

THE MERIDIAN SERIES Essential Schedule Of Benefits*

Maximum Limit	\$5,000,000 Maximum Limit	
Deductibles	\$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000 per Member per Coverage Period per Participating Member	
Family Deductible	Maximum of 2 Deductibles per Family per Coverage Period	
Coverage Area	Area 1- Worldwide- Including U.S. & Canada	Area 2- Worldwide- Excluding US & Canada
Coinsurance - Claims incurred in the US or Canada	After the Deductible the Plan will pay 80% of the next \$5,000 of Eligible Expenses, then 100% to the Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO network	
Coinsurance - Claims incurred outside the US or Canada	After the Deductible the plan pays 100% of Eligible Expenses to the Maximum Limit	
Pre-certification Penalty	50% of Eligible Expenses	
Pre-existing Condition	\$10,000 Sub-Limit per Coverage Period, \$50,000 Maximum Sub-Limit. (After 728 days of continuous coverage**)	
Maternity - Normal/Complicated Delivery	Optional Rider - \$10,000 Sub-Limit per Coverage Period, \$50,000 Maximum Sub-Limit	
Newborn Care	Included as part of Maternity benefits for first 31 days of life	
Human Organ/Tissue Transplant	\$500,000 Maximum Sub-Limit for Covered Transplants	
Hospital Room and Board - Coverage Area 1 & 2	Average Semi-Private room rate	
Intensive Care Unit - Coverage Area 1 & 2	Usual, Reasonable and Customary	
Emergency Dental Due to Accident	\$500 Sub-Limit per Coverage Period	
Local Ambulance	\$1,500 Sub-Limit per Coverage Period when covered Illness or Injury results in Hospitalization. Not subject to Deductible and Coinsurance.	
Surgery	Usual, Reasonable and Customary	
Prescription Medications	Reimbursement Only. Usual, Reasonable and Customary charges. Subject to 20% Coinsurance in the US	
Mental & Nervous Disorders	\$10,000 Sub-Limit per Coverage Period for Outpatient Treatment only. \$25,000 Maximum Sub-Limit (After 728 days of continuous coverage**)	
Wellness - Adult	\$250 Sub-Limit per Coverage Period for Participating Members age 25 and over. Not subject to Deductible or Coinsurance (After 180 days continuous coverage**)	
Wellness - Child	\$175 Sub-Limit per Coverage Period for Participating Members age 18 and under. Not subject to Deductible or Coinsurance (After 90 days of continuous coverage**)	
All Other Medical Expenses	Usual, Reasonable, and Customary	
Emergency Room - Illness/Accident	Usual, Reasonable, and Customary. Subject to an additional \$250 Deductible if Illness or Injury does not result in Hospitalization	
Emergency Medical Evacuation	\$50,000 Maximum Sub-Limit. \$25,000 Maximum Sub-Limit for Participating Members age 65 and older	
Return of Mortal Remains	Reimbursement up to \$25,000 for the return of a Participating Members mortal remains to his/her home country. Not subject to Deductible or Coinsurance	
Emergency Reunion	Reimbursement up to \$7,500 for travel expense related to the Emergency Reunion of a relative or friend resulting from a Emergency Medical Evacuation of a Participating Member	
Extreme Sports	Optional Rider - \$50,000 Sub-Limit per Coverage Period	
Dental Coverage	Optional Rider - \$750 Maximum Limit per Participating Member per Calendar Year. \$50 Deductible per Participating Member. Schedule of Benefit payout: Class A=90%; Class B=70%; Class C=50%; Ortho=No coverage (After 180 days of continuous coverage**)	

* This is only a consolidated and summary description of some of the current Azimuth Risk Solutions benefits, conditions, limitation and exclusions. An Evidence of Insurance containing the terms, conditions and exclusions will be included in the fulfillment kit. Azimuth Risk reserves the right to issue the most current Evidence of Insurance for this plan in the event this application and / or brochure has expired, is modified, or is replaced with a newer version. A complete copy of the Master Policy is available at all times upon request.

** With regard to the foregoing Schedule of Benefits/Limits, the references to "continuous coverage" mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous Coverage Period so specified.

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