

PLANS COMPARISON

2019/2020



VUMI[®]

PLANS COMPARISON



| DESCRIPTION | ABSOLUTE VIP | UNIVERSAL VIP | SPECIAL VIP | ACCESS VIP |
|-------------|--------------|---------------|-------------|------------|
|-------------|--------------|---------------|-------------|------------|

BENEFITS

| | | | | |
|--|--|--|--|--|
| Maximum coverage per person, per policy year | Unlimited | US\$5,000,000 | US\$3,000,000 | US\$2,000,000 |
| Age limit to apply | 75 | 75 | 75 | 75 |
| Waiting Period | 30 days | 30 days | 30 days | 30 days |
| Coverage outside USA | 100% worldwide without restrictions of doctors and hospitals | 100% worldwide without restrictions of doctors and hospitals | 100% worldwide without restrictions of doctors and hospitals | 100% worldwide without restrictions of doctors and hospitals |
| Coverage inside USA | 100% without restrictions of doctors and hospitals | 100% without restrictions of doctors and hospitals | <ul style="list-style-type: none"> • 100% through the "USA Special Network" • Outside the "USA Special Network" the coverage will be at 60% with a maximum daily room rate of up to US\$700 for a standard room and up to US\$1,400 for intensive care • Emergency medical treatment will be covered 100% up to the policy limits | <ul style="list-style-type: none"> • 100% through the "Access Network" • Outside the "Access Network" the coverage will be at 60% with a maximum daily room rate of up to US\$700 for a standard room and up to US\$1,400 for intensive care • Emergency medical treatment will be covered 100% up to the policy limits |

INPATIENT BENEFITS

| | | | | |
|---------------------------|--|--|------|------|
| Special benefit for suite | Up to US\$3,000 per day within the "USA Special Network" | Up to US\$2,000 per day within the "USA Special Network" | N/A | N/A |
| Intensive care unit | 100% | 100% | 100% | 100% |

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INPATIENT BENEFITS (continued)

| | | | | |
|---|-------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Adult companion accommodation (related to a hospitalization of a child under age 18) | 100% | US\$350 per night, max. of 30 nights | US\$150 per night, max. of 30 nights | US\$150 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 | 100%, max. of 21 nights | 100%, max. of 21 nights | 100%, max. of 21 nights |
| Prescribed medications while in a hospital | 100% | 100% | 100% | 100% |

OUTPATIENT BENEFITS

| | | | | |
|--|-----------|----------------------------|----------------------------|----------------------------|
| Emergency room | 100% | 100% | 100% | 100% |
| Physician and specialist visits | 100% | 100% | 100% | 100% |
| Physician and specialist home visits | 100% | 100% | 100% | 100% |
| Prescription medication | 100% | 100% | US\$12,500 | US\$5,000 |
| Complementary therapy: chiropractor, psychologist, psychiatrist, osteopathy and/or acupuncture | US\$6,000 | US\$3,500 | N/A | N/A |
| Nurse care at home | 100% | 100% | US\$10,000 | US\$6,000 |
| Hearing aids (per lifetime) | US\$3,000 | US\$2,000 | US\$1,000 | US\$500 |
| Specialized treatments (occupational therapist, speech therapy, sleep apnea and other sleep disorders) | US\$4,000 | US\$3,000 including autism | US\$3,000 including autism | US\$1,500 including autism |

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OUTPATIENT BENEFITS (continued)

| | | | | |
|---|---|---|--|--|
| Preventive health checkup, per insured, no deductible | Options I, II, III, IV, V & VI: <ul style="list-style-type: none"> • US\$300 per visit, up to 6 visits from 0 to 12 months of age • US\$500 from 12 months of age and older; including up to US\$75 for preventive dental checkup in options I, II & III This benefit includes coverage for nutritionist, smoking cessation treatments, physical evaluations, diagnostic procedures, human papilloma virus (HPV) test and/or vaccinations | Options I, II & III: <ul style="list-style-type: none"> • US\$150 up to 17 years old • US\$350 at 18 years and older Options IV, V & VI: <ul style="list-style-type: none"> • US\$100, all ages (after a 10-month waiting period) This benefit includes coverage for nutritionist, smoking cessation treatments, physical evaluations, diagnostic procedures, human papilloma virus (HPV) test and/or vaccinations | Options I & II: <ul style="list-style-type: none"> • US\$100 up to 17 years old • US\$150 at 18 years and older (after a 10-month waiting period) This benefit includes coverage for nutritionist, smoking cessation treatments, physical evaluations, diagnostic procedures, human papilloma virus (HPV) test and/or vaccinations | N/A |
| Alzheimer's | 100% | 100% | 100% | 100% |
| Autism | <ul style="list-style-type: none"> • 100% 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 | Included in the Specialized Treatments benefit | Included in the Specialized Treatments benefit | Included in the Specialized Treatments benefit |
| Allergy treatment | 100% | 100% | N/A | N/A |

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

| | | | | |
|---|--|--|--|-------------|
| Surgeon and anesthesiologist fees | 100% | 100% | 100% | 100% |
| Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans) | 100% | 100% | 100% | 100% |
| Cancer tests, medication and treatment (chemotherapy and/or radiotherapy) | 100% | 100% | 100% | 100% |
| Surgery to reduce the risk of cancer or prophylactic surgery (per lifetime) | US\$30,000 (after a 12-month waiting period) | US\$25,000 (after a 12-month waiting period) | US\$20,000 (after a 12-month waiting period) | N/A |
| Dialysis | 100% | 100% | 100% | 100% |
| Prostheses and medical appliances implanted during surgery | 100% | 100% | 100% | 100% |
| Organ transplant (per organ/tissue, per lifetime) | US\$3,000,000 | US\$1,100,000 | US\$500,000 (with rider) | US\$300,000 |
| Benefits for live donors (per lifetime) | US\$80,000 | US\$60,000 | US\$30,000 (with rider) | US\$25,000 |
| Durable medical equipment | 100% | 100% | US\$10,000 | US\$6,000 |
| Physical therapy and rehabilitation | 100% | 100% | US\$10,000 | US\$6,000 |
| Congenital conditions diagnosed before age 18 (per lifetime) | US\$2,000,000 | US\$2,000,000 | US\$500,000 | US\$125,000 |
| Congenital conditions diagnosed after age 18 | 100% | 100% | US\$2,000,000 (per lifetime) | 100% |

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GENERAL BENEFITS (The following benefits offer the same coverage for both inpatient and outpatient procedures) *(continued)*

| | | | | |
|--|---|---|---|-----|
| HIV-AIDS (per lifetime) | US\$1,000,000 (after a 24-month waiting period) | US\$700,000 (after a 24-month waiting period) | US\$250,000 (after a 48-month waiting period) | N/A |
| Bariatric surgery (per lifetime) | US\$15,000 (after a 24-month waiting period) | US\$10,000 (after a 24-month waiting period) | US\$5,000 (after a 24-month waiting period) | N/A |
| Surgical treatment of symptomatic foot disorders | 100% (after a 24-month waiting period) | 100% (after a 24-month waiting period) | 100% (after a 24-month waiting period) | N/A |

MATERNITY BENEFITS (10-month waiting period, no deductible applies)

| | | | | |
|--|--|--|---|--|
| Maternity (natural or cesarean delivery) | Options I, II & III: <ul style="list-style-type: none"> • 100% normal delivery in a hospital within the "Special Maternity Network" • US\$8,000 for normal delivery in hospitals outside the "Special Maternity Network" • US\$10,000 for cesarean delivery whether or not the hospital is within the "Special Maternity Network" | Options I, II & III: <ul style="list-style-type: none"> • US\$8,500 in a hospital within the "Special Maternity Network" • US\$7,000 in a hospital outside the "Special Maternity Network" | Options I & II: <ul style="list-style-type: none"> • US\$4,000 • Includes extraction and storage of umbilical cord blood stem cells | Option I: <ul style="list-style-type: none"> • US\$3,000, no deductible applies |
| Extraction and storage of stem cells | Options I, II & III: US\$2,000 per covered pregnancy | Options I, II & III: US\$1,000 per covered pregnancy | Options I & II: Included in the maternity benefit | N/A |
| Maternity and newborn complications (per lifetime) | Options I, II & III: US\$1,000,000 | Options I, II & III: US\$1,000,000 | Options I & II: US\$500,000 (with rider, after deductible) | Option I: US\$125,000 |
| Inclusion of the newborn | Options I, II & III: Without underwriting if born from a covered maternity | Options I, II & III: Without underwriting if born from a covered maternity | Options I & II: Without underwriting if born from a covered maternity | Option I: Without underwriting if born from a covered maternity |

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MATERNITY BENEFITS (10-month waiting period, no deductible applies) *(continued)*

| | | | | |
|------------------------------------|--|-----|-----|-----|
| Fertility treatment (per lifetime) | Options I & II: US\$5,000 after deductible (after a 24-month waiting period) | N/A | N/A | N/A |
|------------------------------------|--|-----|-----|-----|

MEDICAL EVACUATION BENEFITS

| | | | | |
|--|-----------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| Emergency transportation by ground ambulance | 100%, no deductible applies | 100%, no deductible applies | 100%, no deductible applies | 100%, no deductible applies |
| Emergency transportation by air ambulance | 100%, no deductible applies | 100%, no deductible applies | US\$60,000, no deductible applies | US\$40,000, no deductible applies |
| Insured's and companion's return ticket after an evacuation by air ambulance | US\$2,000 per person | US\$1,000 per person | US\$500 per person | N/A |
| Repatriation of mortal remains | 100% | 100% | US\$40,000 | US\$7,000 |

OTHER BENEFITS

| | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Non-professional hazardous hobbies and sports | 100% | 100% | 100% | 100% |
| Professional sports | 100% | 100% | N/A | N/A |
| Emergency dental coverage | 100% for the first 180 days | 100% for the first 180 days | 100% for the first 180 days | 100% for the first 180 days |
| Palliative care for terminal cases | 100% | 100% | 100% | 100% |
| Temporary coverage for accidents while application is being underwritten | US\$50,000 | US\$30,000 | US\$30,000 | US\$30,000 |

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OTHER BENEFITS (continued)

| | | | | |
|---|--|--|--|---|
| Free extended coverage for eligible dependents after policyholder's death | 2 years | 2 years | 1 year | N/A |
| Free coverage for dependents | Options I & II: Up to 10 years old, max. of 2 children born in the policy from a covered maternity | Options I & II: Up to 5 years old, max. of 2 children born in the policy from a covered maternity | N/A | N/A |
| Refractive eye surgery (per lifetime) | US\$500 per eye (after a 24-month waiting period) | US\$500 per eye (after a 24-month waiting period) | N/A | N/A |
| 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, III & IV) • Reduction of up to 50% for 1 year after the 3rd year without claims (options V & VI) | <ul style="list-style-type: none"> • Elimination for 1 year after the 3rd year without claims (options I, II, III & IV) • Reduction of up to 50% for 1 year after the 3rd year without claims (options V & VI) | <ul style="list-style-type: none"> • Elimination for 1 year after the 3rd year without claims (options I, II & III) • Reduction of up to 50% for 1 year after the 3rd year without claims (options IV & V) | <ul style="list-style-type: none"> • Elimination for 1 year after the 3rd year without claims (option I) • Reduction of up to 50% for 1 year after the 3rd year without claims (options II, III y IV) |
| Second Medical Opinion VIP, no deductible | Access to the medical opinion of internationally renowned experts from around the world regarding a condition | | | |

Effective **july 2019**

All contents of this comparative are only for informational purposes. The benefits are governed by the terms described in the Conditions of Coverage of each policy.