

SCHEDULE OF BENEFITS—SUMMARY

PART A : When your covered injury or sickness requires treatment by a physician, the policy will provide benefits while your coverage is in force for the usual and customary (U&C) charges subject to the maximums shown below which exceed the **\$75/\$250 deductible per person for each injury and each sickness (18-69 Age group)**. Payment for any covered service will be no more than the benefit limit shown for it. The total amount payable by all benefits will be no more than the stated policy maximum for each injury and each sickness. 70 plus visitors with \$500 deductible will have the same benefits as 18-69 years olds under the \$50,000 program.

Injury & Sickness Benefits

Covered Services	\$50, 000 Policy Max	\$100, 000 Policy Max	\$150, 000 Policy Max
1. INPATIENT			
Hospital Room and Board and Miscellaneous	\$1,300 Max a day, to 30 days (U&C)	\$1,750 Max a day to 30 days (U&C)	\$1,900 Max a day, to 30 days (U&C)
Hospital Intensive Care Unit	\$525 Max additional a day, to 8 days (U&C)	\$750 Max additional a day, to 8 days (U&C)	Up to \$850 Max additional a day, to 8 days (U&C)
Surgical Treatment	U&C Charges up to \$3,000 Max	U&C Charges up to \$5,000 Max	U&C Charges up to \$6,000 Max
Anesthetist	25% of surgical treatment benefit (Max \$750)	25% of surgical treatment benefit (Max \$1,250)	25% of Surgical Treatment Benefit (Max \$1,500)
Assistant Surgeon	25 % of surgical treatment benefit (Max \$750)	25% of surgical treatment benefit (Max \$1,250)	25% of Surgical Treatment Benefit (Max \$1,500)
Physician's Non-Surgical Visits	U&C Charges up to \$60 Max a visit, 1 visit a day, to 30 visits	U&C Charges up to \$100 Max, 1 visit a day, to 30 visits	U & C Charges up to \$125 Max a visit, 1 visit a day, to 30 visits
Consultant Physician, when requested by attending physician	U&C Charges up to \$400 Max	U&C Charges up to \$450 Max	U&C Charges up to \$500 Max
Pre-Admission Tests within 7 days before hospital admission	U&C Charges up to \$1,000 Max	U&C Charges up to \$1,100 Max	U&C Charges up to \$1,200 Max
2. OUTPATIENT			
Day Surgery Miscellaneous, related to major scheduled surgery performed at hospital or licensed outpatient surgery center, including the cost of operating room, anesthesia drugs and medicines and medical supplies	U&C Charges up to \$1,000 Max	U&C Charges up to \$1,100 Max	U&C Charges up to \$1,200 Max
Surgical Treatment	U&C Charges up to \$3,000 Max	U&C Charges up to \$5,000 Max	U&C Charges up to \$6,000 Max
Anesthetist	25% of surgical treatment benefit (Max \$750)	25 % of surgical treatment benefit (Max \$1,250)	25% of the surgical treatment (Max \$1,500)
Assistant Surgeon	25% of surgical treatment benefit (Max \$750)	25% of surgical treatment benefit (Max \$1,250)	25% of the surgical treatment (Max \$1,500)
Physician's Non-Surgical Visits	U&C Charges up to \$60 Max a visit, 1 visit a day, to 10 visits	U&C Charges up to \$100 Max a visit, 1 visit a day, to 10 visits	U&C Charges up to \$125 a visit, 1 visit a day, to 10 visits
Diagnostic X-Rays and Lab Services	U&C Charges up to \$400 Max	U&C Charges up to \$650 Max	U&C Charges up to \$750 Max
CAT Scan, PET Scan or MRI	Up to \$400 Max additional	Up to \$650 Max additional	Up to \$1000 additional
Hospital Emergency Room	75% of U&C Charges up to \$350 Max	75% of U&C Charges up to \$500 Max	75% of U&C Charges up to \$750 Max
Prescription Drugs	U&C Charges up to \$100 Max	U&C Charges up to \$150 Max	U&C Charges up to \$200 Max
3. OTHERS			
Ambulance Services	U&C Charges up to \$400 Max	U&C Charges up to \$450 Max	U&C Charges up to \$500 Max
Initial Orthopedic Prosthesis or Brace	U&C Charges up to \$1,000 Max	U&C Charges up to \$1,100 Max	U&C Charges up to \$1,200 Max
Dental Treatment Injury to Sound, Natural Teeth Due to Accident	U&C Charges up to \$450 Max	U&C Charges up to \$500 Max	U&C Charges up to \$550 Max
Chemotherapy and/or Radiation Therapy	U&C Charges up to \$1,000 Max	U&C Charges up to \$1,150 Max	U&C Charges up to \$1,250 Max
Maternity Benefit (conception must occur after 120 days of coverage)	U&C Charges up to \$4,500 Max	U&C Charges up to \$5,000 Max	U&C Charges up to \$5,500 Max
Physical and Occupational Therapy	U&C Charges up to \$35 Max a visit, 1 visit a day, to 12 visits	U&C Charges up to \$45 Max a visit, 1 visit a day, to 12 visits	U&C Charges up to \$50 Max a visit, 1 visit a day, to 12 visits
Private Duty Nurse	U&C Charges up to \$400 Max	U&C Charges up to \$500 Max	U&C Charges up to \$550 Max
Medical Evacuation	\$15,000 Max	\$20,000 Max	\$25,000 Max
Accidental Death and Dismemberment Indemnity	\$25,000 Max	\$25,000 Max	\$25,000 Max

Pre-existing Coverage Rider: \$15,000 with \$100,000 and \$20,000 with \$150,000 policies for 18-69 years old; and \$3,000 for 70 Plus with \$50,000 policy.

PART B: MEDICAL EVACUATION AND REPATRIATION: Contact AIU Assist for these services at (800) 626-2427 or call collect from outside the United States at 1-713-267-2525 (24 hours a day, 7 days a week).

EVACUATION : If an injury or sickness occurs during the period of coverage and medical evacuation is recommended and approved by the attending physician, and all procedures of the evacuation provider are followed, benefits will be paid for the evacuation of the insured to his/her natural country, or nearest appropriate location at the Insurer's discretion. No additional benefits will be paid under the basic or major medical coverage.

REPATRIATION BENEFIT: \$10,000 with \$50,000; \$15,000 with \$100,000; and \$20,000 with \$150,000 Policy : If an injury or sickness results in the loss of life during the period of coverage, the insurer will pay the expenses for the preparation and transportation of the body to the Insured Person's home country.

ACCIDENT DEATH AND DISMEMBERMENT: The company shall pay an indemnity determined from the Table of Losses if an insured person sustains a loss stated there in resulting from injury.

RENEWAL OF COVERAGE

Program coverage can be extended by completing Online Renewal Form before the expiry date of current coverage. Online forms can be found on the web:

<http://www.kvrao.org>
<http://health.indnet.org>

For loss of:	Indemnity
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half of Principal Sum
Sight of One Eye	One-Half of Principal Sum

**HEALTH INSURANCE ADMINISTRATOR
INDIA NETWORK SERVICES, USA
407-258-8346 *800-490-9678 *408-850-2154
CLAIMS OFFICE
AMERICAN INTERNATIONAL UNDERWRITERS
A & H DIVISION—(800) 551-0824**

India Network Foundation, USA

Serving the community
Since 1988

ACCIDENT and HEALTH INSURANCE WITH Pre-existing Condition Coverage For All

Great Many Unique Features

Free Doctor Consultation with pre-existing conditions rider, Online Quote, Application Instant ID card & Online Claim submission
24 x7 AIU Assist to help Policy Holders

Health Plan for Residents, Visitors, Students, Temporary Workers, & their Families

**WWW.KVRAO.ORG
WWW.INDIANETWORK.ORG**

**Phone: (407) 258-8346
Toll Free: (800) 490-9678
Fax: (407) 479-3289**

Information available online at:

www.kvrao.orgwww.kvrao.com health.indnet.org

Pre-Existing Condition Coverage Rider: This option is available with minimum plan purchase of 3 or more months and with \$100K and \$150K policies for 18-69 years old; and with 50K policy for 70 Plus. Coverage available under this rider is limited to following amount: \$15,000 with \$100,000; \$20,000 with \$150,000 policy; and \$3,000 with 50K policy for 70 Plus.

Rider coverage for pre-existing conditions is limited to Acute onset of pre-existing health conditions. This condition is defined as sudden and unexpected outbreak or recurrence of a pre-existing health condition which occurs spontaneously and without advance warning either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the outbreak. Treatment must be obtained within 24 hrs of the sudden and unexpected outbreak or recurrence.

Assistance Services: AIU Assist, Inc. can help travelers with medical emergencies by:

⇒ Medical evacuation & treatment en-route if necessary

⇒ Repatriation remains in the event of insured's death

⇒ Medical emergencies and many other services (see web)

The AIU Assist communications network is available 24 hours a day, seven days a week to provide assistance to the insured.

Inside the United States/Canada call 1 (800) 626-2427

Outside United States/Canada call collect 01-713-267-2525

CLAIMS

Claims process begins by submitting a duly completed online claim form found on the web site under '**Claims**'. The claim form has two sections—First section should be completed online by the insured; and the second section should be completed by the provider (physician's office or hospital, etc.).

Providers or Insured can submit the fully completed claim form to AIU Claims Office below.

CLAIM FORMS SHOULD BE MAILED TO:

**American International Underwriters (AIU)
Accident & Health Claims Division
P.O. Box 25987
Shawnee Mission, KS 66225**

Claim Questions: All claims related questions should be addressed to AIU Claims Office after claims have been submitted; and more than six weeks elapsed. Contact claims office between 8.00 a.m. and 5.00 PM (ET) Monday through Friday. at:

1 (800) 551-0824

NOTE TO POLICY HOLDERS

PLEASE PROVIDE A COPY OF THIS BROCHURE, COPY OF THE INSURANCE ID CARD, AND CLAIM FORM TO PHYSICIANS, HOSPITALS, XRAYs, LAB TESTS, Etc..

Keep this brochure with you as a summary of Coverage. No Individual Policies will be issued.

INDIA NETWORK

ACCIDENT AND SICKNESS MEDICAL INSURANCE

This brochure contains the provisions of the plan. The master policies (GLB-9112772, GLB-9112773 and GLB-9112774) are held by the India Network Foundation. The plan is administered by India Network Services and underwritten by The Insurance Company of the State of Pennsylvania, a Member Companies of American International Underwriters, Inc. (AIU).

Insurance Eligibility:

All non-US citizens and their eligible dependants (if coverage has been elected), while visiting or residing in USA or Canada. Eligible dependents are any of the following persons while accompanying the Member in the USA: the Member's legal spouse, and their unmarried dependent children under 19 years old (unless incapable of self-sustaining employment due to physical or mental handicap). If adoption, birth or marriage occurs while the Member is covered by this plan, the member will have 30 days within which to pay the required additional premium to enroll any newly eligible dependents for the remainder of the Member's period of coverage.

MONTHLY PREMIUM RATES (\$75 Deductible)

Premiums for \$250 (18-69 age) can be found at <http://www.kvrao.org> or

<http://www.kvrao.com>. **Add 25% additional Premium for pre-existing coverage rider to 18-69 yrs old with \$100K & \$150K policies; and 16% additional**

Age Group	Coverage Category	Single	Couple	Couple & Children	Single & Children
18-49	\$50k	57	114	223	160
18-49	\$100k	81	162	314	226
18-49	\$150k	104	208	400	287
50-69	\$50k	83	166	294	195
50-69	\$100k	120	240	415	275
50-69	\$150k	156	312	527	349

Age Group	Coverage	Deductible	Single	Couple
70-79	\$50k	\$500	165	330
80-89	\$50k	\$500	211	422

premium to 70 Plus members premium rates. Members with pre-existing coverage rider are eligible to receive ONE Free Doctor Consultation Program during their stay.

Members may enroll for coverage, subject to the following Rules: 15 days premium is the minimum acceptable premium; twelve month's premium is the maximum acceptable premium; and the full premium for entire stay in USA is payable at the time of enrollment. Days coverage is available for renewing applicants. Continuous coverage may be purchased for no more than 36 months.

Insurance Enrollment (How to Signup or renew the Policy?):

Enrollment into this program can be done in following ways:

- ⇒ Complete and submit online India Network Membership Form under the **Online Forms Link** at <http://www.kvrao.org> or <http://www.kvrao.com> or <http://health.indianetwork.org>
- ⇒ Complete and submit online Insurance Enrollment Form available under the **Online Forms Link** at the above mentioned websites.
- ⇒ On Successful completion of online application, ID cards will be produced on the web page for your record and as proof of insurance.

Membership and Health Insurance forms can also be downloaded from our websites and faxed to (407) 479-3289 with proper credit card authorization for membership and premium. The India Network Services will mail the insurance card, certificate of insurance to India Network member address in US and Canada for coverage of more than one month. Monthly renewal applicants may print their ID cards from the web at the end of filing application.

Effective Policy Coverage & Termination Dates

The Master Policy anniversary date is June 1. Coverage of members and their eligible dependents enrolled in this plan will begin at 12:01 AM on the latest of the following dates, whichever is applicable: the Master Policy's effective date; the departure date from home country; the date that India Network Services receives the insurance enrollment form and premium due. An exception being, when insured is hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex, on the date the insurance would normally become effective, the coverage will take effect seven days after such hospital confinement/disability terminates, subject to pre-existing condition exclusion.

Coverage of the Insured will end at 12:01 AM on the last day of the period through which the premium is paid, but not more than 48 hours after departure from the USA. Coverage of insured dependents will end when the insured member's coverage ends. This coverage will not duplicate benefits available from other valid and collectible insurance. If an Insured's injury or sickness is due to act or omission of another, benefits payable by this plan are subject to recovery from amounts eventually paid to the Insured by, or on behalf of, the other person.

Coverage for an Insured individual will be considered as continuous during consecutive periods of insurance under this Policy when premium payment is received by the Administrator on or before the termination of the last coverage. The Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

Definitions:

Injury means bodily injury: (1) directly and independently caused by specific accident which is unrelated to any pathological, functional, or structural disorder of injury, (2) treated by a physician within 30 days after the date of accident; and (3) which causes loss during the term of the policy.

Sickness means: sickness or disease of the insured Person, which causes loss and originates while the Insured Person is covered under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

Pre-Existing Condition means: any Injury or Sickness that manifested itself, or for which a Physician was consulted, or for which treatment or medication was prescribed within 6 months (12 months for insured's age 70 and older) prior to the effective date of Insured Person's coverage.

Usual and Customary Charges means (U&C): a reasonable charge which is: (1) usual and customary when compared with the charges made for similar services and supplies; and (2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Exclusions:

- No benefits will be paid for loss or expense caused by, contributed to, or resulting from: Preexisting Conditions; except for: a) for individuals who have been continuously insured for six months (12 months for 70+ aged) under the policy issued to the Policyholder and b) as specifically provided for newborn infants.
- Any loss that occurs while traveling solely for the purpose of obtaining medical treatment while on a waiting list for a specific treatment, or while traveling against the advice of a physician
- Expense incurred within the insured person's home country or country of regular domicile
- Routine physical or other examinations where there are no objective indications of impairment of normal health, or well baby care
- Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects: means any physical defect of the eye which does or can impair normal vision
- Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing
- Dental treatment, except an accident resulting of injury to sound, natural teeth as stated in the Schedule of Benefits

8. Professional services rendered by a Member of the Insured Person's immediate family, or anyone who lives with the Insured Person

9. Services or supplies not necessary for the medical care of the patient's injury or sickness

10. Weak, strained or flat feet, corns, calluses, or toenails

11. Cosmetic surgery, or treatment for congenital anomalies, except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or covered Sickness.

12. Elective surgery and elective treatment

13. Diagnostic or surgical procedures in connection with infertility unless infertility is a result of a covered Injury or covered Sickness

14. Birth control, including surgical procedures and devices

15. Routine newborn baby care, well-baby nursery and related Physician charges

16. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation

17. Organ transplants

18. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

19. Participation in a riot or civil disorder, commission of or attempt to commit a felony in the country in which it was attempted or committed

20. Suicide or attempted suicide (including drug overdose), while sane or insane (while sane in Missouri), or intentionally self-inflicted Injury

21. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance

22. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers

23. Treatment services, supplies or facilities in a hospital owned or operated by (a) The Veteran's Administration or (b) A national government or any of its agencies. This exclusion does not apply to treatment when a charge is made which the Insured is required by law to pay

24. Duplicate services actually provided by both a certified nurse-midwife and Physician

25. Expenses payable under any prior policy which was in force for the person making the claim

26. Expenses incurred during a hospital emergency room visit which is not of an emergency nature

27. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or sublimation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column

28. Injury sustained as the result of the Insured operating a motor vehicle while not properly licensed to do so in the jurisdiction the motor vehicle accident occurs

29. Voluntary or elective abortion except as specifically provided

30. Expense covered by any other valid and collectible medical, health or accident insurance

31. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision

32. Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician

33. Sexually transmitted diseases, including AIDS

Underwritten by The Insurance Company of the State of Pennsylvania, a member of The American International Underwriters, Inc (AIU)

General questions about the Insurance Plan should be addressed to India Network. **Contact India Network between 9.00 a.m. and 6.00 p.m. (EST), Monday through Friday. Please provide your Primary ID (Passport Number) when you call India Network Office or AIU Claims Office.**

**INDIA NETWORK SERVICES
PO Box 22, Windermere, FL 34786**