

DEDUCTIBLE OPTIONS*

OPTION I	OPTION II	OPTION III	OPTION IV	OPTION V
US\$2,000	US\$5,000	US\$10,000	US\$20,000	US\$50,000

*Only one deductible per person, per policy year applies. For family policies, a maximum of two deductibles accumulated per policy, per policy year will be applied. For more information, please refer to the Conditions of Coverage of the policy.

GENERAL PLAN INFORMATION

DESCRIPTION	COVERAGE
Lifetime coverage	Unlimited
Maximum coverage per person, per policy year	Unlimited
Age limit to apply	75
Waiting period	30 days
Geographical coverage	Worldwide without restrictions of doctors and hospitals

INPATIENT BENEFITS

DESCRIPTION	COVERAGE
Standard private hospital room	100% UCR
Special benefit for suite	Up to US\$3,000 per day within the "USA Special Network"
Intensive care unit	100% UCR
Companion during hospitalization	100% UCR, max. of 21 nights
Prescribed medications while in a hospital and following a hospitalization or outpatient surgery	100% UCR
Inpatient mental health treatment	US\$10,000

OUTPATIENT BENEFITS

DESCRIPTION	COVERAGE
Emergency room	100% UCR
Physician and specialist visits	100% UCR
Physician and specialist home visits	100% UCR
Outpatient or non-hospitalization prescription medication	100% UCR
Complementary therapy: chiropractor, psychiatrist, speech therapy, osteopathy and/or acupuncture	100% UCR up to 100 visits, all therapies combined
Nurse care at home	100% UCR
Preventive health checkup, per insured, no deductible (options I, II, III & IV)	<ul style="list-style-type: none"> • 100% UCR from 0 to 6 months of age, up to 6 visits • US\$600 per policy year from 6 months to 17 years of age, including up to US\$75 for preventive dental checkup in options I & II • US\$800 per policy year from 18 years of age and older, including up to US\$75 for preventive dental checkup in options I & II
Hearing aids (per lifetime)	US\$3,000
Specialized treatments (sleep apnea and other sleep disorders)	US\$4,000
Alzheimer's	100% UCR
Autism	<ul style="list-style-type: none"> • 100% UCR if the insured was born in the policy under a covered maternity • US\$10,000 for insureds not born under a covered maternity who developed the condition while they were insured

OUTPATIENT BENEFITS

DESCRIPTION	COVERAGE
Allergy treatment	100% UCR

GENERAL BENEFITS

(The following benefits offer the same coverage for both inpatient and outpatient procedures)

DESCRIPTION	COVERAGE
Emergency medical services	100% UCR
Surgeon and anesthesiologist fees	100% UCR
Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans)	100% UCR
Cancer tests, medication and treatment (chemotherapy and/or radiotherapy)	100% UCR
Surgery to reduce the risk of cancer or prophylactic surgery (per lifetime)	US\$30,000 (after a 12-month waiting period)
Dialysis	100% UCR
Prostheses and medical appliances implanted during surgery	100% UCR
Organ transplant (per organ/tissue, per lifetime)	US\$3,000,000
Benefits for live donors	US\$80,000
Durable medical equipment	100% UCR
Physical therapy and rehabilitation	100% UCR
Congenital conditions diagnosed before age 18 (per lifetime)	US\$2,000,000
Congenital conditions diagnosed after age 18	100% UCR
HIV-AIDS (per lifetime)	US\$1,000,000 (after a 24-month waiting period)
Bariatric surgery (per lifetime)	US\$15,000 (after a 24-month waiting period)
Surgical treatment of symptomatic foot disorders	100% UCR (after a 24-month waiting period)
Psychology	US\$5,000
Mental health prescription medication (inpatient and/or outpatient)	US\$5,000

MATERNITY BENEFITS

(10-month waiting period)

DESCRIPTION	COVERAGE
Maternity	<ul style="list-style-type: none"> • Option I: US\$10,000, no deductible applies • Option II: US\$10,000, after deductible
Extraction and storage of stem cells (option I)	US\$2,000 per covered pregnancy
Maternity and newborn complications (per lifetime)	<ul style="list-style-type: none"> • Option I: US\$1,000,000, no deductible applies • Option II: US\$500,000, after deductible (with rider)
Inclusion of the newborn (options I & II)	Without underwriting if born from a covered maternity
Fertility treatment (per lifetime) (option I)	US\$5,000 after deductible (after a 24-month waiting period)

MEDICAL EVACUATION BENEFITS

DESCRIPTION	COVERAGE
Emergency transportation by ground ambulance	100% UCR, no deductible applies
Emergency transportation by air ambulance	100% UCR, no deductible applies
Insured's and companion's return ticket after an evacuation by air ambulance	US\$2,000 per person

MEDICAL EVACUATION BENEFITS

DESCRIPTION	COVERAGE
Repatriation of mortal remains	100% UCR

OTHER BENEFITS

DESCRIPTION	COVERAGE
Hazardous hobbies and professional sports	100% UCR
Emergency dental coverage	100% UCR for the first 180 days
Refractive eye surgery (per lifetime)	US\$500 per eye (after a 24-month waiting period)
Palliative care for terminal cases	100% UCR
Temporary coverage for accidents while application is being underwritten	US\$50,000
Free extended coverage for eligible dependents after policyholder's death	2 years
Free coverage for dependents (option I)	Up to 10 years old, max. of 2 children born in the policy from a covered maternity
Deductible elimination/reduction for no claims made	<ul style="list-style-type: none"> • Elimination for 1 policy year after the end of the 3rd year without claims (options I & II) • Reduction of up to 50% for 1 policy year after the end of the 3rd year without claims (options III & IV)
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, and to the policy exclusions, limitations and conditions.