

# Global 2 - 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%.**



<b>Period of Cover</b>	12 months		
<b>Maximum Limit</b> Payable for eligible conditions per person per year	\$1,000,000		
<b>Deductible for Eligible Conditions</b> Waived for Emergencies and Health Checks	<b>In Country / Worldwide \$0 / United States \$2,500</b> <b>In Country / Worldwide \$200 / United States \$2,500</b> <b>In Country / Worldwide \$500 / United States \$5,000</b>		
<b>COINSURANCE FOR ELIGIBLE CONDITIONS</b> Per Eligible Conditions per Period of Cover			
<b>Benefit Levels</b>	<b>In Country and Worldwide</b>	<b>United States</b>	<b>United States</b>
	Jamaica / Caribbean Islands / Worldwide	In-Network	Out of Network
<b>Medical Concierge Service (MCS)</b>	<b>Coinsurance Out-of-Pocket Maximum is waived for services rendered in the U.S. when services and providers are approved by MCS</b>		
<b>Coinsurance Out-Of-Pocket Maximum Per Eligible Medical Condition per Period of Cover</b> (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
<b>OUTPATIENT TREATMENT</b>			
<b>MRI, CAT and PET scans*</b>	100%	80%	50%
<b>Surgical Procedures*</b>	100%	80%	50%
<b>Oncology*</b> Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
<b>Dialysis* Jamaica and Caribbean Islands Only</b> (Acute kidney failure). Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
<b>Dialysis* U.S.</b> (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
<b>Dialysis* Worldwide</b> (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
<b>DAY-PATIENT AND INPATIENT TREATMENT</b> All inpatient treatment requires precertification			
<b>Hospital Service</b> including <b>Room and Board, and Diagnostic Services*</b>	100%	80%	50%
<b>Drugs, Dressings and Appliances</b>	100%	80%	50%
<b>Intensive Care Unit and Diagnostic Services*</b>	100%	80%	50%
<b>MRI, CAT and PET Scans*</b>	100%	80%	50%
<b>Doctors' Fees for Surgical and Medical Services</b>	100%	80%	50%
<b>Oncology*</b> Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
<b>Psychiatric Treatment*</b> Max. Days: 30, Lifetime Max. Days: 90	100%	80%	50%
<b>Parent Accommodation</b> Max. per Day: \$250	100%	80%	50%
<b>Dialysis* Jamaica and Caribbean Islands Only</b> (Acute kidney failure) Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
<b>Dialysis* U.S.</b> (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
<b>Dialysis* Worldwide</b> (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
<b>OTHER BENEFITS</b>			
<b>Emergency Local Ambulance</b> Deductible & coinsurance waived, includes local road and local air ambulance	100%	100%	100%
<b>Home Health Care*</b> Max. Days: 20	100%	80%	50%
<b>Maternity Cover*</b> Available after 10 months of coverage	100%	80%	50%

**OTHER BENEFITS** (continuation)

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica / Caribbean Islands / Worldwide	In-Network	Out of Network
<b>Complications of Pregnancy*</b> Available after 10 months of coverage	100%	80%	50%
<b>Health Checks</b> Available after 10 months of coverage, deductible & coinsurance waived, Max. Limit: \$300	100%	100%	100%
<b>Organ Transplants*</b> Must be approved in advance by the Plan Administrator	100%	80%	50%
<b>Congenital Anomalies</b> Max. Limit: \$500,000	100%	80%	50%
<b>Evacuation*</b> Deductible & coinsurance waived, must be approved in advance and coordinated by the plan administrator	100%	100%	100%
<b>Return of Mortal Remains</b> Deductible & coinsurance waived, approved in advance and coordinated by the plan administrator, Max. Limit: \$10,000	100%	100%	100%
<b>AIDS</b> Max. Limit: \$15,000; 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%

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.

