SECTION I – SCHEDULE OF BENEFITS

Coverage is included only for Plans and Benefits that the **Insured** has elected to purchase during **Application** and for which a Maximum Covered Amount is shown in the **Schedule**.

Benefits	Maximum Covered Amount per Insured / Deductible per Insured
A. Travel Inconvenience Plan	
1. Pre-Departure Trip Cancellation Benefit Per Person Occupancy Benefit	Up to 100% of **Trip Cost** to a maximum of $12,000 Up to 100% of **Trip Cost** to a maximum of $12,000
2. Post-Departure Trip Interruption Benefit Return Air Only Benefit	Up to 150% of **Trip Cost** to a maximum of $18,000 Up to $1,000
3. Travel Delay Benefit	$1,000 (subject to $250 per day)
4. **Baggage and Personal Effects Benefit*** Per Item Limit * Items subject to Special Limitations	$1,000 $250 per item $500
5. Baggage Delay Benefit Sporting Equipment Delay Benefit	$250 $600
6. Cancel for Any Reason Benefit *(optional upgrade)*	Up to 50% of **Trip Cost** to a maximum of $5,000
7. Missed Connections for Air and Cruises Only Benefit	$500
B. Emergency Evacuation And Repatriation Plan	
1. Emergency Evacuation and Repatriation Benefit	$150,000
C. Emergency Medical Expense Plan	
1. Emergency Medical Expense Benefit Hospital Admission Guarantee Charge or Medical Expense Guarantee Charge Benefit	$25,000 $15,000
2. Emergency Dental Expense Benefit	$500
D. Accident Plan	
1. Accidental Death Benefit	$50,000
2. Accidental Dismemberment Benefit	$50,000
E. Extra Coverage	
1. Waiver of the Pre-Existing Condition Exclusion	