\$1,000,000 lifetime maximum. \$35,000 lifetime maximum for donor preparation for eligible covered transplants	\$1,000,000 lifetime maximum. \$40,000 lifetime maximum for donor preparation for eligible covered transplants	\$2,000,000 lifetime maximum. \$50,000 lifetime maximum for donor preparation for eligible covered transplants
Parental Hospital Accommodations	\$500 per night, maximum 10 nights	\$500 per night, maximum 10 nights	\$500 per night, maximum 10 nights
Physical Therapy and Rehabilitation	100%	100%	100%
Diagnostic Services	100%	100%	100%

**OUTPATIENT BENEFITS**

<i>Benefit</i>	<i>Limit/Amount for Eligible Medical Expenses</i>		
	<u>Vital</u>	<u>Total</u>	<u>Total Plus</u>
Physician and Specialist visits	N/A	100%	100%
Day Patient Surgery and associated costs	100%	100%	100%
Diagnostic Services	N/A	100%	100%
Prescription Medication	N/A	100%	100%
Physical Therapy and Rehabilitation	N/A	\$75 per daily visit, maximum 60 visits	100%. maximum 60 visits
Wellness	N/A	\$500 maximum per period of coverage. \$250 allowed during initial 6-months of coverage. Not subject to deductible	\$500 per period of coverage. \$250 allowed during initial 6-months of coverage. Not subject to deductible
<b>Charges for</b>	<b>The following benefits are offered under the Vital plan for the continuing Treatment of an Illness or Injury for which Inpatient Treatment was received are subject to a Deductible and cannot exceed the Maximum Limit</b>		
Outpatient Treatment	\$2,000 maximum per period of coverage. Limited to 90 days of Outpatient Treatment immediately before and after related Inpatient Treatment		

**MATERNITY BENEFITS**

<i>Benefit</i>	<i>Limit/Amount for Eligible Medical Expenses (Available after 12 months of continuous coverage)</i>		
	<u>Vital</u>	<u>Total</u>	<u>Total Plus</u>
Maternity	N/A	\$50,000 lifetime maximum. Available after 12 months of continuous coverage. \$5,000 per normal pregnancy, \$7,500 for C-section	\$10,000 maximum per pregnancy. Deductible waived for \$1,000, \$2,000 & \$3,000 deductible options. \$5,000, \$10,000 & \$20,000 options are subject to deductible
Complications of Pregnancy	N/A	\$500,000 lifetime maximum	\$1,000,000 Lifetime maximum
Cord Bank (i.e. Stem Cells)	N/A	N/A	\$2,000 maximum per covered pregnancy
Coverage For Newborns	N/A	Included during the first 31 days after birth and covered pregnancy	Included during the first 31 days after birth and covered pregnancy

**EVACUATION BENEFITS**

<i>Benefit</i>	<i>Limit (Not Subject to Deductible &amp; Coinsurance)</i>		
	<u>Vital</u>	<u>Total</u>	<u>Total Plus</u>
Emergency Medical Evacuation	\$150,000 per Period of Coverage	100%	100%
Return of Mortal Remains/ Cremation	\$25,000 maximum	\$25,000 maximum	100%
Political Evacuation	\$10,000 lifetime maximum	\$10,000 lifetime maximum	\$10,000 lifetime maximum
Local Ambulance	100%	100%	100%

OTHER BENEFITS				
Benefit	Limit/Amount for Eligible Medical Expenses			
	Vital	Total	Total Plus	
Congenital and/or Hereditary Conditions	N/A	\$500,000 lifetime maximum limit when diagnosed prior to age 18. \$1,000,000 lifetime maximum when diagnosed at age 18 or older	\$1,000,000 lifetime maximum limit when diagnosed prior to age 18. 100% when diagnosed at age 18 or older	
Chemotherapy and Radiation Therapy	100%	100%	100%	
Dialysis	100% for acute renal failure only	100% for acute renal failure only	100% for acute renal failure only	
Mental or Nervous	N/A	Available after 12 months of continuous coverage Inpatient: \$10,000 maximum per period of coverage Outpatient: \$50 maximum per visit, 10 visits maximum per period of coverage \$50,000 Lifetime maximum	Available after 12 months of continuous coverage Inpatient: \$25,000 maximum per period of coverage Outpatient: 30 visits maximum per period of coverage \$100,000 Lifetime maximum	
Hospice Care	\$15,000 lifetime maximum	\$15,000 lifetime maximum	\$15,000 lifetime maximum	
Durable Medical Equipment	100%	100%	100%	
Adventure Sports & non-Collision Sports	100%. Additional \$750 deductible for orthopedic injuries	100%. Additional \$750 deductible for orthopedic injuries	100%. Additional \$250 deductible for orthopedic injuries	
Complementary Medicine	N/A	100%. Maximum 10 visits	100%. Maximum 20 visits	
HIV/AIDS	\$500,000 lifetime maximum after 24 months of continuous coverage	\$500,000 lifetime maximum after 24 months of continuous coverage	\$1,000,000 lifetime maximum after 24 months of continuous coverage	
Home Nursing Care	N/A	100%. 60 days maximum	100%	
Terrorism	\$50,000 lifetime maximum. Not subject to deductible or coinsurance	\$50,000 lifetime maximum. Not subject to deductible or coinsurance	\$50,000 lifetime maximum. Not subject to deductible or coinsurance	
Emergency Room	100% if admitted as Inpatient	100% Additional \$250 deductible if in the U.S.A. and not admitted inpatient to the hospital as a result of illness	100% Additional \$250 deductible if in the U.S.A. and not admitted as inpatient to the hospital as a result of illness	
Extended Coverage For Dependents when Primary Insured Dies	Premium waived for existing dependent coverage for 2 years	Premium waived for existing dependent coverage for 2 years	Premium waived for existing dependent coverage for 2 years	
DENTAL BENEFITS				
Benefit	Limit/Amount for Eligible Expenses			
	Vital	Total	Total Plus	
Dental Emergency (Accident only)	N/A	100%	100%	
Dental Care Expenses	N/A	N/A	\$750 after 6 months of continuous coverage. Dental deductible: \$50	
	N/A	N/A	Class I Services	90%; deductible waived
	N/A	N/A	Class II Services	70% after deductible
	N/A	N/A	Class III Services	50% after deductible

**OPTIONAL COVERAGE**

OPTIONAL COVERAGE		
	<i>Amounts shown are the Principal Sum per unit</i>	
Term Life	Age 31 days - 18 years	\$5,000
	Age 19 - 29 years	\$75,000
	Age 30 - 39 years	\$50,000
	Age 40 - 44 years	\$35,000
	Age 45 - 49 years	\$25,000
	Age 50 - 54 years	\$20,000
	Age 55 - 59 years	\$15,000
	Age 60 - 64 years	\$10,000
	Age 65 - 69 years	\$7,500
	Age 70 +	N/A
Daily Indemnity	Maximum limit of \$100 per day of hospitalization up to a lifetime maximum limit of \$25,000 Purchase of 2nd Unit of Daily Indemnity allows for maximum limit of \$200 per day of hospitalization up to a lifetime maximum limit of \$50,000	
Professional Sports Rider	\$10,000 Maximum Limit per Illness or Injury and \$100,000 Maximum Limit per lifetime. Additional \$250 deductible for orthopedic injuries	

*This invitation to inquire allows eligible applicants an opportunity to inquire further about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Coverage is issued and underwritten by International Medical Insurance Company, Ltd. Benefits are offered as described in the insurance contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations, and exclusions in the insurance contract. The contract does contain a pre-existing condition exclusion and does not cover losses or expenses related to a pre-existing condition. If disclosed in the application and no treatment is received or symptoms are experienced within 5 years prior to effective date, charges are excluded until after 30 days of coverage. If disclosed in the application and treatment was received and/or symptoms were experienced within 5 years prior to effective date, charges are excluded until after 24 months of coverage.*