



Also known as

missions IQ

MissionSafe

Email: Service@MissionsIQ.com

1-800-682-3461

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 <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Through age 69 years: \$1,000,000 Ages 70 to 79: \$100,000 Ages 80+: \$20,000 Option 2 selected on Application: <ul style="list-style-type: none"> Through age 69 years: \$5,000,000 Option 3 selected on Application: <ul style="list-style-type: none"> Through age 69 years: \$8,000,000 		
Benefit Plan Features			
Benefit Levels <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> In addition to Deductible 	Plan pays 100% Insured pays 0%	Plan pays 90% Insured pays 10%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$0	\$500	\$0
Pre-certification			
<ul style="list-style-type: none"> 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			
<ul style="list-style-type: none"> For United States citizens <ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Average semi-private room rate • Includes nursing, miscellaneous and Ancillary services 	100%	90%	100%
Intensive Care <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Surgery is incidental to and follows Surgery that was covered under the plan 	100%	90%	100%
Assistant Surgeon <ul style="list-style-type: none"> • 20% of the primary surgeon's eligible fee 	100%	90%	100%
Anesthesia	100%	90%	100%
Durable Medical Equipment	100%	90%	100%
Chiropractic Care <ul style="list-style-type: none"> • Medical order or Treatment plan required 	100%	90%	100%
Physical Therapy <ul style="list-style-type: none"> • Medical order or Treatment plan required 	100%	90%	100%
Extended Care Facility <ul style="list-style-type: none"> • Upon direct transfer from an acute care Facility 	100%	90%	100%

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.

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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Approved in advance and coordinated by the Company 	100%	100%	100%
Emergency Local Ambulance <ul style="list-style-type: none"> • Subject to Deductible and Coinsurance • Injury • Illness resulting in a Hospital admission 	100%	90%	100%

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.

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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Maximum Limit: \$100,000 Approved in advance by the Company 	100%	100%	100%															
Return of Minor Children <ul style="list-style-type: none"> Maximum Limit: \$100,000 Approved in advance by the Company 	100%	100%	100%															
Return of Mortal Remains <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Maximum Limit: \$50,000 																	
	Dismemberment: <table border="0"> <thead> <tr> <th><u>Loss</u></th> <th><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of one eye</td> <td>50%</td> </tr> <tr> <td>One hand or one foot</td> <td>50%</td> </tr> <tr> <td>One hand and loss of sight in one eye</td> <td>100%</td> </tr> <tr> <td>One foot and loss of sight in one eye</td> <td>100%</td> </tr> <tr> <td>One hand and one foot</td> <td>100%</td> </tr> <tr> <td>Both hands and both feet</td> <td>100%</td> </tr> <tr> <td>Loss of sight in both eyes</td> <td>100%</td> </tr> </tbody> </table> <p>The maximum benefit payable for all dismemberment or losses resulting from any one (1) Accident or Injury shall not exceed the Principal Sum.</p>			<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
<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%																	

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.

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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Maximum Limit: \$10,000 Independent of medical benefits Refer to the FELONIOUS ASSAULT provision for further details 	100%	100%	100%
Hospital Indemnity <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Maximum Day Limit: 14 Services rendered in the United States Refer to the INCIDENTAL TRIP provision for further details 	100%	100%	100%
Identity Theft <ul style="list-style-type: none"> Maximum Limit: \$500 	100%	100%	100%
Lost / Theft Luggage <ul style="list-style-type: none"> Maximum Limit: \$500 	100%	100%	100%
Natural Disaster <ul style="list-style-type: none"> Limit per Day: \$250 Maximum days: 5 	100%	100%	100%
Remote Transportation <ul style="list-style-type: none"> Maximum Limit: \$5,000 Lifetime Maximum: \$20,000 Approved in advance by the Company 	100%	100%	100%

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.

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
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%

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.