

Global 1 - Summary of Benefits



***All treatment and services marked with an asterisk (*) require precertification.
If treatments are not precertified, eligible medical conditions will be reduced by 50%.**

Period of Cover	12 months		
Maximum Limit Payable for eligible conditions per person per year	\$2,000,000		
Deductible for Eligible Conditions Waived for Emergency, Health Checks, Vision and Dental	In Country / Worldwide \$0 / United States \$2,500 In Country / Worldwide \$200 / United States \$2,500 In Country / Worldwide \$500 / United States \$5,000		
COINSURANCE FOR ELIGIBLE CONDITIONS Per Eligible Conditions per Period of Cover			
Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica / Caribbean Islands / Worldwide	In-Network	Out of Network
Medical Concierge Service (MCS)	Coinsurance Out-of-Pocket Maximum is waived for services rendered in the U.S. when services and providers are approved by MCS		
Coinsurance Out-of-Pocket Maximum Per Eligible Medical Condition per Period of Cover (In addition to deductible)	Plan pays 100% Insured pays 0%	Plan pays 80% Insured pays 20%, up to \$2,000	Plan pays 50% Insured pays 50%, up to \$5,000
OUTPATIENT TREATMENT			
Physician & Consultation Visits Medical services in a physician's office/consultations, Max. Visits: 20	100%	80%	50%
Physician House Calls Only in Jamaica and Caribbean Islands. Max. \$75 per Visit. Max. Visits: 4	100%	Not Applicable	Not Applicable
Psychiatric Treatment* Max. Visits: 20	100%	80%	50%
Diagnostic Laboratory and Radiology	100%	80%	50%
Rehabilitation (Physical therapy, occupational therapy, speech therapy), Max. Visits: 60	100%	80%	50%
Alternative Medicine / Acupuncture Treatment Referral by a medical practitioner or specialist required, Max. Visits: 10	100%	80%	50%
MRI, CAT and PET Scans*	100%	80%	50%
Drugs & Dressings Not including oncology drugs, Max. Limit: \$1,000	100%	80%	80%
Surgical Procedures*	100%	80%	50%
Reconstructive Surgery* within 12 months of a covered event	100%	80%	50%
Podiatry Max. Limit: \$750	100%	80%	50%
Oncology* Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure). Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
Dialysis* U.S. (Acute kidney failure) . Max. Months: 6	Not Applicable	80%	50%
Dialysis* Worldwide (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
Hospice	100%	80%	50%
DAY-PATIENT AND INPATIENT TREATMENT All inpatient treatment requires precertification			
Hospital Services Including Room and Board* , and Diagnostic Services	100%	80%	50%
Drugs, Dressings and Appliances	100%	80%	50%
Intensive Care Unit* and Diagnostic Services	100%	80%	50%
MRI, CAT and PET Scans*	100%	80%	50%
Doctors' Fees for Surgical and Medical Services	100%	80%	50%
Oncology* Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
Psychiatric Treatment* Max. Days: 30, Lifetime Max. Days: 90	100%	80%	50%
Reconstructive Surgery* Must be done within 12 months of covered illness or injury	100%	80%	50%
Parent Accommodation Max. \$250 per Day	100%	80%	50%

DAY-PATIENT AND INPATIENT TREATMENT *(continuation)*

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica / Caribbean Islands / Worldwide	In-Network	Out of Network
Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure). Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
Dialysis* U.S. (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
Dialysis* Worldwide (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
Hospice	100%	80%	50%

OTHER BENEFITS

Emergency Injury or Illness Deductible & coinsurance waived when transported via ambulance to the hospital's emergency unit and admitted as inpatient for treatment	100%	100%	100%
Emergency Local Ambulance Deductible and coinsurance waived, Includes local road and local air ambulance	100%	100%	100%
Home Health Care* Max. Days: 20	100%	80%	50%
Maternity Cover* Available after 10 months of coverage	100%	80%	50%
Complications of Pregnancy* Available after 10 months of coverage	100%	80%	50%
Health Checks Available after 10 months of coverage, deductible & coinsurance waived, Max. Limit: \$300	100%	100%	100%
Organ Transplants* Must be approved in advance by the Plan Administrator	100%	80%	50%
Congenital Anomalies Max. Limit: \$500,000	100%	80%	50%
Evacuation* Deductible & coinsurance waived, Approved in advance and coordinated by the Plan Administrator	100%	100%	100%
Return of Mortal Remains Deductible & coinsurance waived, Approved in advance and coordinated by the Plan Administrator, Max. Limit: \$10,000	100%	100%	100%
AIDS Max. Limit: \$25,000; Expenses are limited to pre- and post-diagnosis consultations, routine check-ups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees.	100%	80%	50%

ADDITIONAL COVERAGE

Outpatient dental and vision treatment \$0 deductible. Combined Max. Limit \$2,000 every 12 months	Dental - routine, minor and major restorative: Plan pays 50%, Insured pays 50% Emergency dental treatment: Plan pays 80%, Insured pays 20% Vision: Plan pays 80%, Insured pays 20%. Max \$500 for one (1) pair of frames, corrective lenses or contact lenses
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All coverage and benefits in this Policy are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations. This is only a summary and does not supersede in anyway the Policy Wording and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

