



Also known as

missions IQ

MissionSafe

Email: service@missionsafe.com

1-800-682-3461 ext. 5

SUMMARY OF COVERAGE International Medical Insurance

BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Period of Coverage	Maximum Limit: 365 days		
Benefit Period Charges incurred in the United States are not eligible for coverage during the Benefit Period	12 months		
Period of Coverage limit	Option 1 selected on Application: - Through age 69 years: \$1,000,000 - Ages 70 to 79: \$100,000 - Ages 80+: \$20,000		
Benefit Plan Features			
Benefit Levels Treatment in the United States is for the purposes of Incidental Trip Coverage and Benefit Period only	United States	United States	International
	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses			
Deductible	\$0	\$0	\$0
Coinsurance for Eligible Medical Expenses			
Coinsurance In addition to Deductible	Plan pays 100%	Plan pays 90%	Plan pays 100%
	Insured pays 0%	Insured pays 10%	Insured pays 0%
Out of Pocket Maximum	\$0	\$500	\$0
Pre-certification			
- Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. - Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage - All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. - Deductible is taken after reduction. - Coinsurance is applied to remainder of the reduced amount. - Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.			
Sudden and Unexpected Reoccurrence of a Pre-existing Condition			
- For United States citizens - Insured Persons up to age 65 with a Primary Health Plan: Up to the per Period of Coverage limit - Insured Persons up to age 65 without a Primary Health Plan: Maximum Limit: \$20,000 - Insured Persons age 65 and older: Maximum Limit: \$2,500 - For United States residents (non-United States citizens): - Insured Persons up to age 65: Maximum Limit: \$50,000 - Insured Persons age 65 and older: Maximum Limit: \$2,500			

Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Sudden and Unexpected Reoccurrence of a Pre-existing Condition			
Emergency Medical Evacuations that arise or result directly or indirectly from a Sudden and Unexpected Reoccurrence of a Pre-existing Condition eligible for coverage for Insured Persons up to age 65: Up to \$25,000 Maximum Limit. Approved in advance and coordinated by the Company.			
Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	90%	100%
Outpatient Physician / Specialist Visit	100%	90%	100%
Physician Visits / Services	100%	90%	100%
Hospital Emergency Room - Injury: Not subject to Emergency Room Deductible - Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission	100%	90%	100%
Hospitalization / Room & Board - Average semi-private room rate - Includes nursing, miscellaneous and Ancillary services	100%	90%	100%
Intensive Care Includes nursing, miscellaneous and Ancillary services	100%	90%	100%
Outpatient Surgical / Hospital Facility	100%	90%	100%
Laboratory	100%	90%	100%
Radiology	100%	90%	100%
Pre-admission Testing	100%	90%	100%
Surgery	100%	90%	100%
Reconstructive Surgery Surgery is incidental to and follows Surgery that was covered under the plan	100%	90%	100%
Assistant Surgeon 20% of the primary surgeon's eligible fee	100%	90%	100%
Anesthesia	100%	90%	100%
Durable Medical Equipment	100%	90%	100%
Chiropractic Care Medical order or Treatment plan required	100%	90%	100%
Physical Therapy Medical order or Treatment plan required	100%	90%	100%
Extended Care Facility Upon direct transfer from an acute care Facility	100%	90%	100%

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Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Home Nursing Care • Provided by a Home Health Care Agency • Upon direct transfer from an acute care Facility	100%	90%	100%
Prescription Drugs and Medication Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the plan Maximum Limit per Period of Coverage			
Period of Coverage limit • Subject to the Coinsurance amounts listed below	If the Certificate of Insurance Maximum Limit is \$20,000 or \$100,000, the Prescription Drugs and Medications limit is up to the plan Maximum Limit If the Certificate of Insurance Maximum Limit is \$1,000,000, \$5,000,000 or \$8,000,000, the Prescription Drugs and Medications Maximum Limit is up to \$250,000 per Period of Coverage		
Inpatient and Outpatient Surgery Prescription Drugs and Medication	100%	90%	100%
Emergency Room and Outpatient Office Visits Prescription Drugs and Medication	100%	90%	100%
United States and International Retail Pharmacy Prescription Drugs and Medication • Dispensing maximum for Retail Pharmacy: 90 days per prescription	100%	90%	100%
The following Preventative Prescription limit accumulates toward the plan Maximum Limit per Period of Coverage			
Preventative Prescription Drugs and Medication • Limit: \$150	Not Applicable	Not Applicable	100%
Emergency Services NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Emergency Medical Evacuation • Approved in advance and coordinated by the Company	100%	100%	100%
Emergency Local Ambulance • Subject to Deductible and Coinsurance • Injury • Illness resulting in a Hospital admission	100%	90%	100%

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Emergency Services			
NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Emergency Reunion - Maximum Limit: \$100,000 - Maximum Day Limit: 15 - Meal Maximum Limit per Day: \$25 - Reasonable and necessary travel costs and accommodations - Approved in advance by the Company	100%	100%	100%
Interfacility Ambulance Transfer - Services rendered in the United States - Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission	100%	100%	100%
Political Evacuation - Maximum Limit: \$100,000 - Approved in advance by the Company	100%	100%	100%
Return of Minor Children - Maximum Limit: \$100,000 - Approved in advance by the Company	100%	100%	100%
Return of Mortal Remains - Maximum Limit: \$100,000 - Local Burial / Cremation Maximum Limit: \$5,000 - Return of Insured Person's Mortal Remains to Country of Residence - Approved in advance by the Company	100%	100%	100%
Other Services			
NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Accidental Death and Dismemberment	Accidental Death Principal Sum: Maximum Limit: \$50,000		
	Dismemberment:		
	<u>Loss</u>	<u>Percent of Principal Sum</u>	
	Sight of one eye	50%	
	One hand or one foot	50%	
	One hand and loss of sight in one eye	100%	
	One foot and loss of sight in one eye	100%	
	One hand and one foot	100%	
	Both hands and both feet	100%	
	Loss of sight in both eyes	100%	
The maximum benefit payable for all dismemberment or losses resulting from any one (1) Accident or Injury shall not exceed the Principal Sum.			

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Other Services NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Benefit	In-Network	Out-of-Network	International
Common Carrier Accidental Death - Maximum Limit per Insured Person: \$100,000 - Maximum per insured Child: \$25,000 - Maximum Limit per insured Family: \$250,000	100%	100%	100%
Emergency Dental - Limit: \$250 (Relief of sudden and unexpected pain to sound natural teeth) - Dental Injury - Subject to Deductible and Coinsurance	100%	100%	100%
Traumatic Dental Injury - Subject to Deductible and Coinsurance - Treatment at a Hospital due to an Accident - Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%	100%	90%	100%
Felonious Assault - Maximum Limit: \$10,000 - Independent of medical benefits - Refer to the FELONIOUS ASSAULT provision for further details	100%	100%	100%
Hospital Indemnity - Must be a United States citizen or resident Hospitalized in a Facility outside the United States - Maximum Limit per Overnight: \$250 - Maximum Overnight Limit: 10	100%	100%	100%
Incidental Trip Coverage - Maximum Day Limit: 14 - Services rendered in the United States - Refer to the INCIDENTAL TRIP provision for further details	100%	100%	100%
Identity Theft Maximum Limit: \$500	100%	100%	100%
Lost / Theft Luggage Maximum Limit: \$500	100%	100%	100%
Natural Disaster - Limit per Day: \$250 - Maximum days: 5	100%	100%	100%
Remote Transportation - Maximum Limit: \$5,000 - Lifetime Maximum: \$20,000 - Approved in advance by the Company	100%	100%	100%

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Benefit	In-Network	Out-of-Network	International
Small Pet Common Air Carrier Accidental Death • Maximum Limit: \$500	100%	100%	100%
Supplemental Accident • Maximum Limit per Accident: \$300	100%	100%	100%
Quarantine Daily Indemnity • Maximum Daily Limit: up to \$200 per day for necessary lodging expenses and meals • Maximum Day Limit: up to 15 days • Maximum Benefit Limit: \$3,000 • Proof of Quarantine mandate required from a Physician or state or governmental authority • Quarantine mandate resulted from Insured Person testing positive for or being exposed to someone who has tested positive for COVID-19/SARS-CoV2 or a variant of COVID-19/SARS-CoV2, or the Insured Person is symptomatic and has been tested for COVID-19/SARS-CoV2 and is awaiting diagnostic test results. • Available while in transit to or in the Destination Country but outside the Country of Residence • Refer to the QUARANTINE DAILY INDEMNITY provision for further details and requirements	100%	100%	100%
Terrorism	100%	100%	100%
Trip Interruption • Limit: \$10,000	100%	100%	100%

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