

Signature Healthcare Plan



WEA's Signature Healthcare Plan offers three different coverage options to choose from. Any of the coverage options can be purchased to include benefits inside the United States. If the US is not a country where you require medical attention, the same plan is available without this feature.

Maternity benefits are available as a standard feature on the "Elite" Option plan only. If you require maternity benefits on "Care" and "Select" Options, an optional rider may be purchased. The cost of the maternity rider is available on the application included on this brochure.

Benefits	Plan Options		
	Care	Select	Elite
Coverage Area	Two options: Worldwide Coverage or Worldwide Excluding the US		
Annual Maximum Benefit Lifetime	1,000,000	3,000,000	5,000,000
Deductible	\$250, \$500, \$1,000, \$2,500 and \$5,000		
Family Deductible	3 times the individual Deductible	2 times the individual Deductible	2 times the individual Deductible
Coinsurance (Applied only when in the US)	20% up to \$1,000 per year.	20% up to \$1,000 per year.	10% up to \$500 per year.
Inpatient Benefits			
Hospitalization	\$600 per day, up to 240 consecutive days	100% Private Room	100% Private Room
Intensive Care Unit (ICU)	\$1,500 per day, up to 180 consecutive days	100%	100%
Surgery	100%	100%	100%
Transplant	\$250,000 per Transplant	\$1,000,000 Lifetime	\$2,000,000 Lifetime

* This is a summary of benefits, for complete benefit information please refer to your Policy Wording.

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Benefits	Plan Options		
	Care	Select	Elite
Outpatient Benefits			
Doctor Visits	\$70 per Visit, up to 25 visits per period of coverage	100%	100%
Outpatient Surgery	\$500 per event	100%	100%
Outpatient Medication (RX)	100%	100%	100%
Complementary Medicine	N/A	Acupuncture, Aroma, Herbal, Magnetic, Massage and Vitamin Therapy (Please refer to the policy terms and conditions for specific benefits).	
Laboratory Tests	\$300 per Exam	100%	100%
X Rays, MRI and CT scans	\$250 per Exam	100%	100%
Emergency Room	100%	100%	100%
Local Ambulance	\$1,500 per Event	100%	100%
Mental and Nervous	Included with Outpatient Doctor Visits	\$10,000 per period of coverage, up to \$50,000 lifetime	100% up to \$50,000 lifetime
Radiation Treatment	100%	100%	100%
Home Nursing	30 days per covered Event	100%	100%
Hospice Care	30 days per covered Event	100%	100%
Prosthetic Devices	100%	100%	100%
Physical Therapy	\$40 per Visit, 30 visits per period of coverage	\$50 per Visit	\$50 per Visit
Wellness (Available after 12 months of continuous coverage)			
Child Wellness	N/A	\$200 per period of coverage, not subject to deductible or coinsurance	\$400 per period of coverage, not subject to deductible or coinsurance
Adult Wellness	N/A	\$250 per period of coverage, not subject to deductible or coinsurance	\$500 per period of coverage, not subject to deductible or coinsurance

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Benefits	Plan Options		
	Care	Select	Elite
Dental and Vision Benefits			
Emergency Dental due to Accident	\$1,000 per period of coverage	100%	100%
Non-Emergency Dental	N/A	N/A	\$750 per period of coverage. \$50 deductible and co-pay applied
Emergency Dental due to Sudden Unexpected Pain	N/A	\$100 per period of coverage	Included in the Non-Emergency dental benefits.
Vision	N/A	N/A	Exams \$100 Materials \$150 (Benefit available after 24 months of coverage and every 2 years)
Maternity Benefits			
Benefit Available after 12 months of coverage	\$5,000 normal delivery, \$7,500 c-section. \$50,000 lifetime Maximum (if optional maternity rider is purchased)		100%
Pre-Existing Conditions			
Coverage Available after 24 months of coverage	\$5,000 per period of coverage, \$50,000 lifetime Maximum		100% (No waiting period applied)
Additional Benefits			
Emergency Medical Evacuation	\$50,000 per period of Coverage	100%	100%
Return of Mortal Remains	\$25,000	\$25,000	\$50,000

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