

Executive Health Options Benefits and Policy Limits

Benefits	All benefits in US dollars	
Coverage Area	Worldwide*, including the US and Canada	YOU CAN BE TREATED ANYWHERE IN THE WORLD*
Overall Maximum Limit	\$5,000,000 Lifetime	
Deductibles Available	\$250, \$500, \$1,000, \$2,500 or \$5,000 per Member per Certificate Period	
Family Deductible	Maximum of 3 Deductibles per Family per Certificate Period	
Coinsurance — Claims incurred in U.S. or Canada	The Plan pays 80% of the next \$5,000 of Eligible Expenses per Member after the Deductible, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to the Plan Administrator for review and payment directly to the provider. ¹	CUSTOMER SERVICE & CLAIMS & PPO SPECIALISTS ARE THERE TO HELP
Coinsurance — Claims incurred outside U.S. or Canada	The Plan pays 100% of the Eligible Expenses after the Deductible, to the Overall Maximum Limit	
Hospital Room and Board	In U.S. & Canada: Average Semi-Private Room, including nursing services; Elsewhere*: Average Private Room Rate	
Intensive Care Unit — Worldwide*	Usual, Reasonable and Customary	
Prescription Drugs	Usual, Reasonable and Customary (Subject to Deductible and Coinsurance) Includes inpatient and outpatient drugs prescribed by an M.D. for covered injury or illness.	PRESCRIPTION DRUGS
Mental Health Disorders	\$10,000 per Certificate Period, \$25,000 Lifetime Maximum; \$50 maximum per visit per day for outpatient care (after 12 months of continuous coverage)	
Maternity — Normal or Complicated Delivery	After the Deductible, Plan pays 50% of the next \$100,000 of Eligible Medical Expenses, then 100% to a Lifetime Maximum of \$250,000. Covered Maternity Expenses include pre-natal, delivery and post-natal care (after 12 months of continuous coverage)	
Newborn Care	Included as part of Maternity Benefits for a maximum of 60 days	PRE-EX CONDITIONS
Pre-existing Conditions	Same as any other injury or illness if disclosed on Application and not excluded or limited by Rider	
Physical Therapy/ Chiropractic Care	\$50 maximum per visit per day (after a covered injury or illness) Must be Medically Necessary and ordered by a Physician not affiliated with the therapy/chiropractic practice.	
Wellness	Age 30 or older: \$250 per Member per Certificate Period; Female Members age 40 or older or Women at Risk: \$100 per Certificate Period for a screening mammogram. (Benefits available after 12 months of continuous coverage; not subject to Deductible.)	PHYSICAL THERAPY
Human Organ / Tissue Transplants	Same as any other illness for Covered Transplants ²	
Local Ambulance	Usual, Reasonable and Customary	EMERGENCIES
Emergency Medical Evacuation	\$50,000 Lifetime Maximum	
Repatriation of Remains	\$25,000 Limit, per Member	
Emergency Reunion	\$10,000 Lifetime Maximum	
All Other Eligible Expenses	Usual, Reasonable and Customary	OPTIONAL SPORTS COVERAGE
Pre-Certification Penalty	50%; 100% for Transplants	
Optional Coverages	Term Life (incl. AD&D), Dental, Sports	
¹ Maximum coinsurance cost is \$1,000 per Member, up to 3 Members per Certificate Period ² Covered transplants include Heart, Heart/Lung, Lung, Kidney, Kidney/ Pancreas, Liver and Allogenic and Autologous Bone Marrow		For sports excluded by the standard plan, including contact sports

* All benefits are subject to the provisions, limitations and exclusions contained in the Certificate of Insurance. Coverage area excludes countries restricted by US economic sanctions and embargo programs and/or other applicable trade sanction laws.

\$5 MILLION LIFETIME

YOU CAN BE DIAGNOSED ANYWHERE IN THE WORLD*

YOU CHOOSE*

- DOCTOR
- TREATMENT
- HOSPITAL

MENTAL AND NERVOUS

WELLNESS

TRANSPLANTS

DO YOU NEED LIFE • DENTAL • EXTRA SPORTS COVERAGE?

YOU CAN BE TREATED ANYWHERE IN THE WORLD*

CUSTOMER SERVICE & CLAIMS & PPO SPECIALISTS ARE THERE TO HELP

PRESCRIPTION DRUGS

PRE-EX CONDITIONS

PHYSICAL THERAPY

EMERGENCIES

OPTIONAL SPORTS COVERAGE

For sports excluded by the standard plan, including contact sports

Executive Health Options Rate Table

New Business Annual Rates for Standard Risks*

AGE	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 ^{1,2}	846	846	669	669	505	505	419	419	323	323
10 to 18 ²	1,184	1,184	952	952	735	735	639	639	518	518
19-24	1,169	1,539	942	1,371	732	1,026	646	909	530	734
25-29	1,209	1,799	989	1,592	766	1,143	674	1,005	554	875
30-34	1,336	2,014	1,099	1,769	855	1,315	758	1,163	620	981
35-39	1,451	2,232	1,208	1,900	934	1,460	828	1,281	676	1,094
40-44	1,872	2,445	1,549	2,047	1,201	1,588	1,066	1,411	869	1,121
45-49	2,106	2,543	1,881	2,150	1,458	1,672	1,293	1,479	1,055	1,142
50-54	3,780	4,078	3,644	3,930	3,375	3,638	2,860	3,074	2,293	2,448
55-59	5,056	4,975	4,902	4,810	4,574	4,480	3,945	3,842	3,229	3,115
60-64	6,227	5,724	6,046	5,552	5,676	5,202	4,971	4,527	4,144	3,739
65-69	14,397	12,555	13,872	12,030	12,826	10,978	9,973	8,299	8,651	7,304
70	16,976	14,677	16,443	14,162	15,381	13,099	12,128	9,845	10,520	8,510
71	17,771	15,379	17,240	14,851	16,178	13,787	12,773	10,381	11,080	8,973
72	18,451	15,963	17,926	15,437	16,875	14,386	13,328	10,842	11,562	9,370
73	19,152	16,550	18,632	16,030	17,589	14,990	13,904	11,301	12,061	9,768
74	20,085	17,342	19,563	16,822	18,522	15,781	14,645	11,901	12,704	10,288

¹ First 2 children age 14 days to 9 years are free only when both parents are insured under the Plan.

² Dependant Child rate is only available when parent (guardian) is insured under the Plan. Dependant children alone pay the age 19 to 24 male rate.

OPTIONAL BENEFITS

Optional Sports Rider	\$250.00
Optional Dental	\$492.00 ^o
^o except US citizens	\$348.00

NOTE: This document is provided for your reference only. See the Certificate of Insurance for precise wording.

This plan is underwritten by Lloyd's, London, Syndicate 4141. Lloyd's is licensed to do business in all Provinces of Canada. The Plan Administrator is HCC Medical Insurance Services, a Lloyd's Coverholder, located at 251 N. Illinois Street, Suite 600 Indianapolis, IN 46204, USA



Optional Term Life and AD&D Insurance

AGE	OPTION 1	OPTION 2
19-29	\$130	\$ 230
30-39	\$210	\$ 370
40-44	\$310	\$ 545
45-49	\$450	\$ 790
50-54	\$570	\$1000
55-59	\$770	\$1350
60-64	\$585	\$1025
65-69	\$315	Not available
Dependant Child	\$ 85	Not available

* All rates and benefits are in U.S. dollars
Underwriters may assess additional fees after evaluating height/weight ratio.
Exclusionary Riders may be assigned for Pre-existing Conditions.

Rates are effective May 1, 2011
Rates include Surplus Lines taxes and fees when applicable