

DEDUCTIBLE OPTIONS*

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

*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.

**Excludes Venezuela.

GENERAL PLAN INFORMATION

DESCRIPTION	COVERAGE
Maximum coverage per person, per policy year	US\$5,000,000
Age limit to apply	75
Waiting period	30 days
Geographical coverage	Worldwide without restrictions of doctors and hospitals

INPATIENT BENEFITS

DESCRIPTION	COVERAGE
Standard private/semi-private hospital room	<ul style="list-style-type: none"> 100% Outside of the "USA Special Network": US\$2,000 per day
Special benefit for suite	Up to US\$2,000 per day within the "USA Special Network"
Intensive care unit	<ul style="list-style-type: none"> 100% Outside of the "USA Special Network": US\$4,000 per day
Emergency room	100% (if admitted immediately as an inpatient)
Surgeon and anesthesiologist fees	100%
Adult companion accommodation (related to a hospitalization of a child under age 18)	US\$175 per night, max. of 30 nights
Adult companion accommodation (related to a hospitalization of an insured 18 years and older)	100%, max. of 21 nights
Prescribed medications while in a hospital	100%
Prescribed medications following a hospitalization or outpatient surgery	100% for up to 6 months after discharge, max. of US\$3,500 per policy year
Dialysis	100%
Laboratory tests and X-rays	100%
Cancer treatment (chemotherapy and radiotherapy)	100%
Physician and specialist visits	100%
Physical therapy and rehabilitation	100% (during a hospitalization)
Prostheses and medical appliances implanted during surgery	100%
Organ transplant (per organ/tissue, per lifetime)	US\$1,100,000
Benefits for live donors	US\$60,000
HIV/AIDS	US\$50,000 (if admitted as an inpatient and after a 12-month waiting period)
Bariatric surgery (per lifetime)	US\$10,000 (after a 24-month waiting period)

OUTPATIENT BENEFITS

DESCRIPTION	COVERAGE
Cancer tests, medication and treatment	100%
Diagnostic study services (pathology, X-rays, MRI/CT/PET scans, etc.) Pre-surgical testing only. Pre-authorization required	US\$15,000

OUTPATIENT BENEFITS

DESCRIPTION	COVERAGE
Dialysis	100%
Physician visits for pre-hospitalization and as a follow up to a covered hospitalization	US\$6,000 for up to 10 months from the date of discharge
Outpatient surgery	100%
Physical therapy and rehabilitation	100%, max. of 60 visits (following a covered hospitalization)

OTHER BENEFITS

DESCRIPTION	COVERAGE
Preventive health checkup per insured, no deductible applies (after a 10-month waiting period)	Options I & II: • US\$150 up to 17 years old • US\$350 at 18 years and older Options III & IV: • US\$100, all ages
Durable medical equipment	100% (as follow-up care to a covered hospitalization)
Emergency dental coverage	100% for the first 180 days
Emergency transportation by ground ambulance	100%, no deductible applies (if admitted immediately as an inpatient)
Emergency transportation by air ambulance	100%, no deductible applies
Nurse care at home	100% (as follow-up care to a covered hospitalization)
Palliative care for terminal cases	100%
Repatriation of mortal remains	US\$25,000
Temporary coverage for accidents while application is being underwritten	US\$30,000
Non-professional hazardous hobbies and sports	100%
Deductible elimination/reduction for no claims made	<ul style="list-style-type: none"> • Elimination for 1 year after the 3rd year without claims (options I & II) • Reduction of up to 50% for 1 year after 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.