

<b>COVERAGES</b>		<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
TOTAL BENEFIT <i>PER CONDITION</i> ←	Some plans have a misleading overall \$1,000,000 maximum. It is misleading if there is a per condition maximum. It is usually \$50,000 to \$250,000. That will be your actual benefit for any one condition. Use that to compare the benefit.			
BENEFITS (covered at what %)				
OUTPATIENT LIMIT ←	Some plans have internal limits on these benefits - \$750 for outpatient, \$1,500 for hospitalization or \$5,000 for surgery. These are misleading and inadequate – it makes it difficult or impossible to reach the overall plan maximum.			
HOSPITALIZATION LIMITS ←				
SURGERY LIMITS ←				
DEDUCTIBLE OR COPAY WITH HEALTH SERVICE REFERRAL				
DEDUCTIBLE OR COPAY WITHOUT HEALTH SERVICE REFERRAL				
PRESCRIPTIONS	If you have a current medical condition, or have a previous medical condition, be sure to read this language carefully to make sure you purchase an appropriate plan			
PRE EX CONDITION LIMITATION ←				
MATERNITY				
EXCLUSIONS / LIMITATIONS ←	READ EXCLUSIONS CAREFULLY. Look for exclusions re: sports, hazardous activities (may include skiing), motor vehicles, etc. that you may wish to have covered			
HOME COUNTRY COVERAGE				
REPATRIATION				
MEDICAL EVACUATION				
<b>RATES</b>				