



American International Education
Foundation-Plan B
Customized Plan for Students above
the age of 30 and their families

Medical Summary

The following is a schedule of benefits for American International Education Foundation Plan A. The plan covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. All amounts shown are in U.S. dollars. *This is only a summary of proposed benefits and coverage. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in this summary. The certificate wording prevails over any information provided in this summary and is available upon request prior to purchase.*

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
	PLATINUM
Coverage Area	Worldwide Excluding Home Country
Rate Guarantee	12 months
Maximum Limit	Period of Coverage Maximum: Student: \$500,000 Dependent: \$150,000
Deductible	Outside of US/Canada: \$100 per Policy Period US PPO Provider: \$100 per Policy Period US NON PPO Provider: \$200 per Policy Period Student Health Center: \$100 per Policy Period
Coinsurance (following the applicable Deductible)	Outside of US/Canada: Plan pays 80% up to \$10,000 of Eligible Expenses Student Health Center: Plan pays 80% up to \$10,000 of Eligible Expenses US PPO Provider: Plan pays 80% up to \$10,000 of Eligible Expenses US Non PPO Provider: Plan pays 60% of the first \$10,000 of Eligible Expenses, then 100% thereafter
Hospital Services	
Inpatient Room & Board	URC
Intensive Care	URC
Emergency Room – Injury	URC
Emergency Room – Illness	Subject to an additional \$250 deductible if treatment does not require admittance to the hospital
Physician Visit	URC
Prescription Drugs	URC
Physical Therapy	URC – Limited to 1 per day
Mental & Nervous Disorders (including Substance Abuse)	URC – limited to \$10,000 LTM
Outpatient Services	
Physician Visit	URC
Prescription Drugs	50% of actual charges
Physical Therapy	URC -Limited to 1 per day
Mental & Nervous Disorders (including Substance Abuse)	Outpatient-\$50 per visit (limited to 1 visit per day) with a \$500 Per Period of Coverage Maximum

Other Services	
Eligible Medical Expenses	URC
Durable Medical Equipment	URC
Local Ambulance	Per Injury: Up to \$750 Per Illness (only if admitted Inpatient): Up to \$750
Maternity (subject to special Pre-Certification Requirements)	URC
Routine Newborn Care	\$750 maximum per Period of Coverage
Dental	For Injury due to covered Accident: \$500 For Sudden & Unexpected Pain: \$350
Terrorism Coverage	Up to \$50,000 Lifetime Maximum
Wellness (subject to a 12 month waiting period)	Up to \$1,000 per Calendar Year for Routine Physical Exams and Immunizations
Accidental Death & Dismemberment	Monthly Enrollees-\$10,000 Student, Spouse-\$5,000, Dependent Child-\$1,000 Short Term Enrollees-Student-\$70,000, Spouse-\$0, Dependent Child-\$0
Interscholastic/Intercollegiate Sports Coverage	URC for eligible expenses incurred while participating in organized interscholastic/intercollegiate or club sporting activities (non-professional) to a maximum of \$5,000 per Injury/Illness
Incidental Home Country Trip Coverage	Up to two (2) weeks accumulated
Pre-existing Conditions	After six (6) months of continuous coverage
Benefit Period	60 Days
Emergency Services	
Emergency Medical Evacuation	Up to \$250,000 Lifetime Maximum <i>(independent of the Maximum Limit)</i>
Emergency Reunion	Up to \$50,000 Maximum
Return of Mortal Remains	Up to \$50,000 Maximum