

Global Share - 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 | Insureds under the age of 65 years: \$1,000,000 | | |
| Deductible for Eligible Conditions Waived for Emergencies, Health Checks, and Dental and Vision (if purchased) | Insureds under the age of 65 years: In Country & Worldwide \$500 / United States: \$2,500 | | |
| 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, Max per Visit: \$80 | 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. Max \$80 per visit | 100% | 80% | 50% |
| Diagnostic Imaging Including EKG, Ultrasound & Endoscopy, Max. \$700 per scan | 100% | 80% | 50% |
| Rehabilitation (Physical therapy, occupational therapy, speech therapy), Max. Visits: 60. Max \$40 per visit | 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* Max. \$750 per scan | 100% | 80% | 50% |
| Drugs & Dressings Not including oncology drugs, Max. Limit: \$500 | 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* | 100% | 80% | 50% |
| Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure). Max. Limit: \$500,000, Max. \$80 per visit | 100% | Not Applicable | Not Applicable |
| Dialysis* U.S. (Acute kidney failure) Max. Months: 6, Max. \$80 per visit | Not Applicable | 80% | 50% |
| Dialysis* Worldwide (Acute kidney failure) Max. Months: 6, Max. \$80 per visit | 100% | Not Applicable | Not Applicable |
| X-ray pathology Max. \$400 per scan | 100% | 80% | 50% |
| DAY-PATIENT AND INPATIENT TREATMENT All inpatient treatment requires precertification | | | |
| Hospital Services including Room and Board, and Diagnostic Services* Max. \$750 per day | 100% | 80% | 50% |
| Drugs, Dressings and Appliances | 100% | 80% | 50% |
| Intensive Care Unit and Diagnostic Services* Max. \$2,000 per day | 100% | 80% | 50% |
| MRI, CAT and PET Scans* | 100% | 80% | 50% |
| Doctors' Fees for Surgical* and Medical Services | 100% | 80% | 50% |
| Oncology* | 100% | 80% | 50% |
| Reconstructive Surgery* Must be done within 12 months of the covered injury or illness | 100% | 80% | 50% |
| Psychiatric Treatment* Max. Days: 30, Lifetime Max. Days: 90, Max \$750 per day | 100% | 80% | 50% |
| Parent Accommodation Max. \$250 per day | 100% | 80% | 50% |

DAY-PATIENT AND INPATIENT TREATMENT All inpatient treatment requires precertification

| | | | |
|--|---|----------------------|----------------------|
| Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure) Max. Limit: \$500,000 | 100% | Not Applicable | Not Applicable |
| Hospice Care if ordered by physician, inpatient only | 100% | 80% | 50% |
| Benefit Levels | In Country and Worldwide | United States | United States |
| | Jamaica / Caribbean Islands / Worldwide | In-Network | Out of Network |
| 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 |
| 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. These benefits are payable under the Inpatient treatment provision | 100% | 100% | 100% |
| Emergency Local Ambulance Deductible & coinsurance waived, Includes local road and local air ambulance, Max. Limit: \$1,500 | 100% | 100% | 100% |
| Home Health Care* Max. Days: 20, Max. Limit: \$250 | 100% | 80% | 50% |
| Maternity Cover* Available after 10 months of coverage. Paid in full up to \$5,000 per normal deliveries or \$9,000 for medically necessary Cesarean deliveries | 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: \$200 | 100% | 100% | 100% |
| Organ Transplants* Must be approved in advance by the Plan Administrator. Max. Limit: \$500,000 | 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. Max. Limit: \$50,000 | 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: \$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% |
| OPTIONAL COVERAGE | | | |
| Optional Outpatient Dental and Vision Treatment \$0 deductible. Combined Max. Limit \$1,000 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 | | |

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.