

DEDUCTIBLE OPTIONS*

	OPTION I	OPTION II	OPTION III
Outside USA	US\$3,000	US\$10,000	US\$20,000
Inside USA	US\$5,000		

GENERAL PLAN INFORMATION

DESCRIPTION	COVERAGE
Maximum lifetime coverage per person	US\$3,000,000
Maximum charges incurred per policy year; per insured	US\$350,000
Age range to apply for coverage	60 - 90
Waiting period	30 days
Coverage outside the United States (excluding Brazil)	100% with free choice of doctors and hospitals
Coverage in the United States	<ul style="list-style-type: none"> • 100% with exclusive coverage in hospitals in the "USA Special Network" • Emergencies: 100% coverage without restriction of hospitals

INPATIENT BENEFITS

DESCRIPTION	COVERAGE
Companion during hospitalization	US\$100 per night, maximum of 20 nights
Standard room and board (includes costs of medication, laboratory exams, imaging studies, diagnostic procedures, specialized nurses and other expenses during a hospitalization)	Up to US\$2,500 per day for the first 120 days; US\$750 per day for additional days
Intensive care unit	Up to US\$3,250 per day for the first 30 days; US\$1,000 per day for additional days
Surgeon, assistant surgeon and anesthesiologist fees during a hospitalization	Up to US\$25,000 per surgery, maximum of 2 surgeries per policy year

OUTPATIENT BENEFITS

DESCRIPTION	COVERAGE
Outpatient surgery (everything included)	Up to US\$25,000 per surgery, maximum of 2 surgeries per policy year
Nurse care at home	Up to US\$100 per day, maximum of 30 days per policy year
Physician and specialist visits (including home visits)	Up to US\$100 per consultation, maximum of 12 consultations per policy year
Diagnostic study services (pathology, X-rays, MRI/CT/PET scans, echocardiogram, stress tests, etc.)	Up to US\$500 per exam, per insured
Endoscopic procedures	Up to US\$500 per exam, per insured
Outpatient prescription medication	Up to US\$1,000 per insured
Durable medical equipment	Up to US\$2,000 per insured
Hearing aids (per lifetime)	Up to US\$1,000 per insured

OTHER BENEFITS

DESCRIPTION	COVERAGE
Cancer treatment (chemotherapy and radiotherapy), inpatient or outpatient	Up to US\$80,000 per insured
Physical therapy and rehabilitation (inpatient or outpatient)	Up to US\$100 per visit, maximum of 30 visits
Emergency transportation by ground ambulance	100%, no deductible applies
Emergency transportation by air ambulance	US\$30,000, no deductible applies
Emergency dental coverage (per lifetime)	Up to US\$25,000 per insured
Organ and tissue transplant	<ul style="list-style-type: none"> • US\$175,000 per diagnostic, per lifetime • Additional US\$325,000 with optional rider
Benefits for live donors	US\$15,000
Repatriation of mortal remains	Up to US\$7,500 per insured
Palliative care for terminal cases	Up to US\$750 per day, maximum of 120 days
Preventive medical check-up, no deductible (all options)	US\$150 per insured (after a 10-month waiting period)
Second Medical Opinion VIP	Access to the medical opinion of internationally renowned experts from around the world regarding a condition, without deductible

All benefits with 100% coverage are up to the policy limit.

All contents of this book are for informative purposes only. The benefits are governed by the terms described in the Conditions of Coverage of the policy. Unless otherwise stated, the benefits are offered on a per insured / per policy year basis in which the chosen deductible applies. All amounts are in US Dollars (USD). The benefits are limited to the medical expenses covered under the policy and are subject to the usual, customary and reasonable expenses (UCR) for the geographic area where the expenses were incurred.