

## Global Care Plus Schedule of Benefits

THIS SCHEDULE OF BENEFITS IS A BRIEF OUTLINE OF THE BENEFITS PAYABLE UNDER THIS POLICY. ALL BENEFITS ARE SUBJECT TO THE DEFINITIONS, CONDITIONS, LIMITATIONS, EXCLUSIONS, AND OTHER PROVISIONS OF THIS POLICY.

ALL BENEFIT LIMITS AND PERCENTAGES PAYABLE ARE SUBJECT TO REASONABLE AND CUSTOMARY CHARGES AS DEFINED HEREIN.

**POLICY TERM &  
COVERED EXPENSES**

**BENEFIT LIMIT &  
PERCENTAGE PAYABLE**

<b>I. MAXIMUM POLICY YEAR BENEFIT AMOUNT:</b> Policy year maximum benefit Amount per Covered Person	<b>US \$ 1,500,000</b>
<b>II. DEDUCTIBLE:</b> As indicated in the Coverage Summary, Maximum deductibles per contract year, 1 per Covered Person and 2 per family	
<b>III. COINSURANCE:</b> After the Deductible, all benefits under this Policy, outside of the Caribbean are subject to a twenty percent (20%) Coinsurance of the first US\$5,000 of Covered Expenses, up to an out of pocket limit per Covered Person, per Policy Year of:	<b>US \$ 1,000</b>
<b>IV. MEDICAL SERVICES:</b> Coverage is provided for Inpatient and Outpatient Medical Services: <b>INPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>● <b>Hospital Room and Board</b> charges, per day, subject to a private room and a maximum of 180 days in any 365 days period, up to: <span style="float: right;"><b>100%</b></span></li> <li>● <b>Intensive Care Unit</b> and other specialty care unit charges, per day, subject to a maximum of 180 days in any 365 days period, up to: <span style="float: right;"><b>100%</b></span></li> <li>● <b>Surgical Procedure</b> charges necessary for the treatment or diagnosis of a covered Illness or Accident; including but not limited to operating room, medical and surgical supplies: <span style="float: right;"><b>100%</b></span></li> </ul> <b>Physician/Surgeon Fees:</b> Are covered up to: When multiple procedures are performed during the same session the secondary procedure will be paid at a maximum of 25% of the primary procedure. <span style="float: right;"><b>100%</b></span> <b>Assistant Physician/Surgeon Fees:</b> Are covered only when one or more assistant Physicians/surgeons are medically necessary for that surgery, and approved in advance by Our Claims Administrator. Limited in total to a maximum of twenty percent (20%) of the fees approved for the principal surgeon for the surgical procedure. <b>Anesthesiologist Fees/ Assistant Anesthesiologist Fees:</b> Are covered when medically necessary for that surgery, and approved in advance by Our Claims Administrator. Limited in total to the lesser of: Usual and customary charges or twenty percent (20) of the fees approved for the principal surgeon for the surgical procedure.	
<ul style="list-style-type: none"> <li>● <b>Other Hospital Services and Supplies:</b> (except personal or comfort items) including but not limited to: general nursing care, inpatient inhalation, diagnostic laboratory tests, x-rays, electrocardiograms, electroencephalograms, MRI, CAT scans and other machine diagnostic tests, pre-admission testing, oxygen and its administration and intravenous solutions and injections: <span style="float: right;"><b>100%</b></span></li> <li>● <b>Special Treatments:</b> Coverage is provided, due to a covered Illness or Injury, and only if approved in advance by Our Claims Administrator, for medically necessary: <ul style="list-style-type: none"> <li>○ Prosthesis and Implants: <span style="float: right;"><b>100%</b></span></li> <li>○ Dialysis: <span style="float: right;"><b>100%</b></span></li> <li>○ Radiation therapy and chemotherapy, Therapy Services, for therapeutic treatment of benign or malignant conditions including charges for X-Rays, radium and radioactive isotopes and nuclear medicine procedures and specialized drugs: <span style="float: right;"><b>100%</b></span></li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>● <b>Nursing Services:</b> Covered expenses include: <ul style="list-style-type: none"> <li>○ Inpatient Nursing Care (only payable if prescribed by attending physician).</li> <li>○ Home Nursing Care (only payable if prescribed by attending Physician and the services start immediately after the patient is discharged from the Hospital). For a maximum per covered person of 30 days in any 365 days period and up to:</li> </ul> </li> <li>● <b>Prescribed Rehabilitation:</b> Coverage is provided, after a Covered Surgery or Accident, if prescribed by attending physician, to recover in an authorized extended care facility for rehabilitation, with skilled nursing, and only if approved in advance by Our Claims Administrator, Maximum benefit payable per Covered Person, per Policy year:</li> </ul> <p><b>OUTPATIENT SERVICES:</b></p> <ul style="list-style-type: none"> <li>● <b>Medical or Consultation Services</b> for a covered illness or injury; <ul style="list-style-type: none"> <li>○ Physician Services: 100%</li> <li>○ Specialist Services: 100%</li> <li>○ Second surgical opinion: 100%</li> <li>○ Psychiatrists, maximum per consultation: US \$ 100</li> </ul> </li> <li>● <b>Treatments or Surgical Services</b> provided or ordered by a Physician, including services performed in a Hospital or Emergency Room, Ambulatory Surgical Center or doctor's office: 100%</li> <li>● <b>Outpatient Physical and Occupational Therapy (includes physiotherapy)</b> Maximum benefit payable per visit: US \$ 50</li> <li>● <b>Chiropractor Services</b> If prescribed by attending physician, to relieve back pain, and accompanied by the proper X-rays and any other images that need to be taken in order to confirm the necessity of said treatment. Maximum benefit payable per visit: US \$ 50</li> </ul> <p><b>Maximum of 40 consultations with doctors and specialists and Maximum of 40 consultations with chiropractors and physiotherapists, Maximum of 4 consultations with Psychiatrists, per Policy, per Policy year.</b></p> <ul style="list-style-type: none"> <li>● <b>Other Services and Supplies</b> for a covered illness or injury and prescribed by attending Physician: <ul style="list-style-type: none"> <li>○ <b>Scan e.g. MRI, CAT, Echocardiography, Electrocardiograms</b> and other machine diagnostic tests, maximum: <ul style="list-style-type: none"> <li>- In the Caribbean: 100%</li> <li>- Outside the Caribbean: US \$ 2,000</li> </ul> </li> <li>○ <b>Endoscopy e.g. Gastroscopy, Colonoscopy Cystoscopy</b>, maximum: <ul style="list-style-type: none"> <li>- In the Caribbean: 100%</li> <li>- Outside the Caribbean: US \$ 2,000</li> </ul> </li> <li>○ <b>X-rays</b>, maximum: <ul style="list-style-type: none"> <li>- In the Caribbean: 100%</li> <li>- Outside the Caribbean: US \$ 600</li> </ul> </li> <li>○ <b>Laboratory</b>, maximum: <ul style="list-style-type: none"> <li>- In the Caribbean: 100%</li> <li>- Outside the Caribbean: US \$ 600</li> </ul> </li> </ul> </li> </ul>	<p style="text-align: right;"><b>US \$ 200 per day</b></p> <p style="text-align: right;"><b>US \$ 18,000</b></p>
<p><b>V. PRESCRIBED DRUGS:</b> Coverage is provided for:</p> <ul style="list-style-type: none"> <li>● <b>Prescription Drugs;</b> which are Medically Necessary and prescribed by a Physician, and up to a maximum benefit payable per Covered Person, per Policy year of:</li> </ul>	<p style="text-align: right;"><b>80% up to US \$ 20,000</b></p>
<p><b>VI. PREVENTIVE CARE ANNUAL EXAMINATION:</b> Coverage is provided for an annual preventive care examination for the Primary Insured and spouse, covered under the Policy, in a designated facility in their Country of Residence. No Deductible and no Coinsurance applies to this benefit.</p>	



first ninety (90) days of the covered accident.	
<b>XII. PASSENGERS IN PRIVATE AIRCRAFT:</b> Coverage to be extended to passengers in a duly licensed private aircraft in the country of operation, up to a lifetime maximum limit of:	<b>100%</b>
<b>XIII. EMERGENCY ASSISTANCE TRANSPORTATION SERVICES:</b> Coverage is provided for: <ul style="list-style-type: none"> <li>● <b>GROUND AMBULANCE:</b> Emergency transportation on Ground Ambulance to the nearest suitable medical facility for treatment of a covered condition provided that transportation by any other method would result in loss of life or limb.</li> <li>● <b>AIR AMBULANCE:</b> Emergency transportation on Air Ambulance to the nearest suitable medical facility, for treatment of a Covered Condition for which treatment cannot be provided locally and the attending Physician considers the situation to be life threatening and transportation by any other method would result in loss of life or limb. Air Ambulance transportation must be pre-approved and coordinated by Us for this coverage to take effect.</li> <li>● <b>REPATRIATION OF MORTAL REMAINS:</b> In the event an Insured Person dies outside of his/her Country of Residence, the costs of legal procedures and the necessary preparations for the transportation as well as the transportation of the body or ashes to the nearest airport in his/her Country of Residence. All arrangements must be pre-approved and coordinated by Us for this coverage to take effect.</li> </ul> Maximum benefit payable per Covered Person, per Policy year:	<b>100%</b>

**OTHER CONDITIONS:**

1. **Maximum enrollment age: 69 years**
2. **The Maximum Annual Benefit Amount** includes any and all other maximum benefit amounts shown in this Schedule of Benefits or added by Policy Rider, including benefits for Emergency Assistance Services. Any unused portion of the Maximum Annual Benefit Amount, or of any other maximum benefit amount shown in this Schedule of Benefits will only be payable for expenses incurred while coverage under this Policy is in force for a Covered Person.
3. **The Deductible** amount applies to all Covered Expenses, unless otherwise noted. The following will not be used to satisfy the Deductible amount: (a) amounts which are greater than Reasonable and Customary Charges; (b) charges incurred for treatment, services, or supplies which are not covered under this Policy; (c) charges which are in excess of benefit limitations (e.g. number of days, months, visits, or dollar amounts); and (d) any other type of charges as stated in a Policy Rider.
4. **The following Waiting Periods** apply, (see General Provisions of this Policy):
  - a. **Covered Injury and Infectious Disease** become payable on the Effective Date of coverage under this Policy;
  - b. **Covered Illness other than Injury or Infectious Disease**, becomes payable with the exception of newborn children on or after the sixtieth (60<sup>th</sup>) day following the Effective Date of coverage under this Policy.
  - c. **Tonsillectomies and/or Adenoidectomies**, including complications resulting there from, will be covered after You, and /or Your Dependent(s) have been continuously insured under this Policy for six (6) consecutive months.
  - d. **Maternity Care**, becomes payable on the date you or your Dependent spouse have been continuously covered under this Policy for twelve (12) consecutive months following the effective date of coverage under this Policy.
  - e. **Preventive Care Services**, if indicated in the Schedule of Benefits, will be covered in Your country of residence, after You and/or Your Dependent(s) have been continuously covered under this Policy for twelve (12) months.
  - f. **Organ Transplant**, will be covered after you have been continuously insured under this Policy for a period of twelve (12) consecutive months.
  - g. **Newborn Dependent Children – Covered Expenses** incurred by a newborn child becomes payable on the child’s date of birth provided that such child has been enrolled in this Policy within the thirty (30) days following the child’s date of birth.

5. Policies issued with deductibles of or over \$5,000 in the Caribbean, and \$10,000 outside of the Caribbean do not include coverage for: Maternity Care, Newborn or Newborn Congenital Conditions.

**PRE-CERTIFICATION:** You must contact our Claims Administrator prior to receiving any Medical Care or treatment. Penalties under this Policy apply for failure to Pre-Certify and for not accessing treatment through our Extended Providers Network (EPN), such as 50% reduction on benefits. Read carefully the CLAIMS ADMINISTRATION clauses in the General Provisions of this Policy.