



BEACON STUDENT PLAN

INTERNATIONAL TRAVEL AND
MEDICAL INSURANCE

Coverage Anywhere.
Value Everywhere.

APPLY TODAY

For a free quote call 888.201.8850 or 317.644.0291
Email service@azimuthrisk.com to get started

www.azimuthrisk.com



TRAVEL INSURANCE. IT'S THAT IMPORTANT.

Traveling internationally and studying abroad can prove to be enriching and an exciting life experience, but both hold plenty of risks that may not be covered by your current health insurance plan. For example, what would you do if you suffered a severe injury, were involved in a serious traffic accident while exploring a foreign city or became seriously ill and needed to visit a hospital? Will your current health insurance plan always be available or capable of helping you in an emergency during your time abroad?

SCHEDULE OF BENEFITS*

MEDICAL COVERAGE

Maximum Limits - Per Coverage Period

Maximum Sub-Limits - Per Illness or Injury

Pre-existing Conditions Waiting Periods

Deductibles

Coinsurance - Claims Incurred Inside the US or Canada
(Coinsurance will be waived for Eligible Expenses Incurred with the PPO Network or Student Health Center)

Coinsurance - Claims Incurred Outside the US or Canada

HOSPITAL SERVICES

Pre-Certification Penalty

Hospital Room and Board

Intensive Care Unit

Emergency Room - Illness/Accident

OUTPATIENT SERVICES

Physician Visit

Physical Therapy / Chiropractic Care
(Must be Referred by a Licensed Physician)

Mental & Nervous Disorders /Alcohol & Substance Abuse
(Available after 90 days of continuous coverage)

OTHER SERVICES

All other Eligible Medical Expenses

Maternity Care for a Eligible Pregnancy

Newborn Care (Routine Nursery)

Therapeutic Termination of Pregnancy

Local Ambulance

Durable Medical Equipment

Dental (Injury as Result of an Accident)

Dental (Acute Onset of Pain)

Prescription Drugs

Emergency Medical Evacuation
(Not Subject to Deductible or Coinsurance)

Emergency Reunion

Repatriation of Remains (Not Subject to Deductible or Coinsurance)

Terrorism

Optional Sports Rider (Intercollegiate/Interscholastic/Intramural/ Club)

Accidental Death & Dismemberment

* This is a consolidated and summary description of benefits and limits. A full

| BEACON ELITE | BEACON ADVANTAGE | BEACON CHOICE |
|---|---|--|
| \$500,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child) | \$250,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child) | \$200,000 (Participating Member) No dependent coverage |
| \$500,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child) | \$250,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child) | \$100,000 (Participating Member) No dependent coverage |
| 180 Days | 180 Days | 365 Days (\$25,000 Sub-Limit for an Acute Onset of a Pre-existing Condition) |
| \$50 per Illness or Injury, \$25 per Illness or Injury within PPO Network or the Student Health Center | \$90 per Illness or Injury, \$45 per Illness or Injury within PPO Network or the Student Health Center | \$100 per Illness or Injury, \$50 per Illness or Injury within PPO Network or the Student Health Center |
| The plan pays 80% of the next \$5,000 after the Deductible for Eligible Expenses, then 100% to the Coverage Period Maximum Limit | The plan pays 80% of the next \$25,000 after the Deductible for Eligible Expenses, then 100% to the Coverage Period Maximum Limit | The plan pays 80% of Eligible Expenses after the Deductible |
| The plan pays 100% of all Eligible Expenses to the Coverage Period Maximum Limit, after the Deductible | | |
| | | |
| 50% reduction of all Eligible Expenses | | |
| Average semi-private room rate | | |
| Usual, Reasonable and Customary Charges | | |
| Usual, Reasonable and Customary Charges. Subject to an additional \$250 Deductible if Illness or Injury does not result in Hospitalization. | | |
| | | |
| Usual, Reasonable and Customary Charges | | |
| \$60 Maximum Sub-Limit per visit, 1 visit per day, Maximum 15 visits per Coverage Period | \$60 Maximum Sub-Limit per visit, 1 visit per day, Maximum 10 visits per Coverage Period | \$25 Maximum Sub-Limit per visit, 1 visit per day, Maximum 10 visits per Coverage Period |
| Plan pays 80% within the PPO Network and 60% outside the PPO, Inpatient or Outpatient Treatment, Maximum Limit of 30 visits | \$60 per day, \$500 Maximum Sub-Limit for Outpatient Treatment, \$10,000 Maximum Sub-Limit for Inpatient Treatment | \$50 per day, \$500 Maximum Sub-Limit for Outpatient Treatment, \$10,000 Maximum Sub-Limit for Inpatient Treatment |
| | | |
| Usual, Reasonable, and Customary Charges | | |
| Usual, Reasonable, and Customary Charges | | No coverage |
| \$750 Maximum Sub-Limit per Coverage Period | \$250 Maximum Sub-Limit per Coverage Period | No coverage |
| \$500 per Coverage Period, \$1,000 Maximum Sub-Limit | | No coverage |
| Up to \$750 per Illness or Injury when covered Illness or Injury results in Hospitalization | Up to \$500 per Illness or Injury when covered Illness or Injury results in Hospitalization | Up to \$300 per Illness or Injury when covered Illness or Injury results in Hospitalization |
| Usual, Reasonable and Customary Charges. Limited to a standard hospital bed and/or wheelchair | | |
| \$250 Maximum per tooth, \$500 Maximum Sub-Limit per Coverage Period, Only available for Policies purchased for 90 days or more | | No coverage |
| \$100 Maximum Sub-Limit per Coverage Period | | No coverage |
| The Plan will reimburse up to 50% of cost, Generic Drugs only | | |
| \$400,000 (Participating Member) \$60,000 (Spouse) \$50,000 (Dependent Child) Maximum Sub-Limit | | |
| \$5,000 Maximum Sub-Limit | \$1,000 Maximum Sub-Limit | \$1,000 Maximum Sub-Limit |
| \$50,000 Maximum Sub-Limit | \$25,000 Maximum Sub-Limit | \$7,500 Maximum Sub-Limit |
| \$50,000 Maximum Sub-Limit, Medical Expenses Only | | No coverage |
| \$5,000 Maximum Sub-Limit | \$1,000 Maximum Sub-Limit | No coverage |
| \$25,000 (Participating Member) \$10,000 (Spouse) \$5,000 (Dependent Child) Maximum Principal Sums | No coverage | No coverage |

Full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.

WHO IS AZIMUTH RISK SOLUTIONS?

Headquartered in Indianapolis, Indiana, Azimuth Risk Solutions, LLC (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry. Azimuth's mission is to provide the finest value combination of product offering, administration and client service available in the international health, travel and life insurance market.

If it is important to you to do business with an organization that is committed to service excellence, ethical conduct and philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Managing Agency for our insurer, certain Underwriters at Lloyd's, London and the Scheme Administrator for the Beacon Series.

WHO IS LLOYD'S LONDON?

The preeminent name in international insurance is Lloyd's, London. The largest, oldest and most respected in the insurance market is the insurer on all Azimuth's plans. You will have the security of knowing that you are working with an insurer which has paid every valid claim presented for more than 325 years. Lloyd's is 'A' rated by AM Best and Standard & Poor's for their superior ability to pay claims

GROUP RATES FOR PLAN OPTIONS

ELITE PLAN

| AGE BAND | MEMBER ONLY | MEMBER SPOUSE | MEMBER CHILD | MEMBER FAMILY |
|----------|-------------|---------------|--------------|---------------|
| Under 19 | \$ 2.48 | N/A | N/A | N/A |
| 19 - 24 | \$ 2.48 | \$ 10.65 | \$ 6.44 | \$ 24.28 |
| 25 - 30 | \$ 3.72 | \$ 14.88 | \$ 7.78 | \$ 28.60 |
| 31 - 40 | \$ 7.32 | \$ 19.72 | \$ 8.60 | \$ 38.22 |
| 41 - 50 | \$ 14.05 | \$ 30.28 | \$ 15.34 | \$ 41.86 |
| 51 - 64 | \$ 19.55 | \$ 36.58 | \$ 20.00 | \$ 49.72 |

ADVANTAGE PLAN

| AGE BAND | MEMBER ONLY | MEMBER SPOUSE | MEMBER CHILD | MEMBER FAMILY |
|----------|-------------|---------------|--------------|---------------|
| Under 19 | \$ 1.36 | N/A | N/A | N/A |
| 19 - 24 | \$ 1.36 | \$ 8.48 | \$ 4.30 | \$ 11.25 |
| 25 - 30 | \$ 2.75 | \$ 8.65 | \$ 4.60 | \$ 11.45 |
| 31 - 40 | \$ 4.32 | \$ 10.25 | \$ 5.48 | \$ 13.36 |
| 41 - 50 | \$ 9.10 | \$ 19.20 | \$ 12.20 | \$ 24.35 |
| 51 - 64 | \$ 13.36 | \$ 22.48 | \$ 16.50 | \$ 28.30 |

CHOICE PLAN

| AGE BAND | MEMBER ONLY |
|----------|-------------|
| Under 19 | \$ 0.89 |
| 19 - 24 | \$ 0.89 |
| 25 - 30 | \$ 1.92 |
| 31 - 40 | \$ 3.32 |
| 41 - 50 | \$ 7.30 |
| 51 - 64 | \$ 10.70 |

(Rates are per Participating Member per day)

No rates are final until documented in writing by Azimuth Risk Solutions, LLC