

Global Share Senior - 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 age 65 and above: \$500,000		
Deductible for Eligible Conditions Waived for Emergencies, Health Checks, and Vision and Dental (if purchased)	Insureds age 65 and above: In Country & Worldwide: \$5,000 / 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, 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%

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%
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
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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.

