

SCHEDULE OF BENEFITS

PREMIUM DUE DATE: Quarterly in arrears, on or before the last day of the month following the close of the quarter.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

- Class 1 Relief Doctors, Relief Workers, Pilots, Workers including Relief Missionaries, Student Missionaries and Adventist Volunteer Service Workers, Sustentation Volunteer Workers who are serving outside the United States and who are approved by the Participating Organization.
- Class 2 All regular missionaries of the Participating Organization (not Classes 1 or 3) who are serving outside of the United States.
- Class 3 All participants (not Classes 1 or 2) authorized by the Participating Organization for specified short term trips.

Dependents of Class(es) 1, 2 and 3 Insureds are eligible for Coverage under this Policy.

COVERED ACTIVITIES:

Classes 1 and 2 and
Dependents of Classes 1
and 2: Travel Coverage
Exposure & Disappearance

Class 3 and Dependents
of Class 3: Specified Trip Coverage
Exposure & Disappearance

Travel Coverage

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to 365 days;
3. on business for the Participating Organization; and
4. in the course of the Participating Organization's business.

Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

Specified Trip Coverage

The Covered Accident or Sickness must take place while:

1. traveling or making a short stay away from the Covered Person's Home Country; and

2. on business for the Participating Organization ; and
3. in the course of the Participating Organization's business; and
4. traveling on a trip sponsored by the Participating Organization as on file with the Company reported annually.

BENEFITS

	Class 1	Class 2 & Dependents of Class 2	Class 3	Dependent Spouse of Classes 1 & 3	Dependent Child(ren) of Classes 1 & 3
Medical Expense Benefit (This benefit ends at age 80)					
Maximum for all Accident or Sickness Expenses					
if covered by Workers' Compensation:	\$1,000	n/a	n/a	n/a	n/a
if not covered by Workers' Compensation:	\$50,000	n/a	\$50,000	\$50,000	\$50,000
Maximum For Specified Diseases*:					
if covered by Workers' Compensation:	\$1,000	n/a	n/a	n/a	n/a
if not covered by Workers' Compensation:	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Maximum for Chiropractic Expenses:	90% of Usual and Customary Charges, up to \$35 per visit for up to 25 visits per Injury or Sickness	n/a	90% of Usual and Customary Charges, up to \$35 per visit for up to 25 visits per Injury or Sickness	90% of Usual and Customary Charges, up to \$35 per visit for up to 25 visits per Injury or Sickness	90% of Usual and Customary Charges, up to \$35 per visit for up to 25 visits per Injury or Sickness
Maximum for Dental Treatment					
Injury Only:	\$250 per tooth	n/a	\$250 per tooth	\$250 per tooth	\$250 per tooth
Alleviation of Pain:	\$500 per occurrence	n/a	\$500 per occurrence	\$500 per occurrence	\$500 per occurrence
Maximum for Pregnancy:	\$7,500	n/a	n/a	Class 1: \$7,500 Class 3: n/a	n/a
Maximum for Well Baby Care includes routine examination and vaccinations:	\$1,000 per Policy Term up to age 2	n/a	n/a	n/a	n/a
Maximum for Room & Board Charges:	average semi-private room rate				
Maximum for Mental and Nervous Disorders:	\$5,000	n/a	\$5,000	\$5,000	\$5,000
Maximum for Prescription Drugs (Inpatient or Outpatient):	100% of the Usual & Customary Charges				

	Class 1	Class 2 & Dependents of Class 2	Class 3	Dependent Spouse of Classes 1 & 3	Dependent Child(ren) of Classes 1 & 3
Deductible	\$150 per Policy Term	n/a	\$150 per Policy Term	\$150 per Policy Term	\$150 per Policy Term
Co-insurance Rate	90% of the Usual & Customary Charges up to \$3,500, 100% thereafter. Maximum Co-insurance out-of-pocket expense is \$350 per Policy Term				
Incurral Period	30 days after the date of Covered Accident or Sickness				
Maximum Benefit Period for Specified Diseases*:	3 years				
All other Covered Expenses:	the earlier of the date the Covered Person returns to his or her Home Country, or 104 weeks from the date of a Covered Accident or Sickness				
Emergency Medical Evacuation Benefit					
Benefit Maximum:	100% of the Covered Expenses				
Emergency Reunion Benefit					
Benefit Maximum:	\$5,000				
Daily Benefit Maximum:	\$300				
Maximum Number of Days:	10				
Repatriation of Remains Benefit					
Benefit Maximum:	100% of the Covered Expenses				
Aggregate Limit	Benefit Maximum: \$2,000,000 per covered aircraft				
We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.					
Accidental Death & Dismemberment Benefit					
Principal Sum:	\$50,000	n/a	\$50,000	\$25,000	\$5,000
Time Period for Loss:	365 days from the date of a Covered Accident	n/a	365 days from the date of a Covered Accident	365 days from the date of a Covered Accident	365 days from the date of a Covered Accident
Disability Benefit (Permanent Total Disability)					
Benefit Waiting Period:	12 months	n/a	12 months	n/a	n/a
Maximum Benefit Period:	365 days	n/a	365 days	n/a	n/a
Monthly Benefit Amount:	1% of the Principal Sum	n/a	1% of the Principal Sum	n/a	n/a
Owned, Leased, or Controlled Aircraft Benefit					
Benefit Maximum:	100% of Principal Sum	n/a	100% of Principal Sum	100% of Principal Sum	100% of Principal Sum
Description of Aircraft Covered:	as on file with the Company	n/a	as on file with the Company	as on file with the Company	as on file with the Company

*Specified Diseases are: Poliomyelitis, Spinal Meningitis, Diphtheria, Scarlet Fever, Smallpox, Leukemia, Encephalitis, Tetanus, Rabies, Elephantiasis, Tularemia, Viral Hepatitis, Malaria, Amoebiasis, Schistosomiasis, Cancer or Tuberculosis.

INITIAL PREMIUM RATES PER MONTH:

	Age						
	<40	40-49	50-59	60-64	65-69	70-80	80-100
Classes 1							
Insured Only:	\$25.02	\$39.42	\$48.43	\$55.55	\$63.93	\$81.04	\$18.35
Insured + One Dependent:	\$53.48	\$67.36	\$79.23	\$99.25	\$127.01	\$145.02	\$28.52
Insured + Family:	\$58.22	\$104.04	\$106.64	\$124.15	\$151.89	\$169.90	\$53.36
Class 1 Insureds who have attained age 80 may continue Medical Expense Benefits for a spouse under age 80 by paying an additional premium of \$60.63 per month.							
Class 2							
Insured Only:	\$8.37	\$8.37	\$9.08	\$12.51	\$12.51	\$12.51	\$12.51
Insured + One Dependent:	\$15.76	\$15.76	\$16.99	\$19.91	\$19.91	\$19.91	\$19.91
Insured + Family:	\$23.22	\$23.22	\$24.64	\$27.43	\$27.43	\$27.43	\$27.43

Class 3

Insured Only: \$43.19
 Insured + One Dependent: \$89.79
 Insured + Family: \$113.78

War Risk Coverage is subject a minimum and deposit of \$10,920.00 for the policy term, subject to an annual audit in arrears.