

*Global Underwriters Traveler Insurance*  
**SCHEDULE OF BENEFITS**

The Insurance afforded hereunder is only with respect to such and so many of the indemnities as are indicated by a specific amount set below each such indemnity listed in this Schedule of Benefits and is only with respect to Insured Persons in the Classes designated herein.

**Accidental Death and Dismemberment**  
*Aggregate Limit of Indemnity Per Accident \$.00*

<u>Type</u>	<u>Principal Sum</u>
I	\$ 100,000.00

Description of Loss  
 (for Loss of)

	<u>Principal Sum</u>
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side the dy)	50%
Uniplegia (total paralysis of one limb)	25%

*Accident Sickness Medical*

Accident/Sickness Medical Limit per Policy Period

<u>Type</u>	Per Insured Person
I	\$250,000.00

*Deductible: per Policy Period Per Each Insured Person – \$ 250.00 After the deductible the plan pays 100% of R&C up to the policy maximum*

*Outpatient prescription medicine is payable at: 100%*

Physiotherapy Medical Limit per Occurrence

<u>Type</u>	Per Insured Person
I	Inpatient \$1000 Outpatient \$1000

## ***Dental***

### *Accidental Dental Limit per Policy Period*

<u>Type</u>	Per Insured Person
I	\$100 per Tooth to a Maximum of \$250

### *Palliative Dental Limit per Policy Period*

<u>Type</u>	Per Insured Person
I	To a Maximum of \$100

## ***Spinal Manipulation***

### *Spinal Manipulation Outpatient Limit per Policy Period*

<u>Type</u>	Per Insured Person
I	\$1000 up to \$50 per Outpatient Visit to a Maximum of 20 visits

## ***Emergency Medical Evacuation/Repatriation***

### *Emergency Medical Evacuation/Repatriation Limit per Lifetime*

<u>Type</u>	Per Insured Person
I	\$ 50,000.00

## ***Return of Mortal Remains or Cremation***

### *Return of Mortal Remains/Cremation Limits per Occurrence*

<u>Type</u>	Per Insured Person
I	\$ 15,000.00

## ***Emergency Medical Reunion***

### *Emergency Medical Reunion Limit per Occurrence*

<u>Type</u>	Per Insured Person
I	\$ 10,000.00 to include Round Trip Economy Airfare and a \$50 per day and Lodging per Diem to a maximum of 14 days