

**DEDUCTIBLE OPTIONS\***

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

\*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.

**GENERAL PLAN INFORMATION**

DESCRIPTION	COVERAGE
Maximum coverage per person, per lifetime	US\$5,000,000
Maximum coverage per person, per policy year	US\$1,500,000
Maximum coverage per person, per policy year at 70 years and older	US\$500,000
Age limit to apply	75
Waiting period	60 days
Coinsurance (inside USA)	20% of the first US\$5,000 after the deductible; 1 per insured, per policy year; max. of 2 per policy, per policy year
Coverage outside USA	100% with free choice of hospitals and doctors*
Coverage inside USA	<ul style="list-style-type: none"> <li>• 100% through the "Prime Network"</li> <li>• Outside the "Prime Network" the coverage will be at 60%</li> <li>• Emergencies will be covered at 100% up to the policy limits</li> </ul>

\*Excluding the Hospitales Star Médica in Mexico.

**INPATIENT BENEFITS**

DESCRIPTION	COVERAGE
Standard private hospital room	<ul style="list-style-type: none"> <li>• 100% through the "Prime Network"</li> <li>• Up to US\$500 daily, max. of 180 days outside the "Prime Network"</li> </ul>
Intensive care unit	<ul style="list-style-type: none"> <li>• 100% through the "Prime Network"</li> <li>• Up to US\$1,400 daily, max. of 60 days outside the "Prime Network"</li> </ul>
Adult companion accommodation (related to a hospitalization of a child under age 18)	US\$150 per night, max. of 100 nights per policy year
Prescribed medication while in a hospital	100%
Inpatient laboratory tests and X-rays	100%

**OUTPATIENT BENEFITS**

DESCRIPTION	COVERAGE
Physician and specialist visits (including home visits)	US\$80 per visit, max. of 30 visits
Outpatient surgery	US\$12,000
Prescribed medication following a hospitalization	100% for up to 6 months
Outpatient or non-hospitalization prescription medication	US\$3,000
Outpatient diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans)	US\$600 per exam, per insured; max. of US\$1,800 per policy year
Nurse care at home	US\$5,000
Preventive health checkup per insured, no deductible (options I & II)	US\$100 (after a 12-month waiting period)

**GENERAL BENEFITS**

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

DESCRIPTION	COVERAGE
Surgeon and anesthesiologist fees	100%
Cancer tests, medication and treatment (chemotherapy and/or radiotherapy)	100%, max. of US\$125,000 per policy year
Dialysis	100%
Prostheses and medical appliances implanted during surgery	100%
Organ transplant (per organ/tissue, per lifetime)	US\$500,000 (with rider)
Benefits for live donor	US\$30,000 (with rider)
Durable medical equipment	US\$1,000
Physical therapy and rehabilitation	US\$5,000
Congenital conditions diagnosed before age 18 (per lifetime)	US\$125,000
Congenital conditions diagnosed after age 18 (per lifetime)	US\$500,000

**MATERNITY BENEFITS**

(10-month waiting period, no deductible applies)

DESCRIPTION	COVERAGE
Maternity (options I & II)	US\$3,000, no deductible applies
Maternity and newborn complications (options I & II)	<ul style="list-style-type: none"> <li>• US\$25,000</li> <li>• Additional US\$25,000 with optional rider</li> </ul>
Inclusion of the newborn (options I & II)	Without underwriting if born from a covered maternity

**MEDICAL EVACUATION BENEFITS**

DESCRIPTION	COVERAGE
Emergency transportation by ground ambulance	100%, no deductible applies
Emergency transportation by air ambulance	US\$35,000, no deductible applies
Repatriation of mortal remains	100%

**OTHER BENEFITS**

DESCRIPTION	COVERAGE
Emergency dental coverage	100% for the first 30 days, max. of US\$6,000 per policy year
Palliative care for terminal cases	US\$7,500
Temporary coverage for accidents while application is being underwritten	US\$30,000
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.