

Medical Coverage Mbenefits



*Charges are limited to Reasonable and Customary Cost of the country where expenses were incurred.
Lifetime Maximum \$3,000,000 per Insured*

1. Top 80 - Coverage and Benefits

HOSPITALIZATION

Fees/room and board/mandatory charges	100% of charges
Private room	100% of charges
Bed for an accompanying parent of a hospitalised child under the age of 12	100% of charges
Ambulance transportation	100% of charges
Re-constructive surgery	100% of charges
Convalescent facilities (maximum 60 days)	100% of charges
Organs Transplants	80% of charges to a lifetime maximum of \$50,000 US

OUT-PATIENT MEDICAL TREATMENT

Physician fees and home visits (excluding dentists and ophthalmologists)	80% of charges
Nurse	80% of charges
Paramedical fees – Kinesitherapist, physiotherapist, speech therapist, optometrist, ergo therapist, chiropracist (also known as podiatrist)	80% of charges
Laboratory tests	80% of charges (Upon pre-authorization MRI \$1,000 US Maximum, CAT Scan \$750 US maximum per person per policy year, Colonoscopy and Endoscopy to a combined maximum \$2,500 per Policy Year)
X-rays	80% of charges
Prescription drugs	80% of charges excluding lifestyle drugs

ALTERNATIVE MEDICINE

Acupuncture, Osteopathic care, Chiropractic care, Homeopathic care, Psychotherapy	80% of charges up to 10 sessions per person per policy year to a maximum of \$400 US per specialty per policy year
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PREVENTIVE MEDICINE

Inoculations and preventive drugs	80% of charges if required and prescribed by a physician
Health check up	none

VISION CARE

Physician fee & Diagnostic, preventive and necessary basic care	80% of charges up to \$250 US per person per policy year
Glasses frames / Prescription glasses lenses / Prescription contact lenses (including disposal lenses)	100% of charges up to \$300 US per person per Policy Year

DETOXIFICATION AND PSYCHIATRY RELATING TO DETOXIFICATION

Out-patient medical treatment	none
Hospitalization	none

PREGNANCY AND CHILBIRTH

	none
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THERMAL SPAS

	none
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2. Super 100 - Coverage and Benefits

HOSPITALIZATION

Fees/room and board/mandatory charges	100% of charges
Private room	100% of charges
Bed for an accompanying parent of a hospitalised child under the age of 12	100% of charges
Ambulance transportation	100% of charges
Re-constructive surgery	100% of charges
Convalescent facilities (maximum 60 days)	100% of charges
Organs Transplants	80% of charges to a lifetime maximum of \$75,000 US

OUT-PATIENT MEDICAL TREATMENT

Physician fees and home visits (excluding dentists and ophthalmologists)	100% of charges. Home visits based on same reasonable and customary charges as office visits
Nurse	100% of charges
Paramedical fees – Kinesitherapist, physiotherapist, speech therapist, optometrist, ergo therapist, chiropracist (also known as podiatrist)	100% of charges
Laboratory tests	100% of charges(MRI \$1000 US Maximum, CAT Scan \$750 US per policy year; Colonoscopy and Endoscopy to a combined maximum \$2500 per policy year)
X-rays	100% of charges
Prescription drugs	100% of charges excluding lifestyle drugs

ALTERNATIVE MEDICINE

Acupuncture, Osteopathic care, Chiropractic care, Homeopathic care, Psychotherapy	100% of charges up to 10 sessions per person per policy year to a maximum of \$500 US per specialty per policy year
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PREVENTIVE MEDICINE

Inoculations and preventive drugs	100% of charges if required and prescribed by a physician
Health check up	100% of charges up to \$500 US for one check-up per person once every 3 years after age 35

VISION CARE

Physician fee & Diagnostic, preventive and necessary basic care	100% of charges up to \$300 US per person per policy year
Glasses frames / Prescription glasses lenses / Prescription contact lenses (including disposal lenses)	100% of charges up to \$400 US per person per Policy Year

DETOXIFICATION AND PSYCHIATRY RELATING TO DETOXIFICATION

Out-patient medical treatment	50% of charges up to \$1,000 US per person per Policy Year
Hospitalization	none

PREGNANCY AND CHILBIRTH

Expenses incurred by Insured mother to a maximum of \$10,000 per pregnancy for pre-natal care and cost of delivery services. This benefit is available when the expected date of delivery is a minimum period of 10 months from the original effective date of coverage.
Newborn care to a maximum of \$50,000 per newborn for the first 30 days following date of delivery. Should hospitalisation for Newborn continue pass the initial 30-day period this period will be extended until Newborn is discharged from hospital.
Pregnancy and newborn care reimbursed at 80% within the geographical area elected. No coverage for expenses incurred outside of the elected geographical area.
Application must be made for Newborn to be insured passed this guaranteed period of Insurability

THERMAL SPAS

none

Please be advised that if you wish to take advantage of the Direct Billing Option for Medical Expenses incurred within the United States you can elect treatment from a physician or facility that belongs to the Hygeia Network (www.hygeia.net)

1. Top 80 - Annual Premiums

WORLWIDE	YEARLY	MONTHLY
SINGLE	US\$5,502.64	US\$459
COUPLE	US\$10,919.91	US\$910
FAMILY	US\$13,914.37	US\$1,160

EXCLUDING NORTH AMERICA	YEARLY	MONTHLY
SINGLE	US\$3,874.98	US\$323
COUPLE	US\$7,664.59	US\$639
FAMILY	US\$9,853.30	US\$821

For periods of less than 12-months, take annual premium divide by 12, times number of months elected, Divide by .97 = premium amount for term elected.

The minimum term offered is 3 months

2. Super 100 - Annual Premiums

WORLWIDE	YEARLY	MONTHLY
SINGLE	US\$10,196.49	US\$850
COUPLE	US\$20,307.61	US\$1,692
FAMILY	US\$25,489.36	US\$2,124

EXCLUDING NORTH AMERICA	YEARLY	MONTHLY
SINGLE	US\$7,160.66	US\$597
COUPLE	US\$14,235.95	US\$1,186
FAMILY	US\$17,954.97	US\$1,496

For periods of less than 12-months, take annual premium divide by 12, times number of months elected, Divide by .97 = premium amount for term elected.

The minimum term offered is 3 months