



## Global Plan: Schedule of Benefits

The following benefits are subject to the definitions, condition, limitations and general exclusions and all other provisions found within this policy. All benefits are subject to a reasonable and customary charge as defined in the policy definitions section.

### PRE-CERTIFICATION OF SERVICES

Penalties to the benefits payable under this policy may apply if the requirements are not met. Please refer to the section labeled Pre-Certification of Services for a more detailed description. You must contact the pre-certification provider number listed on your identification card. The following services must be pre-certified:

In-patient hospitalization	Repatriation of Mortal Remains	Emergency Air Ambulance
Home Health Care	Cardiac Care	Emergency Transportation of a Family Member
Organ Transplants		

Failure to perform the pre-certification requirements within a minimum of 72-hours in advance of a non-emergency service or within 48-hours of an emergency service will result in a penalty of 50% of the allowable charge for the entire episode of care. This out-of-pocket and co-insurance amount will not be applied towards your defined limit shown on the certificate of coverage.

Policy Lifetime Maximum Per Insured:	US\$3,000,000 unless policy rider is placed Annual
Deductibles Options (certificate of coverage defines your selection)	
Individual:	US\$250, \$500, \$1,000, \$2,500, or \$5,000
Family:	Three (3) times the chosen individual deductible
Annual Out-of-Pocket Co-Insurance Limit	US\$2,000 per individual

The annual deductible applies prior to the percentage payable as listed. If there are additional deductibles listed they will be applied prior to your annual deductible.

Nature of Care (Services in the United States require the use of the PPO Network)	Benefit Limit and Percentage Payable
<b>HOSPITAL CARE</b>	
Maximum of 180 consecutive days	
<ul style="list-style-type: none"> <li>■ Room and Board limited to the semi-private room rate               <ul style="list-style-type: none"> <li>Benefits outside of the U.S. .... 100%</li> <li>Benefits in the U.S. .... 80% <b>In PPO</b></li> <li>Benefits in the U.S. .... 50% <b>Non PPO</b></li> </ul> </li> <li>■ Intensive care or other Specialty care unit limited to:               <ul style="list-style-type: none"> <li>Benefits outside of the U.S. .... Up to 3 times the semi-private room and board</li> <li>Benefits in the U.S. .... 100%</li> <li>Benefits in the U.S. .... 80% <b>In PPO</b></li> <li>Benefits in the U.S. .... 50% <b>Non PPO</b></li> </ul> </li> <li>■ Other hospital services               <ul style="list-style-type: none"> <li>Benefits outside of the U.S. .... 100%</li> <li>Benefits in the U.S. .... 80% <b>In PPO</b></li> <li>Benefits in the U.S. .... 50% <b>Non PPO</b></li> </ul> </li> <li>■ Out-patient Hospital Facility Care for emergency room or ambulatory surgical center services               <ul style="list-style-type: none"> <li>Benefits outside of the U.S. .... 100%</li> <li>Benefits in the U.S. .... 80% <b>In PPO</b></li> <li>Benefits in the U.S. .... 50% <b>Non PPO</b></li> </ul> </li> <li>■ Emergency Room               <ul style="list-style-type: none"> <li>Benefits outside of the U.S. .... US\$250 per visit deductible</li> <li>Benefits inside the U.S. .... 100%</li> <li>Benefits in the U.S. .... 80% <b>In PPO</b></li> <li>Benefits in the U.S. .... 50% <b>Non PPO</b></li> </ul> </li> </ul>	
<b>EXTENDED CARE OR IN-PATIENT REHABILITATION</b>	
Care must begin upon discharge from a hospital confinement of no less than 3 days and within the last 14 days	
<ul style="list-style-type: none"> <li>Benefits outside of the U.S. .... Maximum of US\$15,000 per calendar year</li> <li>Benefits in the U.S. .... 100% with a maximum of US\$250 per day</li> <li>Benefits in the U.S. .... 80% In PPO with a maximum of US\$500 per day</li> <li>Benefits in the U.S. .... 50% Non PPO with a maximum of US\$500 per day</li> </ul>	

Nature of Care	Benefit Limit and Percentage Payable
<b>PHYSICIAN CARE</b>	
<ul style="list-style-type: none"> <li>■ Office Visits</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<ul style="list-style-type: none"> <li>■ Hospital Visits (limited to one visit per day of hospital confinement)</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<ul style="list-style-type: none"> <li>■ Surgery*</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<ul style="list-style-type: none"> <li>■ Assistant Surgeon allowable charge limited to 20% of the surgeons allowable charge</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<ul style="list-style-type: none"> <li>■ Anesthesiologist allowable charge limited to 20% of the surgeons allowable charge</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<ul style="list-style-type: none"> <li>■ Second Surgical Opinion</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<ul style="list-style-type: none"> <li>■ Chiropractic Care per insured</li> </ul>	Calendar year maximum of US\$750
<p style="text-align: center;"><b>When multiple surgical procedures are performed during the same surgical session or through the same incision, benefits are payable as follows:</b></p> <p style="text-align: center;">▶ 100% or 80% depending where the services are rendered      ▶ 50% on the secondary procedure only if it is medically necessary</p>	
<b>HUMAN ORGAN TRANSPLANT BENEFIT</b>	
Maximum of US\$150,000 lifetime maximum per insured	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>DIAGNOSTIC SERVICES</b>	
<ul style="list-style-type: none"> <li>■ Diagnostic laboratory test and x-rays</li> </ul>	
<ul style="list-style-type: none"> <li>■ MRI, CAT, PET scans and other diagnostic machine test</li> </ul>	
<ul style="list-style-type: none"> <li>■ Pathology</li> </ul>	
<ul style="list-style-type: none"> <li>■ Radiation therapy and chemotherapy</li> </ul>	
<ul style="list-style-type: none"> <li>■ Inhalation therapy</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>HOME HEALTH CARE SERVICES</b>	
Care must start upon discharge from the hospital and must be accompanied by attending Physician orders. Maximum number of nursing hours per calendar year are 240.	
<ul style="list-style-type: none"> <li>■ Home Care</li> </ul>	
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>

Nature of Care	Benefit Limit and Percentage Payable
<b>MATERNITY CARE</b>	
Care is limited to the Insured and his Dependent spouse only. Pregnancy and or any condition related to pregnancy that arises during the first twelve (12) months of coverage under this policy are excluded. Any fertility or infertility services, tests, treatments and or procedures of any kind, including but not limited to fertility or infertility drugs, artificial insemination, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other procedures and services related to such treatments, complications of that pregnancy, delivery and postpartum care are also excluded.	
<ul style="list-style-type: none"> <li>■ Maternity care includes delivery, prenatal and postnatal care and Complications of Pregnancy.</li> </ul>	US\$5,000 per normal delivery US\$7,500 per Caesarian Section
Benefits outside of the U.S.	100%
Benefits in the U.S.	US\$10,000 per normal delivery US\$12,000 per Caesarian Section
Benefits in the U.S.	80% In PPO
Benefits in the U.S.	50% Non PPO
Children born to mothers who received fertility or infertility treatments as described above are subject to the current underwriting guidelines and eligibility requirements with no guarantee for their acceptance for coverage.	
<b>CONGENITAL BIRTH DEFECTS</b>	
Premature newborns, congenital conditions and birth anomalies for newborns enrolled within 31-days of the date of birth have a lifetime maximum.	
Benefits outside of the U.S.	US\$30,000 lifetime maximum
Benefits in the U.S.	100% / US\$50,000 lifetime maximum
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>HOSPICE CARE OUT-PATIENT</b>	
Benefits outside of the U.S.	US\$10,000 lifetime maximum. 180-day maximum
Benefits in the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>EMERGENCY GROUND AMBULANCE</b>	
Limited to one trip to the nearest hospital	
Benefits outside of the U.S.	US\$300 per trip maximum
Benefits in the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>ALCOHOLISM AND DRUG ABUSE DISORDERS</b>	
Benefits outside of the U.S.	US\$15,000 lifetime maximum. In-patient 30-day maximum
Benefits in the U.S.	80%
Benefits in the U.S.	US\$25,000 lifetime maximum
Benefits in the U.S.	In-patient 30-day maximum
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
Benefits outside of the U.S.	US\$1,000 calendar year maximum. Out-patient
Benefits in the U.S.	50%
Benefits in the U.S.	50% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>MENTAL AND NERVOUS</b>	
Benefits outside of the U.S.	US\$15,000 lifetime maximum. In-patient 30-day maximum
Benefits in the U.S.	80%
Benefits in the U.S.	US\$25,000 lifetime maximum. In-patient 30-day maximum
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
Benefits outside of the U.S.	US\$2,500 calendar year maximum. Out-patient
Benefits in the U.S.	50%
Benefits in the U.S.	50% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>
<b>THERAPEUTIC SERVICES</b>	
Care is limited to treatment resulting from surgery or illness	
<ul style="list-style-type: none"> <li>■ Physical Therapy</li> <li>■ Speech Therapy</li> </ul>	US\$25 per visit maximum. 30-visits per calendar year
Benefits outside of the U.S.	100%
Benefits in the U.S.	80% <b>In PPO</b>
Benefits in the U.S.	50% <b>Non PPO</b>

Nature of Care	Benefit Limit and Percentage Payable
<p><b>PRESCRIPTION</b></p> <p>Benefits outside of the U.S. -----</p> <p>Benefits in the U.S. -----</p> <p>Benefits in the U.S. -----</p>	<p>100%</p> <p>80% <b>In PPO</b></p> <p>50% <b>Non PPO</b></p>
<p><b>INFUSION THERAPY</b></p> <p>Please refer to Comprehensive Medical Coverage section for details</p> <p>Benefits outside of the U.S. -----</p> <p>Benefits in the U.S. -----</p> <p>Benefits in the U.S. -----</p>	<p>100%</p> <p>80% <b>In PPO</b></p> <p>50% <b>In PPO</b></p>
Wellness Benefit	Yearly Deductive Waived
<p>■ <b>Adult Males</b></p> <p>Benefits are provided for routine physical exams including office visit, routine blood, urinalysis, and PSA exams -----</p> <p>■ <b>Adult Females</b></p> <p>Benefits are provided for routine physical exams including office visit, routine blood, urinalysis, PAP test and routine mammogram -----</p> <p>■ <b>Children</b></p> <p>Benefits are provided for routine physical exams including office visit, routine blood, urinalysis and immunizations -----</p>	<p>100%</p> <p>US\$250 per calendar year</p> <p>100%</p> <p>US\$250 per calendar year</p> <p>100%</p> <p>US\$250 per calendar year</p>
<p><b>EMERGENCY ASSISTANCE</b></p>	
<p>Pre-certification must be coordinated as defined. Failure to pre-certify and gain approval will result in no benefit (\$0) being paid. Transportation for the covered member will be provided to the nearest hospital or medical facility equipped to treat the injury, illness or medical emergency.</p> <p>■ <b>Emergency Air Ambulance (Medical Evacuation)</b></p> <p>Benefits outside of the U.S. -----</p> <p>Benefits in the U.S. -----</p> <p>■ <b>Emergency Transportation of a Family Member</b></p> <p>■ <b>Repatriation of Mortal Remains to Country of origin</b></p>	<p>US\$30,000 per occurrence</p> <p>US\$75,000 lifetime maximum</p> <p>100%</p> <p>80%</p> <p>US\$500</p> <p>US\$10,000</p>
<p><b>OTHER MEDICAL CARE</b></p> <p>Benefits outside of the U.S. -----</p> <p>Benefits in the U.S. -----</p> <p>Benefits in the U.S. -----</p>	<p>100%</p> <p>80% <b>In PPO</b></p> <p>50% <b>Non PPO</b></p>
<p><b>PRE-EXISTING CONDITIONS</b></p> <p>Expenses for conditions treated within 3-months preceding the coverage effective date will be limited to US\$4,000 during the first 12-months of coverage.</p>	