

2020



Comprehensive benefit
plan with access to GBG's
Global Security network
in the U.S.



Global Security is tailored exclusively for individuals and families residing in Latin America and the Caribbean who seek affordable, comprehensive international 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 care, outpatient care, emergencies, optional transplant rider, plus a pharmacy benefit and more.

As with all GBG plans, Global Security includes the world-class services of GBG Latin America for medical assistance and evacuations, if necessary, anywhere in the world any time of day. 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 Security also includes the GBG Personal Medical Advisor, one of the world's leading Medical Second Opinion services.

A faint, light blue world map is visible in the background of the blue section.

Geographic Coverage Areas

Global Security provides worldwide coverage with access to the GBG Global Security Network in the U.S. 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 worldwide coverage while maintaining affordable rates.

Global Security Schedule of Benefits

MAXIMUM BENEFIT

Policy Period Maximum of \$3,000,000

PROVIDER NETWORK

- **Worldwide excluding USA:** Free choice of Provider. In Brazil restrictions apply for residents only.
- **USA:** The Insurer maintains the GBG Global Security Network. In-network benefits are paid at 100%. Out-of-network benefits are paid at 70%.

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	N/A	N/A	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%
Private duty nursing	\$150 per day; Policy Period maximum 30 days
Accommodation charges for companion of a hospitalized Insured	Up to \$1,000, up to \$100 maximum per day
Inpatient psychiatric hospitalization	100%

OUTPATIENT BENEFITS

Outpatient physician/specialist visit	100%
Diagnostic exams including laboratory and imaging tests	100%
Outpatient surgery, medical and nursing fees	100%
Physical Therapy and Rehabilitation services	100%; Policy Period maximum 60 visits, all therapies combined
Preventive Care/Check-up for children (six months or older) and adults	\$150 maximum per Insured, per Policy Period; Deductible waived
Prescribed Drugs following a covered Hospitalization or Outpatient surgery	100%; maximum 6 month coverage from date of discharge
Prescribed Drugs after covered consultation	100%; \$6,000 Policy Period maximum

EMERGENCIES

Serious Accident Hospitalization (24 hours or more)	100%; Deductible waived for period of first hospitalization only
Ground ambulance	100%

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

EMERGENCIES (Cont.)

Air Ambulance	\$50,000 per event maximum; Deductible waived
Emergency room and medical services	100%
Emergency dental care - Limited to accidental injury of sound, natural teeth. Services must be completed within 120 days of Accident	100%

SPECIALIZED TREATMENTS

Prophylactic surgery (only for gynecological cancer)	A 12-month Waiting Period applies: 100%; up to \$10,000 Lifetime Maximum. (including breast reconstruction)
Congenital and Hereditary Conditions (coverage based on date of diagnosis)	\$250,000 Lifetime Maximum up to age 18; \$1,000,000 age 18 or older
Transplant procedures (in the U.S. Institutes of Excellence facilities approved by GBG only)	OPTIONAL RIDER 100%; \$750,000 Lifetime Maximum per diagnosis including donor expenses and donor procurement expenses up to \$40,000
Hallux valgus (a 24-month Waiting Period applies)	100% UCR, maximum \$10,000 lifetime

OTHER BENEFITS

Oncologic treatment	100%
Dialysis	100%
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC). A 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
Home Health Care/ Home Care	100%; Policy Period Maximum \$6,000
Special treatments (prosthesis, implants, appliances, and orthotic devices, and highly specialized drugs)	100%
Hospice Care	100%
Durable Medical Equipment	100%; Policy Period maximum \$6,000
Prosthetic limbs	\$30,000 Policy Period maximum; \$120,000 Lifetime Maximum
Repatriation of mortal remains	Per Insured benefit maximum: \$10,000
War and Terrorism Benefit	100%
Term Life Insurance/Mortal benefit - Coverage terminates at the end of the Policy Period following attainment of age 65	\$10,000 Policyholder; \$5,000 spouse; \$1,000 per dependent child
Free Coverage for eligible dependents after the policyholder's death (65 years old or more)	2 Years. (Death must had occurred from a covered condition).
50% Deductible reduction benefit (on the 4th Policy Period after 3 consecutive years without paid claims and no change in Policy Deductible)	Included in plans 2, 3 and 4 only

MATERNITY BENEFITS (Included under plans 2 and 3 only)

A 10-month Waiting Period applies; no maternity related treatment for the mother or newborn is covered during this period. Deductible waived unless stated otherwise.

Standard benefit: Normal delivery or c-section	\$4,000 benefit maximum per pregnancy
Complications of Maternity and Perinatal (provided the pregnancy is a Covered Pregnancy)	100%; \$100,000 Lifetime Maximum

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MATERNITY BENEFITS (Included under plans 2 and 3 only) (Cont.)

Optional Rider for Complications of Maternity and Perinatal (available for all plans). Coverage for Policyholder or spouse only.	\$500,000 Lifetime Maximum, all pregnancies combined; Deductible applies on plans 4, 5 and 6
Infant examinations (immunizations & routine medical exams) provided the child was born under a pregnancy covered by the maternity benefit	100%; up to 6 months of age Policy Period maximum 5 visits
Provisional coverage for newborn (for a maximum of 90 days); Covered Pregnancies only.	\$15,000 benefit maximum per pregnancy

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Key Benefits

- No Lifetime Maximum
- Inpatient and Outpatient coverage
- Worldwide direct-bill network
- Online claims filing
- Live customer service
- Maternity and newborn care benefits
- Complications of maternity benefit included with some Deductibles
- Optional rider for transplant procedure benefit
- Term life insurance benefit included
- Worldwide portability

PRE-AUTHORIZATION IS REQUIRED FOR THE FOLLOWING BENEFITS

- Hospitalization
- Exams or Outpatient procedures that requires more than local anesthesia
- Oncologic treatment in excess of \$10,000
- Home Health Benefits/ Home Care
- Organ, bone marrow, stem cell transplants, and other similar procedures
- Air Ambulance – Air Ambulance service will be coordinated by Insurer's Air Ambulance Provider
- Specialty Treatments and Highly Specialized drugs
- Any condition that is expected to accumulate over \$10,000 of medical treatment per Policy Period

NOTE: Failure to pre-authorize a procedure that requires Pre-authorization will result in a 30% penalty. (Except Air Ambulance, organ, bone marrow, stem cell transplants, and other transplant similar procedures not Pre-Authorized by the Company will not be covered).

FOR RESIDENTS OF BRAZIL ONLY

The following are non-preferred Providers:

- Hospital Israelita Albert Einstein
- Hospital Samaritano Rio de Janeiro
- Fleury
- Hospital Sírio-Libanês
- Copa Star

In case of the use of a non-preferred Provider, the Company will reimburse 70% of UCR and the remaining balance will be the Insured's responsibility.

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





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