

DEDUCTIBLE OPTIONS*

	OPTION I	OPTION II	OPTION III	OPTION IV	OPTION V	OPTION VI	OPTION VII
Outside USA	US\$500	US\$1,000	US\$2,000	US\$5,000	US\$10,000	US\$20,000	US\$50,000**
Inside USA	US\$1,000	US\$2,000	US\$3,000				

*Only one deductible per person, per policy year applies. For family policies, a maximum of two deductibles accumulated per policy, per policy year will be applied. For more information, please refer to the Conditions of Coverage of the policy.

**Excludes Venezuela.

GENERAL PLAN INFORMATION

DESCRIPTION	COVERAGE
Maximum coverage per person, per policy year	Unlimited
Age limit to apply	75
Waiting period	30 days
Geographical coverage	Worldwide without restrictions of doctors and hospitals

INPATIENT BENEFITS

DESCRIPTION	COVERAGE
Standard private hospital room	100%
Special benefit for suite	Up to US\$3,000 per day within the "USA Special Network"
Intensive care unit	100%
Adult companion accommodation (related to a hospitalization of a child under age 18)	100%
Adult companion accommodation (related to a hospitalization of an insured 18 years and older)	100%, max. of 21 nights
Prescribed medications while in a hospital	100%

OUTPATIENT BENEFITS

DESCRIPTION	COVERAGE
Emergency room	100%
Physician and specialist visits	100%
Physician and specialist home visits	100%
Prescription medication	100%
Complementary therapy: chiropractor, psychologist, psychiatrist, osteopathy and/or acupuncture	US\$6,000
Nurse care at home	100%
Preventive health checkup, per insured, no deductible (options I, II, III, IV, V & VI)	<ul style="list-style-type: none"> • US\$300 per visit, up to 6 visits from 0 to 12 months of age • US\$500 from 12 months of age and older including up to US\$75 for preventive dental checkup in options I, II & III
Hearing aids (per lifetime)	US\$3,000
Specialized treatments (occupational therapist, speech therapist, sleep apnea and other sleep disorders)	US\$4,000
Alzheimer's	100%
Autism	<ul style="list-style-type: none"> • 100% if the insured was born in the policy under a covered maternity • US\$10,000 for insureds not born under a covered maternity who developed the condition while they were insured
Allergy treatment	100%

GENERAL BENEFITS

(The following benefits offer the same coverage for both inpatient and outpatient procedures)

DESCRIPTION	COVERAGE
Surgeon and anesthesiologist fees	100%
Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans)	100%
Cancer tests, medication and treatment (chemotherapy and/or radiotherapy)	100%
Surgery to reduce the risk of cancer or prophylactic surgery (per lifetime)	US\$30,000 (after a 12-month waiting period)
Dialysis	100%
Prostheses and medical appliances implanted during surgery	100%
Organ transplant (per organ/tissue, per lifetime)	US\$3,000,000
Benefits for live donors	US\$80,000
Durable medical equipment	100%
Physical therapy and rehabilitation	100%
Congenital conditions diagnosed before age 18 (per lifetime)	US\$2,000,000
Congenital conditions diagnosed after age 18	100%
HIV-AIDS (per lifetime)	US\$1,000,000 (after a 24-month waiting period)
Bariatric surgery (per lifetime)	US\$15,000 (after a 24-month waiting period)
Surgical treatment of symptomatic foot disorders	100% (after a 24-month waiting period)

MATERNITY BENEFITS

(10-month waiting period, no deductible applies)

DESCRIPTION	COVERAGE
Maternity (options I, II & III)	<ul style="list-style-type: none"> • 100% normal delivery in a hospital within the "Special Maternity Network" • US\$8,000 for normal delivery in hospitals outside the "Special Maternity Network" • US\$10,000 for cesarean delivery whether or not the hospital is within the "Special Maternity Network"
Extraction and storage of stem cells (options I, II & III)	US\$2,000 per covered pregnancy
Maternity and newborn complications (options I, II & III)	US\$1,000,000 (per lifetime)
Inclusion of the newborn (options I, II & III)	Without underwriting if born from a covered maternity
Fertility treatment (per lifetime) (options I & II)	US\$5,000 after deductible (after a 24-month waiting period)

MEDICAL EVACUATION BENEFITS

DESCRIPTION	COVERAGE
Emergency transportation by ground ambulance	100%, no deductible applies
Emergency transportation by air ambulance	100%, no deductible applies
Insured's and companion's return ticket after an evacuation by air ambulance	US\$2,000 per person
Repatriation of mortal remains	100%

OTHER BENEFITS

DESCRIPTION	COVERAGE
Hazardous hobbies and professional sports	100%
Emergency dental coverage	100% for the first 180 days

A HEALTH PLAN **THAT CROSSES BORDERS**

Effective July 2019

Continued

OTHER BENEFITS

DESCRIPTION	COVERAGE
Refractive eye surgery (per lifetime)	US\$500 per eye (after a 24-month waiting period)
Palliative care for terminal cases	100%
Temporary coverage for accidents while application is being underwritten	US\$50,000
Free extended coverage for eligible dependents after policyholder's death	2 years
Free coverage for dependents (options I & II)	Up to 10 years old, max. of 2 children born in the policy from a covered maternity
Deductible elimination/reduction for no claims made	<ul style="list-style-type: none"> • Elimination for 1 year, after the 3rd year without claims (options I, II, III & IV) • Reduction of up to 50% for 1 year after the 3rd year without claims (options V & VI)
Second Medical Opinion VIP	Access to the medical opinion of internationally renowned experts from around the world regarding a condition, without deductible

All benefits with 100% coverage are up to the policy limit.

All contents of this book are for informative purposes only. The benefits are governed by the terms described in the Conditions of Coverage of the policy. Unless otherwise stated, the benefits are offered on a per insured / per policy year basis in which the chosen deductible applies. All amounts are in US Dollars (USD). The benefits are limited to the medical expenses covered under the policy and are subject to the usual, customary and reasonable expenses (UCR) for the geographic area where the expenses were incurred.