



Full hospitalization and catastrophic conditions coverage with access to leading healthcare providers including GBG's Global Security network in the U.S.



Global *Inpatient* **Plus**

Global Inpatient Plus is tailored exclusively for individuals and families residing in Latin America and the Caribbean who seek international inpatient health insurance with access to an outstanding U.S. medical provider network.

The plan offers a range of deductibles for members and provides coverage for inpatient and emergency care, as well as outpatient care for cancer and dialysis treatment and more.

As with all GBG plans, Global Inpatient Plus includes the world-class services of GBG Latin America for case management and evacuations, if necessary. GBG services include a vast network of medical facilities that will bill the Company directly, eliminating the need for a member to pay up-front for services.

Global Inpatient Plus also includes the GBG Personal Medical Advisor, one of the world's leading Medical Second Opinion services.

A dark blue background with a faint, light blue world map showing the continents. The map is centered on the Atlantic Ocean.

Geographic Coverage Areas

Global Inpatient Plus provides coverage in Latin America, and the Caribbean. In the U.S., members have access to the GBG Global Security network with an option for coverage out-of-network. Outside the U.S., except in Brazil, members can access any provider of their choice. This extensive geographic coverage area and use of provider networks allow GBG to provide first class coverage while maintaining affordable rates.

Global Inpatient Plus Schedule of Benefits

PROVIDER NETWORK

Brazil: Use of the Preferred Provider Network is mandatory. All non-emergency treatment received in Brazil must be pre-authorized.

United States: The Underwriter maintains a Preferred Provider Network. When an In-Network Provider is used, benefits are paid at 100%. Out of Network benefits are reimbursed at 70%.

MAXIMUM BENEFIT

Policy Period Maximum of \$1,000,000
Lifetime Maximum: Unlimited

POLICY PERIOD DEDUCTIBLES

Plan	In Country of Residence	Out of Country of Residence	Plan	In Country of Residence	Out of Country of Residence
Plan 1	\$0	\$1,000	Plan 4	\$5,000	\$5,000
Plan 2	\$1,000	\$2,000	Plan 5	\$10,000	\$10,000
Plan 3	\$2,000	\$3,000	Plan 6	\$20,000	\$20,000

Family Maximum Deductible: 2 x Individual Deductible

HOSPITALIZATION BENEFITS

Private/Semi-private room	100%
Intensive care unit	100%
Medical treatment, medicines, laboratory and diagnostic tests (including cancer treatment, chemotherapy/radiotherapy)	100%
Inpatient Consultation by a Physician or Specialist	100%
Inpatient surgery, medical and nursing fees	100%
Extended Care / Inpatient Rehabilitation (Must be confined to facility immediately following a Hospital stay)	100%; \$6,000 Policy Year maximum
Private duty nursing	100%
Accommodation charges for companion of a hospitalized child	\$100 per day; maximum 10 days per Policy Period
Guest Meals	Not covered
Inpatient psychiatric and psychotherapist consultation	100%

OUTPATIENT BENEFITS

Outpatient physician/specialist visit	100%; Policy Year Maximum 6 visits after covered hospitalization
Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-Rays and Laboratory (Pre-Surgical Testing Only). A 3 month waiting period applies	100%; \$10,000 Policy Year Maximum
Outpatient surgery, medical and nursing fees	100%
Outpatient Dialysis	100%
Physical Therapy and Rehabilitation Services (Following a covered Hospitalization)	100%; Policy Year Maximum 60 visits, all therapies combined
Complementary Therapy: Osteopathic, Chiropractic, Psychiatric, Homeopathic, and Short Term Speech	Not covered
Preventive Care/ Check-up for children (six months or older) and adults	Not Covered
Prescribed drugs following a covered hospitalization or Outpatient surgery	100%; maximum 6 month coverage from date of discharge

This is only a brief summary of key Plan provisions. Please refer to the Policy for complete details. Benefits are per person per Policy Period and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Policy Period Deductible. Currency: USD

OUTPATIENT BENEFITS (Cont.)

Prescribed drugs following a covered Outpatient treatment	Not Covered
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EMERGENCIES

Serious Accident Hospitalization (Admitted for 24 hours or more)	100%; Deductible waived for an immediate first hospitalization
Ground Ambulance (Covered if immediately admitted as an Inpatient)	100%
Air Ambulance (Covered if immediately admitted as an Inpatient)	Per Event Maximum \$50,000; UCR applies.
Non-Emergency use of the Emergency room in the U.S.	50%
Emergency room and medical services (Covered if immediately admitted as an Inpatient)	100%
Emergency Dental Treatment (Limited to Accidental injury of sound natural teeth) Services must be completed within 120 days of Accident.	100%

CATASTROPHIC CONDITIONS

Cancer Treatment (chemotherapy/radiotherapy)	100%
Congenital and Hereditary Conditions	Not Covered

OPTIONAL RIDER

Transplant Procedures (in the U.S. Institutes of Excellence facilities approved by GBG only)	100%; \$750,000 Lifetime Maximum per diagnosis including donor expenses and donor procurement expenses up to \$40,000
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OTHER BENEFITS

Repatriation of Mortal Remains	Per Insured Maximum \$10,000; Pre-Authorization Required
Home Health Care Including Private Duty Nursing, Skilled Nursing, Visiting Nurse (As follow-up care to a covered Hospitalization)	100%; \$6,000 Policy Year Maximum
Special Treatments (prosthesis, implants, appliances, and orthotic devices, radiation therapy, chemotherapy, and highly specialized drugs)	100%
Hospice Care	100%
Durable Medical Equipment (As follow-up care to a covered Hospitalization)	100% UCR; \$6,000 Policy Year Maximum
Prosthetic Limbs (As follow-up care to a covered Hospitalization)	\$30,000 Policy Year Maximum; \$120,000 Lifetime Maximum;
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) and sexually transmitted diseases and all related conditions 24 month waiting period applies. Benefit is not covered if condition was diagnosed a Pre-Existing Condition	100%; \$15,000 Lifetime Maximum
GBG Personal Medical Advisor – Medical Second Opinion service	Covered
War and Terrorism Benefit	Lifetime Maximum of \$125,000 per Insured; \$500,000 per family
50% Deductible Reduction	Not Included

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MATERNITY BENEFITS

Benefit for Insured, including prenatal care and postnatal care. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy, and postpartum care are excluded from coverage, but the delivery (Normal Delivery or C-Section) is covered up to the benefit limit. Note the maternity benefit terminates at age 18 for a daughter insured as a Dependent

- The Deductible is waived for this benefit
- A 10 month Waiting Period applies; no maternity related treatment for the mother or newborn is covered during this period
- See Policy Face Page to determine if maternity benefits or optional riders are included under your plan.

Normal Delivery or C-Section

Complications of Pregnancy and Premature Birth

Optional Rider for Complications of Pregnancy and Premature Birth
Coverage for Policyholder or spouse only

Provisional Coverage for Newborn Children (for a maximum of 30 days);
Covered Pregnancies only; Deductible Waived

Blood Cord Storage

Infant Examinations (immunizations & routine medical exams)

Provided the child was born under a pregnancy covered by the maternity benefit

Not covered

Key Benefits

- Unlimited Lifetime Maximum
- Generous Inpatient Coverage
- Ambulatory Surgery, Cancer and Dialysis Coverage
- Direct-bill Network
- Live Customer Service
- Online Claims Filing
- Optional Transplant Procedure Benefit

THE FOLLOWING SERVICES REQUIRE PRE-AUTHORIZATION

- Hospitalization
- All treatment incurred in Brazil, except for Life Threatening Emergency treatment
- Outpatient Surgery
- All Cancer Treatment in excess of \$5,000 (Including Chemotherapy and Radiation)
- Organ, Bone Marrow, Stem Cell Transplants, and other similar procedures
- Air Ambulance – Air ambulance service will be coordinated by Insurer's air ambulance provider
- Home Health Benefits/ Home care including Private Duty Nursing, Skilled Nursing and Visiting Nurse
- Specialty Treatments and Highly Specialized drugs
- Physical therapy and Rehabilitation services
- Any condition that is expected to accumulate over \$3,000 of medical treatment per Policy Period

NOTE: Failure to pre-authorize a procedure that requires pre-authorization will result in a 30% penalty.



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Global Inpatient Plus Terms and Conditions

RESIDENCY

This product is for residents of Jamaica. "Country of Residence" is defined as:

1. Where the Insured resides the majority of any calendar or Policy Year; or,
2. Where the Insured has resided more than 180 days during any 12-month period while the Policy is in effect.

EXCLUSIONS

The following is only a brief summary of exclusions. Please refer to the Policy for complete details or request a complete list.

- Cosmetic surgery and treatments.
- Medical conditions as a result of self-inflicted injuries, suicide, abuse of alcohol, drug addiction or abuse.
- Injuries resulting from engaging in dangerous activities or Professional Sports, or activities related to the use of a weapon or firearm (e.g. hunting).
- All vitamins, minerals, and dietary supplements prescribed or purchased over the counter, except during pregnancy or to treat diagnosed clinically significant vitamin deficiency syndromes.
- Any Experimental treatment.
- Any reproductive treatment, including abortion, contraception, infertility, sterilization, sexual dysfunction, and post/prenatal classes.
- Obesity and weight reduction treatments.
- Treatment to change the refraction of one or both eyes (laser eye correction).
- Hearing aids.
- Charges in excess of Usual, Customary and Reasonable (UCR) charges.
- Alcohol and drug abuse. Outpatient and Inpatient Rehabilitation.
- Outpatient mental health services.
- No coverage out of network in Brazil unless it is a Life-threatening Emergency.
- Maternity.
- Any illness or injury, not caused by an Accident or a disease of infectious origin, which first manifests within 60 days from the Effective Date of the Policy. This does not apply if the Waiting Period was waived in the Policy Face Page.

KEY PROVISIONS

This is only a brief summary of key plan provisions. Please refer to the Policy for complete details.

- Benefits are per person per Policy Year and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Policy Period Deductible.
- 180 day claims filing limit from date of treatment or service.
- No Provider limitations in the Caribbean and Latin America. For medical services in Brazil, Pre-authorization is required and will be provided within GBG network only, unless in a life-threatening emergency. In the U.S. a 30% penalty applies for services outside the Preferred Provider Network.
- Minimum entry age is 18; Maximum entry age is 74.
- There is no maximum renewable age for Insureds already covered.
- All applicants will submit health evidence for coverage consideration. Coverage is not guaranteed and subject to underwriting approval.
- Pre-Existing Conditions must be disclosed on the application. A 12-month Waiting Period will apply to all Pre-existing Conditions declared on the application. Pre-existing Conditions not disclosed on the application are never covered and the Insurer may deny claims for such condition, or terminate or rescind the coverage. See Definition for Pre-existing conditions. See the Policy Face Page for the terms and conditions regarding the issuance of this Policy.
- Pre-Authorization is required for some medical services. Where Pre-Authorization is required, the Insured must obtain it in writing from the insurance company. Failure to Pre-Authorize will result in a 30% penalty for the entire episode of care, except for non-emergency treatment received in Brazil which will result in a denial of benefits. Please refer to the "Pre-Authorization" section of the Policy for a complete description. When in doubt, the Insured is encouraged to consult with the Assistance Company.
- Deductible and UCR example. Member requires treatment and is billed for \$5,000. After he pays the first \$2,000, the Policy Period Deductible, the company pays the remaining \$3,000. Once the member pays his deductible, it no longer applies that Policy Year. UCR (Usual Customary and Reasonable) charges are the standard fee range for services in a certain location. If the amount charged was higher than UCR, the company would pay to UCR only. If the UCR were only \$4,800 in the prior example, after the Deductible of \$2,000, the company would pay the Provider \$2,800.
- 30 days grace period for Premium payments.
- Automatic termination if permanent residency is changed to the U.S. or Premiums are not paid.
- With GBG you may seek treatment anywhere in the world with the Hospital or doctor of your choice. When seeking treatment in the U.S., you have access to Preferred Provider Organizations (PPO), networks of thousands of established, highly qualified health care Physicians and recognized Hospitals. There is coverage outside of the GBG PPO, but coverage may differ so please consult your agent.