



*Insurance Without Borders*<sup>SM</sup>



Comprehensive Worldwide  
Health Insurance Plan  
Specifically Designed For

# INDEPENDENCE PLAN

Individuals

2016—2017



## Experience and Expertise in the International Marketplace

Global Benefits Group has been specializing in the international insurance market for more than 35 years, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas workers and international travelers.

GBG underwrites health, life, disability, travel and other specialty insurances for groups and individuals who are expatriates, third-party nationals or high net-worth local nationals.

As globalization of the world's economy has continued to accelerate, GBG has developed a specialized underwriting structure that is required to meet the needs of this select market niche. This structure is devoted to one business only: underwriting risks for organizations and individuals whose life and work transcend geographic boundaries.

The GBG portfolio of products provides optimum security because it is supported by a world-class panel comprising some of the largest and most financially stable underwriters in the world:

- GBG Insurance Limited (rated B++ by A.M. Best Company)
- Chubb Insurance (rated A++)
- General Reinsurance Corporation (rated A++)
- Lloyd's of London (rated A)
- Hannover Re (rated A+)

Additionally, GBG partners with a multitude of local insurance companies around the world when an admitted carrier is required to meet specific country regulations. GBG also operates as a Lloyd's coverholder.

We are proud to offer this exciting and innovative structure to our clients. It provides the international marketplace with an unprecedented and unique combination:

- International expertise
- Dedicated underwriting facility
- Financial security
- Responsive customer service

*For more information, visit [gbg.com](http://gbg.com)*

Global Benefits Group  
offers worldwide expertise,  
products and services  
unbound by geographic  
constraints.

Any Country.  
Any Nationality.



# GBG provides world-class services.



The essence of outstanding health insurance comes in the form of customer service, and a cornerstone of GBG is the worldwide expertise of **GBG Assist**. GBG Assist offers 24/7 assistance to answer any customer need around the world – including emergency evacuation, if necessary – no matter the day or time. GBG Assist is a **member's one-stop shop** for any questions concerning benefits, deductibles & co-insurance, network providers, pre-authorization and coordination of benefits. In the case of hospitalization, Case Managers and the GBG Assist Medical Director work as a team to manage all aspects of a case from the initial referral until the patient returns home. GBG Assist provides empathetic patient advocacy while monitoring costs; whenever in doubt, make your first call to GBG Assist.



**International Claims Services (ICS)** supports group and individual clients around the world by providing claims processing and reimbursement to both providers and individuals. All ICS services are accessible to members online at [gbg.com](http://gbg.com). Of special importance, ICS has developed proprietary claims software to handle the complexities of international reimbursements whenever a member files a pay-and-claim form. ICS is staffed with experienced claims processing professionals who are fully conversant with the needs of international clients.



In the United States, GBG utilizes **Aetna®** as its Preferred Provider Network. Aetna is one of the premier PPO Networks and includes more than 5,300 hospitals and 561,000 professional providers in the United States. The network has coverage in all 50 states plus the District of Columbia. Networks are important to health insurance members because the overwhelming majority of these facilities will invoice the insurance company directly for services rendered, avoiding the need for a member to pay and claim.

In some instances, GBG utilizes the Coventry network in the U.S.



Outside of North America, GBG has built a proprietary Preferred Provider Organization called **World Medical Network (WMN)**. Facilities that participate in World Medical Network will not only provide the finest care available in the local environment, but they have been chosen for their expertise in dealing with expatriates. They maintain an English speaking staff, have many Western trained staff members, and provide high quality and professional medical care. In addition, all WMN network providers will bill GBG directly.



GBG policies offer many levels of pharmacy benefits that are available worldwide, and our health plans can be customized to fit the specific pharmacy needs of every client. For pharmacy coverage in the United States, GBG utilizes **CVS Caremark**, giving members access to one of the leading pharmaceutical service companies. CVS Caremark fills or manages more than 1 billion prescriptions per year, more than any other pharmacy services provider in the United States. Outside of the United States, pharmacy expenses are reimbursed on a pay-and-claim basis.



GBG members and their eligible dependents who have worldwide coverage have access to the **Vision Service Plan (VSP)** Access discount plan and broad provider network. No special I.D. card is required, and no additional premium is charged. VSP provides discounts for eye exams, eye-glasses and contact lenses, when members use network providers in the United States.

# INDEPENDENCE PLAN

*Specifically designed for U.S. citizens living abroad*

The Independence Plan offers individuals the ability to customize a comprehensive health insurance plan to fit their specific benefit and pricing needs.

A customized benefits program can be tailor-made with low deductibles and rich benefits or can be made more affordable with increased deductibles, co-payments and benefit limitations.

With the Independence Plan, American expatriates have the freedom to choose their desired level of benefits and to go anywhere in the world without compromising access to healthcare.

## > GEOGRAPHIC COVERAGE AREAS

**Worldwide** -- No geographic restrictions; complete coverage anywhere in the world, including the United States and Canada.

**International Plus** -- Complete medical treatment anywhere in the world, with the exception of only covering emergencies in the United States and Canada.

**International** -- Complete medical treatment anywhere in the world, with the exception of the United States and Canada.

In addition to these three base Geographic Coverage Areas, the Independence Plan can limit coverage to certain regions or only in a country of residence.

## > KEY BENEFITS OF THE INDEPENDENCE PLAN

*The beauty of the Independence Plan is that it can be customized to match the specific needs of an individual.*



- Annual maximum limits of up to \$1 million
- Inpatient and outpatient coverage available
- Worldwide direct-bill network
- Well baby care benefits
- Chronic conditions covered
- Maternity benefits
- Optional Life, Hospital Cash & Dental coverage
- Online claims filing
- Online and Live Customer Service

# INDEPENDENCE PLAN BENEFITS SCHEDULE

Currency USD

ANNUAL MAXIMUM	
Insured Person (per policy year)	\$ 1,000,000 No Lifetime Maximum
ANNUAL DEDUCTIBLES	
Insured Individual	\$0-\$5,000 deductible options
Family	3 x Individual Deductible
HOSPITALIZATION & INPATIENT	
Semi-private room Intensive Care (medically necessary) Medical treatment, medicines, laboratory & diagnostic tests Inpatient Consultation by Physician or Specialist Inpatient Surgery & Surgeon	Covered in Full <sup>1</sup>
OUTPATIENT	
Emergency Room Emergency Medical Services Outpatient Physician Visit Consultation by Specialist Echocardiography, Ultrasound (medically necessary) CAT Scan, PET Scan, MRI (medically necessary) Endoscopy (e.g. gastroscopy, colonoscopy, cystoscopy) X-Rays Laboratory Outpatient or Ambulatory Surgery <sup>1</sup> Outpatient Surgeon	Covered in Full
Non-Emergency Use of Emergency Room	50% Co-payment \$1,000 Maximum Out-of-Pocket per Incident
Maternity -- Normal Delivery or medically necessary C-Section. 12 months waiting period.	\$7,500 Limit, 50% over \$7,500
Premature Birth, Congenital Conditions, Birth Anomalies, as a result of a covered pregnancy.	Covered in Full
Physical-, Chiropractic-, Occupational- & Vocational Speech-Therapy	Covered in Full \$5,000 Combined Maximum
Homeopathic and Acupuncture treatment for a covered illness	Covered in Full, \$500 Maximum
Human Organ, Bone Marrow, Stem Cell Transplants, and other similar procedures. <i>(Expenses for Donor are not covered including search fees &amp; medical expenses.)</i>	Covered in Full <sup>1</sup>
Extended Care/Inpatient Rehabilitation: Must be confined to facility immediately following Hospital stay.	Covered in Full <sup>1</sup>
Hospice	Covered in Full Maximum 45 days, Inpatient \$5,000 Outpatient
OTHER COVERED SERVICES	
Emergency Ambulance, including Ground and Air Ambulance	Covered in Full, Air <sup>1</sup>
Durable Medical Equipment (including Insulin Pumps and associated supplies.)	Purchase/Rental Covered in Full <sup>1</sup>
Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing, Home Health Care	Covered in Full, Maximum 100 days <sup>1</sup>

Maximum benefits are per person per policy year unless otherwise indicated. <sup>1</sup> Requires Pre-authorization through GBG Assist & use of PPO network in U.S.

# INDEPENDENCE PLAN BENEFITS SCHEDULE

Currency USD

OTHER COVERED SERVICES	
Mental Health Inpatient	Covered in Full, Maximum 180 days \$25,000 Lifetime Maximum
Mental Health Outpatient	Covered in Full, Maximum 20 visits
Alcohol and Drug Abuse: Inpatient & Outpatient Rehabilitation	Covered in Full, \$2,500 Maximum <sup>1</sup>
HIV, AIDS, ARC and Sexually Transmitted Diseases: Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions.	Covered in Full Pre-existing conditions excluded
Child and Adult Examinations — <ul style="list-style-type: none"> <li>• Child Examinations (include child immunizations and routine medical exams.)</li> <li>• Child Wellness (Up to 12 mos.) Maximum 6 visits. Age 12 months+, not covered.</li> <li>• Adult Female Examinations (PAP Smear &amp; baseline mammogram with office visit.)</li> <li>• Adult Male Exams (Prostate Specific Antigen screening with Office Visit.)</li> </ul>	Covered in Full
Emergency Dental Care (Limited to accidental injury of sound natural teeth sustained while covered under policy.) Health Benefit <i>only</i> , not the Optional Dental Benefit.	Covered in Full, \$5,000 Maximum <sup>1</sup>
Repatriation of Mortal Remains	Covered in Full, \$20,000 Maximum
War and Terrorism	Covered in Full
Medical Evacuation	Included, up to Policy limits <sup>1</sup>
Cancer Treatments, including Chemotherapy and Radiation	Covered in Full <sup>1</sup>
PRESCRIPTION	
<ul style="list-style-type: none"> <li>• In U.S. —</li> <li>• Outside U.S. —</li> </ul>	80% reimbursement Pharmacy Plan Discount Card 80% reimbursement
EXCLUSIONS AND LIMITATIONS	
<p>The following are some key provisions found in the Policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the Policy contract.</p> <ul style="list-style-type: none"> <li>• <b>“Pre-existing Condition” is defined as</b> an injury, illness, condition or symptom for which: 1) treatment, medication, advice or diagnosis has been sought or received or was foreseeable; or 2) which originated or was known to exist, whether or not medication, advice or diagnosis was sought or received. Medical Expenses for a pre-existing medical condition or related condition are excluded, unless a period of 24 months continuous insurance has passed, during which time the Insured Person has not received or needed treatment or medication, or sought advice for the same condition.</li> <li>• Cosmetic treatments;</li> <li>• Medical conditions as a result of self-inflicted injuries, suicide, abuse of alcohol, drug addiction or abuse;</li> <li>• Sexually transmitted diseases and AIDS or any AIDS related conditions or diseases if a pre-existing condition;</li> <li>• Treatment received outside area of cover unless due to an emergency as defined in the Policy;</li> <li>• Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of a pre-authorized Emergency Medical Evacuation.</li> <li>• Inpatient hospital confinements primarily for purposes of receiving non-acute, long term custodial care, chronic maintenance care, or assistance with activities of daily living (ADL), are not eligible expenses.</li> <li>• Medications or Immunizations in excess of \$1,000 per refill require pre-authorization.</li> <li>• Any treatment for any condition expected to accumulate over \$5,000 of medical treatment per policy year requiring pre-authorization.</li> <li>• <b>Maternity:</b> Benefit is for Insured Employee, spouse or domestic partner, including prenatal care, postnatal care and complications of pregnancy. Dependent Daughters are not covered. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy, delivery and postpartum care are excluded from coverage Please refer to the <b>“Maternity”</b> section of the Policy for details.</li> <li>• Inpatient Private Duty Nursing is not covered.</li> <li>• Services requiring Pre-authorization: if services are received within the United States, use of the PPO Network is also required. Failure to Pre-Certify and/or use the appropriate Network as required will result in a 40% penalty for the entire episode of care. Please refer to the <b>“Pre-Authorization”</b> section in the Policy for details.</li> <li>• <b>Prescription: Mandatory use of Insurer’s U.S. Pharmacy Network is required for Prescription Drugs purchased in the United States.</b> Failure to follow requirements will result in a reduction in benefit. Please refer to the <b>“Prescription Drug”</b> section in the Policy for details. ID card will appear as <b>“Discount Card”</b> under Prescription Plan section.</li> </ul>	

Maximum benefits are per person per policy year unless otherwise indicated. <sup>1</sup> Requires Pre-authorization through GBG Assist & use of PPO network in U.S.

# OPTIONAL BENEFITS

## Independence Plan Premier Benefits Package

Anyone covered by an individual health policy issued by Global Benefits Group is eligible to purchase this additional benefits package as follows:

Currency USD

LIFE INSURANCE
\$25,000 Life Insurance Benefit for Primary Insured \$10,000 Life Insurance for Spouse of the Primary Insured \$5,000 Life Insurance Benefit for each child of the Primary Insured
HOSPITAL CASH
For hospital stays of more than 3 days Primary Insured receives a cash benefit of \$100 per night after the 3 <sup>rd</sup> night Maximum benefit of \$3,000 180 days waiting period applies
DENTAL
\$1,000 annual Dental Benefit Reimbursement of 50% of dental expenses Orthodontic costs are excluded 180 days waiting period applies

Please contact your representative for a customized proposal  
and to learn more about optional benefits.

The information contained herein is for illustrative purposes only.

Please contact us for policy details and/or to request a customized proposal.

Online applications are available at [gbg.com](http://gbg.com).



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