

SCHEDULE OF BENEFITS

Lifetime Maximum	PREMIER PLUS		
	\$2,000,000		
PPO— (Preferred Provider Organization) PR— (Puerto Rico)	NON-PPO	PPO USA/WW	PPO ANGUILLA/PR
CALENDAR YEAR DEDUCTIBLE	\$250	\$250	\$250
MAXIMUM OUT OF POCKET EXPENSES	No cap	\$2000	\$1000
NON PRECERTIFICATION PENALTY - %	50%	35%	35%
HOSPITALISATION—ROOM & BOARD**	60%	80%	100%
SURGEON'S FEES	60%	80%	100%
EMERGENCY ROOM	60%	80%	100%
DIAGNOSTIC TESTING BENEFIT MRI, CT SCANS, ENDOSCOPY, CARDIOVASCULAR STUDIES **	60%	80%	100%
PRESCRIPTION DRUGS	60%	100%	100%
SECOND SURGICAL OPINION	60%	80%	100%
DOCTORS & SPECIALIST VISITS	60%	80%	100%
ANNUAL PHYSICAL & GYNECOLOGICAL EXAMINATION	60%	100%	100%
Annual Maximum	\$150		
ORGAN TRANSPLANT (Including Pre and Post Operative GROUND & AIR AMBULANCE BENEFIT **	100%	100%	100%
GROUND Annual Maximum	\$150		
AIR Annual Maximum	\$20,000		
RADIOTHERAPY & CHEMOTHERAPY **	60%	80%	100%
CHRONIC CONDITIONS	60%	80%	100%
Annual Maximum	\$500		
AIDS-HIV	60%	80%	100%
Annual Maximum	\$10,000		
Lifetime Maximum	\$25,000		
PHYSICAL THERAPY	60%	80%	100%
MATERNITY **	60%	80%	100%
Lifetime maximum per pregnancy of 3 pregnancies	\$6,000		
BIRTH ABNORMALITIES	60%	80%	100%
Maximum	\$10,000		
VISION Up to an Annual Maximum of \$160			
DENTAL - Diagnostic %	100%		
Restorative	75%		
	50%		
**Pre-certification Required			