

GlobalShare Senior - Summary of Benefits



Maximum benefit payable for eligible conditions per person per year	\$500,000
Deductible Options Deductible is waived for Health Checks and Emergencies 25% reduction when utilizing Medical Concierge Service in the U.S.	\$5,000 deductible in Country of Residence / \$5,000 deductible worldwide
OUTPATIENT TREATMENT	
MRI, CAT and PET scans	Paid in full up to \$750 per scan
Diagnostic Imaging (including EKG, Ultrasound and Endoscopy)	Paid in full up to \$700 per exam
X-ray pathology	Paid in full up to \$400 per scan
Medical Service in a Doctor's Office Limited to a total of 20 visits each period of cover	Paid in full up to \$80 per visit
Psychiatric treatment Limited to a total of 20 visits each period of cover	Paid in full up to \$80 per visit
Rehabilitation (physical, occupational and speech therapy) and Alternative Treatment Limited to a total of 60 visits each period of cover	Paid in full up to \$40 per visit
Drugs & dressings	Paid in full up to \$500
Surgical procedures	100% of eligible expenses
Oncology (therapeutic services including radiotherapy, chemotherapy and drugs)	100% of eligible expenses
Dialysis	Paid in full up to \$80 per visit
DAY-CASE AND INPATIENT TREATMENT	
Hospital and related services	Paid in full up to \$750 per day
Drugs, dressings, and equipment	Paid in full
Diagnostic procedures	Paid in full
Intensive care unit	Paid in full up to \$2,000 per day
Doctors' fees for surgical and medical services	Paid in full
MRI, CAT and PET scans	Paid in full
Oncology (therapeutic services including radiotherapy, chemotherapy, and drugs)	Paid in full
Psychiatric treatment	Paid in full up to \$750 per day, limited to 30 days each period of cover and 90 days lifetime maximum
Dialysis	Paid in full
Caregiver Accommodation	Paid in full up to \$250 per day
OTHER BENEFITS	
Emergency Local Road Ambulance	Paid in full. Local road ambulance limited to \$1,500 per incident
Home nursing Limited to 20 days each period of cover	Paid in full up to \$250 per day
Health checks Available after the first 10 months from the date of entry and every subsequent period of cover	Paid in full up to \$200
Organ Transplants	Paid in full up to \$500,000 per lifetime
Congenital anomalies	Paid in full up to \$500,000 per lifetime
Evacuation cover	Paid in full up to \$50,000
Mortal remains	Paid in full up to \$10,000
AIDS	Up to \$15,000 per insured person
OPTIONAL COVERAGE	
Outpatient dental and vision treatment <ul style="list-style-type: none"> • Routine dental • Emergency dental • Vision 	Deductible is waived 50% of eligible expenses, up to combined maximum of \$1,000 80% of eligible expenses, up to combined maximum of \$1,000 100% of eligible expenses, up to combined maximum of \$1,000

This is a summary of the current iCHIP benefits, conditions, limitations, and is subject to all the terms and conditions of the full Policy Wording. The complete Policy Wording with all the terms, conditions and exclusions will be included in the fulfillment kit sent to approved applicants.