

2018



INDIVIDUAL
HEALTH
INSURANCE
POLICY



LLOYD'S



Welcome to the Global Benefits Group (GBG) family! We understand you have a choice in insurance providers and appreciate you placing your trust in GBG.

This Policy outlines the terms and conditions of the benefits covered by this plan. It also contains other important information about how to contact us and use your coverage. Please review the Policy Face Page which shows the deductible you selected and any exclusions or amendments to your coverage.

An Acknowledgment of Receipt and an Authorization Form are also included which require your signature. Please sign these documents and return a copy to GBG immediately. You may keep the originals.

We invite you to visit our Member Services Portal at latam.gbg.com and register as a New Member. The Member Services Portal allows you to conveniently access our Provider Directory, download Forms, submit Claims, and utilize other valuable tools and services. We look forward to providing you with this valuable insurance protection and outstanding service throughout the year.

Sincerely,

A handwritten signature in black ink that reads 'John E. O'Connor'. The signature is written in a cursive style with a large, looping 'J' and 'O'.

JOHN O'CONNOR
MANAGING DIRECTOR
GLOBAL BENEFITS GROUP





THANK YOU
FOR SELECTING
GLOBAL BENEFITS GROUP
HEALTH INSURANCE

TABLE OF CONTENTS

SCHEDULE OF BENEFITS	6
GENERAL PROVISIONS	9
ADMINISTRATION	9
TERMS AND CONDITIONS.....	11
CLAIMS	14
PLAN DEDUCTIBLES AND LIFETIME MAXIMUMS.....	15
PRE-AUTHORIZATION REQUIREMENTS AND PROCEDURES.....	15
PREFERRED PROVIDER NETWORK	16
HEALTH CARE COVERAGE AND BENEFITS	17
HOSPITALIZATION BENEFITS	17
OUTPATIENT SERVICES.....	19
EMERGENCIES	19
CATASTROPHIC CONDITIONS.....	20
OTHER BENEFITS	21
MATERNITY AND NEWBORN BENEFITS.....	24
EXCLUSIONS AND LIMITATIONS.....	25
HOW TO FILE A CLAIM.....	28
HOW TO CONTACT THE ASSISTANCE COMPANY	29
DEFINITIONS	30

SCHEDULE OF BENEFITS

This **Schedule of Benefits** and Face Page of this **Policy** forms part of the health insurance **Policy** and is a summary outline of the benefits payable under the **Policy**. All benefits described are subject to the definitions, limitations, exclusions, and provisions of the Face Page of this **Policy** and the **Schedule of Benefits**. Optional benefits that have been purchased will be listed on the Face Page of this **Policy**. All dollar (\$) amounts are shown in USD.

The following benefits are per person per **Policy** period and subject to the **Insured Person's Policy** period **Deductible**. After satisfaction of the **Policy** period **Deductible**, the Underwriter will pay the eligible benefits set forth in this Schedule at the **Allowable Charge**, which is defined as **Usual, Customary, and Reasonable (UCR)**. This is the lower of: a) the **Provider's** usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Underwriter to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons who reside in the same country and whose injury or **Illness** is comparable in nature and severity:

- Incurred as a result of sickness or accidental bodily injury, under the care of a **Physician**, and
- **Medically Necessary**; and
- Ordered by a **Physician**; and.
- Delivered in an appropriate medical setting.

MAXIMUM BENEFIT	
Maximum per Policy Period: \$4,000,000 Lifetime Maximum: Unlimited	
PROVIDER NETWORK	
<ul style="list-style-type: none"> • Brazil: Use of the Underwriter's Preferred Provider Network is mandatory. All non-emergency treatment received in Brazil must be pre-authorized. • United States: The Insurer maintains a Preferred Provider Network. When an In-Network Provider is used, benefits are paid at 100% UCR. Out of Network benefits are reimbursed at 70% of UCR. 	
HOSPITALIZATION BENEFITS	
Private/Semi-private room	100% UCR
Intensive care unit	100% UCR
Medical treatment, medicines, laboratory and diagnostic tests (including cancer treatment, chemotherapy/radiotherapy)	100% UCR
Inpatient consultation by a Physician or specialist	100% UCR
Inpatient surgery, medical and nursing fees	100% UCR
Extended Care / Inpatient Rehabilitation (must be confined to facility immediately following a Hospital stay)	100% UCR ; \$6,000 Policy Year maximum
Private duty nursing	\$150 per day, maximum 30 days per Policy Year
Accommodation charges for companion of a hospitalized child	\$300 per day, maximum 10 days per Policy Year
Guest meals	Not covered
Inpatient psychiatric and psychotherapist consultation	100% UCR
OUTPATIENT BENEFITS	
Outpatient Physician /Specialist visit	100% UCR ; Policy Year maximum 26 visits
Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-Rays and Laboratory	100% UCR
Outpatient surgery, medical and nursing fees	100% UCR
Outpatient Dialysis	100% UCR
Physical Therapy and Rehabilitation services	100% UCR ; 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	\$150 maximum per Insured, per Policy Year ; Deductible waived



OUTPATIENT BENEFITS (Cont.)	
Prescribed drugs following a covered hospitalization or Outpatient surgery	100% UCR ; maximum 6 month coverage from date of discharge
Prescribed drugs following a covered Outpatient treatment	100% UCR ; \$6,000 Policy Year maximum
EMERGENCIES	
Serious Accident Hospitalization (24 hours or more)	100% UCR ; Deductible waived for period of first hospitalization only
Ground ambulance	100% UCR
Air Ambulance	Per event maximum \$75,000; UCR applies
Non-Emergency use of the Emergency room in the U.S.	50% UCR
Emergency room and medical services	100% UCR
Emergency Dental care - Limited to accidental injury of sound, natural teeth. Services must be completed within 120 days of Accident .	100% UCR
CATASTROPHIC CONDITONS	
Cancer Treatment (chemotherapy/radiotherapy)	100% UCR
Congenital and Hereditary Conditions	\$300,000 Lifetime Maximum up to age 18; 100% UCR age 18 and older
Transplant procedures (In the U.S., must use the Institutes of Excellence approved by GBG)	100% UCR ; \$1,000,000 Lifetime Maximum per diagnosis including donor expenses and donor procurement expenses up to \$40,000 Pre-Authorization required
OTHER BENEFITS	
Repatriation of mortal remains	Per Insured maximum \$10,000
Home Health Care Including Private Duty Nursing, Skilled Nursing, Visiting Nurse	100% UCR
Special Treatments (prosthesis, implants, appliances, and orthotic devices, radiation therapy, chemotherapy, and highly specialized drugs)	100% UCR
Hospice Care	100% UCR
Durable Medical Equipment	100% UCR
Prosthetic limbs	\$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 A 24-month Waiting Period applies. Benefit is not covered if condition was diagnosed a Pre-Existing Condition .	100% UCR ; \$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	Plans 2, 3 and 4 only
MATERNITY BENEFITS (INCLUDED UNDER PLANS 2 & 3 ONLY)	
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 .	
<ul style="list-style-type: none"> 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. 	
If only the mother is covered in the Policy (normal delivery or c-section)	\$5,000 benefit maximum per pregnancy
If both the mother and the father are covered in the Policy (normal delivery or c-section)	\$7,500 benefit maximum per pregnancy
Complications of Maternity and Perinatal (provided the pregnancy is a Covered Pregnancy)	100% UCR ; up to \$100,000 Lifetime Maximum
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

MATERNITY BENEFITS (Cont.)	
Infant examinations (immunizations & routine medical exams) provided the child was born under a pregnancy covered by the maternity benefit	100% UCR ; up to 6 months of age; maximum 5 visits
Provisional coverage for newborn (for a maximum of 30 days); Covered Pregnancies only	\$30,000 benefit maximum per pregnancy
Blood cord storage	\$500 Lifetime Maximum per Covered Pregnancy

THE FOLLOWING SERVICES REQUIRE PRE-AUTHORIZATION
 Failure to pre-authorize a procedure that requires Pre-authorization will result in a 30% penalty.

- Hospitalization
- All treatment incurred in Brazil, except for **Life Threatening Emergency** treatment
- Outpatient** surgery
- All cancer treatment in excess of \$5,000
- 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 Year**

Deductible Options

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					

PLEASE SEE YOUR POLICY FACE PAGE TO DETERMINE THE DEDUCTIBLE AMOUNTS THAT APPLY TO YOUR COVERAGE

GENERAL PROVISIONS

The **Policyholder** is the covered person whose name is indicated in the Face Page of this **Policy** and shall hereinafter be referred to as the “**Insured Person**”, “you” or “your”.

The Insurer, the Second party is Brit Syndicates Limited on behalf of Syndicate 2987 at Lloyd’s, hereinafter referred to as “the Underwriter”, “we”, “us” or “our”.

The declarations of the **Insured Person** and eligible **Dependents** in the Application serve as the basis for the **Policy**. If any information is incorrect or incomplete, or if any information has been omitted, the **Policy** may be rescinded, cancelled or modified. Any references in this **Policy** to the **Insured Person**, the Insured and his **Dependents** that are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate.

Words in bold print in this **Policy** have special meaning as defined under the DEFINITIONS section of this **Policy**.

Entire Policy and Changes

This **Policy**, Face Page of this **Policy**, **Schedule of Benefits**, the **Insured Person’s** Application, and any amendments or endorsements (if any) comprise the entire Contract between the parties.

No change may be made to this **Policy** unless it is approved by an officer of the Underwriter. A change will be valid only if made by a **Policy** Endorsement signed by an Officer of the Underwriter, or an amendment of the **Policy** in its entirety issued by the Underwriter. No agent or other person may change this **Policy** or waive any of its provisions.

Right to Examine

The **Insured Person** can cancel this **Policy** within 14 days of receiving it. If no claims have been made under the **Policy**, the Underwriter will refund any **Premiums** paid.

Administrative Agent

Global Benefits Group, Inc. (GBG)

27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

ADMINISTRATION

Eligibility and Conditions of Coverage

Application

All Applications are subject to underwriting by the Underwriter. Acceptance is not guaranteed. The Underwriter will advise in writing if your Application has been approved along with the terms and conditions of the approval. If approved, 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. Consult the Face Page of this **Policy** for the terms and conditions regarding the issuance of this **Policy**.

Eligibility

- You must reside in the Caribbean.
- Have not attained age 75 at the time of enrollment. There is no maximum renewal age for persons already covered under this **Policy**.
- Termination of the insurance of the primary member shall also cancel all coverage for **Dependents**, except in the case of death of the primary member.
- Your **Eligibility** date, if your application has been approved, will be determined by the Underwriter.

Insured Dependents

Coverage under this **Policy** can be extended to the following family members.

- The spouse or domestic partner,
- **Dependent** children up to age 19 if single, or up to age 24 if single and a full-time student at an accredited college or at the time

the **Policy** is issued and renewed. **Dependents** that are full-time students up to age 24 are charged the Child rate.

- **Dependents**, which were covered under a prior **Policy** with the Underwriter and are otherwise eligible for cover under their own separate **Policy**, will be approved without underwriting for the same product with equal or higher **Deductible** and with the same conditions and restrictions in effect under the prior **Policy**. The health insurance application of the former **Dependent** must be received before the end of the grace period for the **Policy** which previously afforded coverage for the **Dependent**.

Dependent children include the **Insured Person's** natural children, legally adopted children, and step children. **Dependents** are covered from the date that the Underwriter accepts them and the corresponding **Premiums** are paid.

Note that children over age 18 who have a child will need to apply for their own **Policy** at the end of the **Policy** Period after they have attained the age of 18.

Note that children age 19 or older who are not full-time students should submit an Application separate from their parent(s).

Addition of a Newborn Baby or Newborn Adopted Child

Babies born under a Covered Pregnancy by the maternity benefit

- Provide written notification to the Underwriter within 30 days of the date of birth.
- The newborn shall be accepted from the date of birth, for full coverage according to the terms of the **Policy**, regardless of health status.
- The newborn baby will be enrolled for the same coverage as the Insured.
- Any request received beyond the 30-day notification period shall result in coverage only being effective from the date of notification (except for the first 30 days, which are covered regardless of notification). Coverage is not guaranteed and is subject to submission of a health application and medical underwriting.

Legally Adopted Child, Child born of a Surrogate Mother or as a result of Fertility treatment.

- The child must be less than 19 years old, and
- The Insured will provide written notification to the Underwriter (an official copy of the legal adoption papers is required with the notification), and
- A health application must be submitted detailing the medical history of the child.
- Coverage will be contingent upon the terms and conditions of the **Policy**.
- Coverage is not guaranteed and is subject to underwriting approval. If approved, coverage will become effective as of the date of application.
- For a period of 12 months from the **Effective Date** of coverage, **Pre-existing Conditions** will not be covered.

Newborn Child born when the Maternity Benefit is Not Covered under the Policy will be accepted under the Parent's Policy without medical underwriting

For the purpose of adding a newborn child to the parent's **Policy** without underwriting, the parent's **Policy** must have been in effect for at least 10 consecutive calendar months and the child is not a result of fertility/infertility treatment or any assisted medical treatment or procedures. To be added, a copy of the birth certificate including the newborn's full name, gender and date of birth must be submitted to the Company within 30 calendar days of birth along with the Maternity Questionnaire fully completed and signed by the attending **Physician**. If the birth certificate is not received within 90 calendar days of birth, an individual health application is required for the addition and will be subject to underwriting and coverage is not guaranteed.

Pre-Existing Conditions and Eligibility

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. See the Definition for **Pre-Existing Conditions**. See the Face Page of this **Policy** for the terms and conditions regarding the issuance of this **Policy**.

Waiting Period

This **Policy** contains a 30-day **Waiting Period**, during which only **Illnesses** or injuries caused by an **Accident** occurring within this period, or diseases of infectious origin that first manifest themselves within this period, will be covered.

The Underwriter may waive the **Waiting Period** only if:

- Other medical expense insurance coverage was in effect with another company for at least one consecutive year, and
- The **Policy Effective Date** begins within 60 days of the expiration of the previous coverage, and
- The prior coverage is disclosed in the health application, and

- The prior **Policy** and a copy of the receipt for the last year's **Premium** payment are submitted with the health application.

*Failure to notify the Underwriter at the time of Application may result in a denial of the requested waiver of the **Waiting Period**.*

If the **Waiting Period** is waived, benefits payable for any condition manifested during the first 60 days of coverage are limited, while the **Policy** is in effect, to the lesser benefit provided by either this **Policy** or the prior **Policy**. See the Face Page of this **Policy** to determine if this **Waiting Period** applies to your **Policy**.

Residency

The permanent residence of the primary Insured and all **Dependents** is assumed to be in a country within the Caribbean. If the Insured or **Dependents** change their residence to a different country, the Underwriter must be notified in writing of their full-time residence immediately. If the Insured or **Dependents** change permanent residency to the U.S., the **Policy** will be automatically cancelled and any unearned **Premium** will be returned to the **Insured Person**.

“**Residence Country**” 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.

TERMS AND CONDITIONS

Premium Payment

All coverage under this **Policy** is subject to the timely payment of **Premium**, which must be made payable to the Underwriter. Payment must be in the currency approved by the Underwriter. Any other forms of currency shall not be accepted and will be considered as nonpayment of **Premium** unless otherwise agreed. The **Policy** and rates shall be guaranteed for one year and are continually subject to the terms in force at the time of each renewal date. All **Premiums** are payable before coverage under this **Policy** is provided.

Grace Period

A grace period of 30 days, without interest charge, will be allowed for payment of any **Premium** due after the first **Premium**. During the grace period, the Underwriter will suspend coverage for 30 days if **Premium** is not received by the **Premium Payment Date**. If **Premium** is received within 30 days from the **Premium Payment Date**, coverage will resume without interruption in coverage.

If the **Premium** due is not paid within the grace period, the Underwriter will cancel the **Policy** as of the **Premium Payment Date** for which the grace period was in effect. All unpaid **Premium** through the date of termination is the obligation of the **Insured Person**.

If the Underwriter receives written notice by the **Insured Person** of its intent to cancel the **Policy**, the Underwriter will cancel the **Policy** on the later of:

- The date requested by the **Insured Person** but no greater than 30 days from the date notice was received by the Underwriter; or
- The date the Underwriter receives the notice.

All unpaid **Premium** through the date of cancellation is the obligation of the **Insured Person** and any other **Premium** adjustments assessed as a result of cancellation.

There will be a service fee for any checks returned for insufficient funds, closed accounts, or for stop payments on checks. Returned checks will be treated as non-payment of **Premiums**.

Policy and Rate Modifications

The **Policy** period begins on the **Policy Effective Date** as specified in the Face Page of this **Policy** and ends at midnight 365 days later.

The Underwriter has the right to modify **Premium**, or rate basis, applying such changes to an entire Class of Insureds not any one individual on any Anniversary Date, unless there is a change in the number of Insureds or change in residence location of the Insureds. The Underwriter must notify the **Insured Person** of the change at least 30 days before the Underwriter makes the change.

Other Premium Changes

Premium changes due to either the termination of an **Insured Person** or the addition of a new **Insured Person** or will occur automatically and will be charged from the date the change occurs.

Any such change will be prorated to the **Premium** payment period of the **Insured Person** and reflected on the **Insured Person's** next billing statement. Changes in an **Insured Person's** age are considered changes in the demographics of the **Insured Person**. Resulting **Premium** changes will occur and are assessed upon renewal date.

Duration of Coverage

Benefits are paid to the extent that an **Insured Person** receives any of the treatments covered under the **Schedule of Benefits** following the **Effective Date**, including any additional **Waiting Periods** and up to the date such individual no longer meets the definition of **Insured Person**.

Alterations

The Underwriter may modify benefits and rates on a **Class** basis for this **Policy** at renewal date. A copy of the current **Policy** terms will be available to the Insured at such time.

Compliance with the Policy Terms

Our liability under this **Policy** will be conditional upon each **Insured Person** complying with its terms and conditions.

Change of Risk

The **Insured Person** must inform the Underwriter as soon as reasonably possible of any changes related to any **Insured Person** (such as change of address, occupation or marital status) or of any other material changes that affect information given in connection with the Application for coverage under this **Policy**. The Underwriter reserves the right to alter the **Policy** terms or cancel coverage for an **Insured Person** following a change of risk.

Cancellation

The Underwriter reserves the right to cancel any **Policy** as described below:

- This **Policy** will be canceled automatically upon nonpayment of the **Premium**, although the Underwriter may at their discretion reinstate the coverage if the **Premium** is subsequently paid.
- If any **Premium** due from the **Insured Person** remains unpaid, the Underwriter may in addition defer or cancel payment of all or any claims for expenditures incurred during the period it remains unpaid.
- While the Underwriter shall not cancel this **Policy** because of eligible claims made by any **Insured Person**, it may at any time terminate an individual /or any of their eligible **Dependents** or subject his/her coverage to different terms if she/he or the **Insured Person** has at any time:
 - Misled the Underwriter by misstatement or concealment;
 - Knowingly claimed benefits for any purpose other than are provided for under this **Policy**;
 - Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Underwriter's detriment;
 - Failed to observe the terms and conditions of this **Policy**, or failed to act with utmost good faith.
- The Underwriter retains the right to cancel, non-renew or modify a **Policy** on a **Class** basis as defined in this **Policy**, and the Underwriter will offer the closest equivalent coverage possible to the Insured. No individual Insured shall be independently penalized by cancellation or modification of the **Policy** due solely to a poor claim record.
- If the Underwriter does cancel this **Policy**, they shall give 30 days' notice. The Underwriter will refund the unearned portion of the **Premium** minus administrative charges and **Policy** fees.
- If the **Insured Person** cancels the **Policy** after it has been issued, reinstated or renewed, the Underwriter will not refund the unearned portion of the **Premium**.

Fraudulent/Unfounded Claims

If any claim under this **Policy** is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and, if appropriate, recoverable.

Jurisdiction

This **Policy** is governed by, and shall be construed in accordance with the laws of England and Wales and shall be subject to the exclusive jurisdiction of its courts, unless otherwise noted on your **Policy** Face Page.

Privacy

The confidentiality of an Insured's information is of paramount concern to the Underwriter and our Administrative Agent, GBG.

We want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in Applications or other forms that you submit to us, such as name, address, and social security number.
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history.
- Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history.

Information We Disclose

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

Confidentiality and Security

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

Right to Access or Correct Your Personal Information

You have a right to request access to or correction of your personal information that is in our possession.

Contacting Us

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact our Administrative Agent, GBG. We can provide a more detailed statement of our privacy practices upon request.

Privacy Policy

GBG complies with Data Protection Legislation and Medical Confidentiality Guidelines. Information submitted to GBG over our website is normally unprotected until it reaches us. GBG does share information, but only as it pertains to the administration of your health care benefits.

Settlement of Claims

All paid claims will be settled in the same currency as the **Premium** currency. If the Insured paid for treatment, or receives a bill for covered services in a currency other than **Premium** currency, including bills sent directly to the Underwriter or its Claims Administrator, such payments and bills shall be converted to **Premium** currency at the exchange rate in effect at the time such service was rendered. The exchange rate will be determined by the Underwriter.

Waiver

Waiver by the Underwriter of any term or condition of this **Policy** will not prevent us from relying on such term or condition thereafter.

Transfer

If the primary Insured dies, this **Policy** will automatically be transferred to the oldest **Insured Person** over the age of 18 years who shall, upon the death of the primary Insured, become the primary Insured for all the purposes of this **Policy** and be responsible for paying the **Premium**.

Denial of Liability

Neither the Underwriter nor the **Insured Person** is responsible for the quality of care received from any institution or individual. This **Policy** does not give the **Insured Person** any claim, right or cause of action against the Underwriter or **Insured Person** based on an act of omission or commission of a **Hospital, Physician** or other **Provider** of care or service.

Several Liability

The Underwriter's obligations under contracts of insurance to which the Underwriter subscribes are several and not joint and are limited solely to the extent of the Underwriter's individual subscriptions. The Underwriter is not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

CLAIMS

All claims worldwide are subject to **Usual, Customary and Reasonable Charges** as determined by the Underwriter and are processed in the order in which they are received. In order for claims payment to be made, claims must be submitted in a form acceptable to the Underwriter. Claim forms can be obtained from our website at latam.gbg.com.

Claims submitted by the provider

The claims may be submitted to the Underwriter directly by the institution or **Provider**. Bills coming from **Providers** within the United States should be submitted on HCFA 1500 or UB92 formats.

Claims submitted by the Insured

If the Insured has already paid the institution or **Provider**, the Insured must submit the claim with the itemized invoices, the original paid receipts, and claim form directly to the Underwriter. Photocopies will not be accepted unless the claim is submitted electronically. The Underwriter will reimburse the Insured in accordance with the terms of this **Policy**. Refer to the section How to File a Claim for more information.

Claim Payment Information

All paid claims will be available to view on latam.gbg.com. You must log in and then you will have access to claim status and claim payment or Explanation of Benefit information. All communication regarding the Explanation of Benefits will be electronic. Claim payments are subject to copayments, coinsurance, **Deductible** and charges in excess of **Usual, Customary, and Reasonable**.

Releasing Necessary Information

The Insured agrees on behalf of him/herself and his **Dependent(s)**, to let any **Physician, Hospital, pharmacy or Provider** give Insurer all medical information determined by Insurer to be necessary, including a complete medical history and/or diagnosis. Insurer will keep this information confidential. In addition, by applying for coverage, the Insured authorizes Insurer to furnish any and all records respecting such Insured including complete diagnosis and medical information to an appropriate medical review board, utilization review board or organization and/or to any administrator or other insurance carrier for purposes of administration of this **Policy**. The Insurer may also request additional health information from the Insured.

Request for Reproduction of Records

The Underwriter reserves the right to charge a fee for reproductions of claims records requested by the Insured or his/her representative.

Time Limits

Requests for payment of benefits must be received in Underwriter's claims administrator office no later than **180 days** following the date on which the **Insured Person** received the service. Claims received after this date will be excluded from coverage. Inquiries regarding past claims must be received within 12 months of the date of service to be considered for review.

Coordination of Benefits

When an **Insured Person** has coverage under another insurance **Policy**, including but not limited to health insurance, travel insurance, Medicare, Medicaid, worker's compensation insurance, automobile insurance (whether direct or third party), and occupational disease coverage, and a service received is covered by such **Policies**, benefits will be reduced under this **Policy** to avoid duplication of benefits available under the other **Policy** including benefits that would have been payable had the **Insured Person** claimed for them.

If the Insured has another **Policy** in his/her **Residence Country**:

All claims incurred in the **Residence Country** must be submitted in the first instance against the other **Policy**. This **Policy** shall only provide benefits when such benefits payable under the other **Policy** have been paid out and the **Policy** limits of such **Policy** have been exhausted. The following documentation is required to coordinate benefits: Explanation of Benefits and copy of bills covered by the local insurance company containing information about the diagnosis, date of service, type of service, and covered amount.

Outside the **Residence Country**:

Brit Syndicates Limited on behalf of Syndicate 2987 at Lloyd's will function as the primary Underwriter and retains the right to collect any payment from local or other insurers.

In no event will more than 100% of the **Allowable Charge** and/or **Maximum Benefit** for the covered services be paid or reimbursed. It is

the duty of the Insured to inform the Underwriter of all other coverage. The Underwriter has full right of **Subrogation**. To determine the Primary **Policy**, the following guidelines will be used:

- The Plan is Primary if it covers the claimant as an active individual.
- If two Plans cover the claimant as an individual, the Plan that has covered him/her for the longer period of time is the Primary Plan.
- If an Insured is covered as an active individual under the Plan and as a retired or laid off individual under another Plan, the Plan that covers him as an active individual is the Primary Plan. The Plan that covers him/her as a retired or laid-off individual is the Secondary Plan.

Subrogation/Indemnity

The Underwriter has a right of **Subrogation** or reimbursement from or on behalf of an Insured to whom it has paid any claims, if such Insured has recovered all or part of such payments from a third party. Furthermore, the Underwriter has the right to proceed at its own expense in the name of the Insured, against third parties who may be responsible for causing a claim under this **Policy** or who may be responsible for providing indemnity of benefits for any claim under the **Policy**.

PLAN DEDUCTIBLES AND LIFETIME MAXIMUMS

Deductible

Deductible is the first dollar amount paid by each of the **Insured Persons** of the **Allowable Charges** for eligible medical treatment expenses during each **Policy** year before the **Policy** benefits are paid. **Deductibles** for In and Out of **Residence Country** accumulate on a combined basis. **Deductibles** are shown on the medical **Identification Card** and the Face Page of this **Policy**. If the **Deductible** was not met in a given **Policy** year, any eligible charges incurred by an Insured during the last three months of that **Policy** year will be carried over to be applied towards that Insured's **Deductible** for the following **Policy** period.

Application of Deductible

When claims are presented to the Underwriter, the **Allowable Charges** will be applied towards the **Deductible**, and if applicable will then be calculated and reimbursed at the percentage listed on the **Schedule of Benefits**. Once the **Deductible** has been satisfied, all allowable expenses will be paid at 100% of **UCR** up to the listed maximum amounts outlined in the **Schedule of Benefits**.

Note that the amount of **Allowable Charges** applied towards the **Deductible** also reduces the applicable benefit maximum by the same amount.

Family Deductible

There is only one **Deductible** per person, per **Policy** year. However, to help you reduce the cost of your family's coverage, we apply a maximum equivalent to two out of country **Deductibles** on your **Policy**, per **Policy** year.

Lifetime Maximum

Certain payments of benefits are subject to a lifetime aggregate maximum per individual **Insured Person** as indicated in the **Schedule of Benefits**, as long as the **Policy** remains in force. The **Lifetime Maximum** includes all Benefit Maximums specified in this **Policy**, including those specified in the **Schedule of Benefits**, Face Page of this **Policy** and in any **Policy** endorsements, or riders.

PRE-AUTHORIZATION REQUIREMENTS AND PROCEDURES

Pre-Authorization is a process by which an **Insured Person** obtains approval for certain non-**emergency**, medical procedures or treatments prior to the commencement of the proposed medical treatment.

This requires that the **Insured Person** submit a completed **Pre-Authorization** Request form to the **Underwriter's Assistance Company** a minimum of 5 business days prior to the scheduled procedure or treatment date.

The **Assistance Company** will review the matter and respond to the **Insured Person**. To assure reimbursement for covered services, written approval from the **Assistance Company** must be received by the **Insured Person** prior to the commencement of the proposed medical treatment.

Certain designated services require **Pre-Authorization**, and Insureds are required to follow the procedures outlined below. In certain geographic areas, or in accordance with specific policy features, Insureds may also be required to utilize the Insurer's **Preferred**

Provider Organization (PPO) or Preferred **Provider** Network, (PPN).

Pre-Authorization is **required** for the following benefits:

- 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 Underwriter's **Air Ambulance Provider**
- Home Health Benefits 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** such as, but not limited to:
 - Chronic **Illness**
 - Dialysis
 - Ambulatory services

The **Insured Person** must obtain a letter of authorization, prior to the performance of services for both **Pre-authorization** requests and Network information, Customer Service representatives are available 24 hours a day, every day. Network facilities can also be found at latam.gbg.com.

Please note: some treatment requests may require longer than 5 days for the review process to be completed.

Medical Emergency Authorizations must be received within 48 hours of the **Admission** or procedure. In instances of medical **Emergency**, the Insured should go to the nearest **Hospital** or **Provider** for assistance even if that **Hospital** or **Provider** is not part of the Network.

Failure to obtain Pre-authorization will result in a 30% reduction in payment of covered expenses, except for non-emergency treatment received in Brazil which will result in a denial of benefits. Any such penalty will apply to the entire episode of care. If treatment would not have been approved by the Pre-authorization process, all related claims will be denied.

Notwithstanding the requirement to pre-authorize:

- **Pre-Authorization** approval does not guarantee payment of a claim in full, as **Deductibles**, charges in excess of **Usual, Customary and Reasonable** and **Out-of-pocket** charges may apply.
- Benefits payable under the **Policy** are still subject to **Eligibility** at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the **Policy**.

PREFERRED PROVIDER NETWORK

The Underwriter maintains a Preferred **Provider** Network. For information on the **Providers** and facilities within the Preferred **Provider** Network, consult the **Underwriter's Assistance Company** at the number provided on the medical **I.D. card** or latam.gbg.com.

In Latin America and the Caribbean (excluding Brazil): The Insured may utilize any licensed **Provider**.

Brazil only: Use of a Preferred **Provider** is mandatory if Insured's **Residence Country** is not Brazil. **Pre-authorization** is mandatory for all treatment incurred in Brazil, except for **Life Threatening Emergency** treatment. Failure to pre-authorize will result in a denial of the claim. **Hospital** restrictions also apply.

United States (U.S.): Preferred Provider In-Network:

This tier consists of all providers as well as other preferred **Providers** designated by the Underwriter and listed on latam.gbg.com. In-Network **Providers** have agreed to accept a negotiated discount for services. The **I.D. Card** contains the logo for the network. Present it to the **Physician** or **Hospital**.

All other countries: The Insured may utilize any licensed **Provider**. However, we suggest the Insured contacts **Underwriter's Assistance Company** to locate a **Provider** with a direct billing arrangement with the Underwriter.

The Underwriter retains the right to limit or prohibit the use of **Providers**, which significantly exceed **Usual, Customary and Reasonable Charges**.

HEALTH CARE COVERAGE AND BENEFITS

Scope of Coverage

The **Policy** covers the **Insured Persons** for **Allowable Charges** for covered medical services provided in the areas of coverage selected in the Face Page of this **Policy**, including hospitalization, surgery, **Outpatient** services, medical treatment and medical supplies incurred while such **Insured Person** is enrolled under the **Policy**.

Such services must be recommended or approved by a licensed medical professional. They must also be essential and **Medically Necessary**, in the Underwriter's judgment, for the treatment of an **Insured Person's** injury or sickness for which insurance is provided under the **Policy**.

Areas of Coverage – The **Policy** is written on a worldwide basis.

Schedule of Benefits and Policy Face Page

All benefits of this **Policy** are payable in accordance with the **Schedule of Benefits** and the Face Page of this **Policy** in effect at the time the services are rendered.

The **Schedule of Benefits** and the Face Page of this **Policy** contains payment levels, benefit limitations, benefit maximums and other applicable information. Receipt of the current **Schedule of Benefits** and the Face Page of this **Policy** by the **Insured Person** shall constitute delivery to the Insured.

Payment of Benefits as set forth in the **Schedule of Benefits** is subject to the **Policy** year **Deductible**, co-payments and any other limitations set forth in the **Policy**, unless otherwise noted.

HOSPITALIZATION BENEFITS

Hospitalization services include, but are not limited to, private or semi-private room and board (as listed in the **Schedule of Benefits**), general nursing care and the following additional facilities, services and supplies as **Medically Necessary** and approved and covered by the **Policy**: meals and special diets (only for the patient), use of operating room and related facilities, use of intensive care and cardiac units, and related services to include X-ray, laboratory and other diagnostic tests, drugs, medications, biological anesthesia and oxygen services, radiation therapy, inhalation therapy, chemotherapy and administration of blood products.

Benefits are provided per the **Schedule of Benefits** for **Medically Necessary Inpatient Hospital** care.

- Accommodations: All charges in excess of the allowable private or semi-private rate are the responsibility of the Insured.
- Intensive care units: Benefits will be provided based on the **Allowable Charge** for **Medically Necessary** intensive care services.

Surgical Services

The Underwriter will provide benefits for covered surgical services received in a **Hospital**, a **Physician's** office or other approved facility. Surgical services include operative and cutting-procedures, treatment of fractures and dislocations, and obstetrical delivery. When **Medically Necessary**, assistant surgical fees will be paid.

Anesthesia Services

Benefits are provided for the service of an anesthesiologist, other than the operating surgeon or his/her assistant, who administers anesthesia for a covered surgical or obstetrical procedure.

Inpatient Medical Services

The Underwriter will reimburse one **Physician** visit per day while the Insured is a patient in a **Hospital** or approved **Extended Care Facility**. Visits that are part of normal preoperative and postoperative care are covered under the surgical fee and the Underwriter will not pay separate charges for such care. If **Medically Necessary**, the Underwriter may elect to pay more than one visit of different **Physicians** on the same day if the **Physicians** are of different specialties. When lengthy, prolonged or repeated **Inpatient** visits by the **Physician** are necessary because of a **Critical Condition**, payment for such intensive medical services is based on each individual case. The Underwriter will require submission of records and other documentation of the medical necessity for the intensive services. **Inpatient** medical services are payable in accordance with the current **Schedule of Benefits**.

Inpatient Care Duration/ Inpatient Extended Care

Inpatient Hospital Confinements, where an overnight accommodation, ward, or bed fee is charged, will only be covered for as long as the patient meets the following criteria:

- The patient's medical status continues to require either acute or **Sub-acute** levels of curative medical treatment, skilled nursing, physical therapy, or **Rehabilitation** services. The **Underwriter's Assistance Company** is responsible for this determination of the patient's medical status.

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), or where the procedure could have been done in an **Outpatient** setting are not eligible expenses.

Extended Care Facility Services, Skilled Nursing and Inpatient Rehabilitation

Inpatient Confinement and services provided in an approved **Extended Care Facility** following or in lieu of, an **Admission** to a **Hospital** as a result of a covered **Illness**, disability or injury. Care provided must be at a skilled level and is payable in accordance with the current **Schedule of Benefits**. Intermediate, custodial, rest and homelike care services will not be considered skilled and are not covered.

Coverage for **Confinement** is subject to Underwriter's approval. Covered services include:

- Skilled nursing and related services on an **Inpatient** basis for patients who require medical or nursing care for a covered **Illness**.
- **Rehabilitation** for patients who require such care because of a covered **Illness**, disability or injury.

Pre-authorization by **Assistance Company** is mandatory if more than four visits are required. The Underwriter has the right to review a **Confinement**, as it deems necessary, to determine if the stay is medically appropriate. A **Confinement** includes all approved **Extended Care Facility Admissions** not separated by at least 180 days.

- Therapy must produce significant improvement in the Insured's condition in a reasonable and predictable period of time, and
 - Be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a registered physical or occupational therapist, or
 - Be necessary to the establishment of an effective maintenance program. Maintenance itself is not covered.

Inpatient Ancillary Hospital Services

If **Medically Necessary** for the diagnosis and treatment of the **Illness** or injury for which an **Insured Person** is hospitalized, the following services are also covered:

- Use of operation room and recovery room;
- All medicines listed in the U.S. Pharmacopoeia or National Formulary;
- Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and services
- Surgical dressings;
- Laboratory testing;
- **Durable Medical Equipment;**
- Diagnostic X-ray examinations;
- Radiation therapy rendered by a radiologist for proven malignancy or neoplastic diseases;
- Respiratory therapy rendered by a **Physician** or registered respiratory therapist;
- Chemotherapy rendered by a **Physician** or **Nurse** under the direction of a **Physician;**
- Physical and Occupational therapy (if covered) must be rendered by a **Physician** or registered physical or occupational therapist and relate specifically to the **Physician's** written treatment plan.

Therapy must produce significant improvement in the Insured's condition in a reasonable and predictable period of time, and

- Be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a registered physical or occupational therapist, or
- Be necessary to the establishment of an effective maintenance program. Maintenance itself is not covered.

Companion of a Hospitalized Child

Charges included for overnight **Hospital** accommodations for the companion of a hospitalized Insured child under the age of 18 will be payable up to a daily maximum. The cost of meals for the companion may also be covered. See your **Schedule of Benefits** for specific benefit maximums.

Inpatient Mental Health Benefits

Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis and are payable as follows and in accordance with the current **Schedule of Benefits**.

As set forth in the **Schedule of Benefits**:

1. Benefits are for **Inpatient** mental health treatment only in a **Hospital** or approved facility. A **Physician** or a psychiatrist must provide all mental health care services.
2. Services include treatment for bulimia, anorexia, schizophrenia, major depressive disorder, bipolar disorders, paranoia and other serious mental **Illnesses**.

OUTPATIENT SERVICES

When an Insured is treated as an **Outpatient** of a **Hospital** or other approved facility, benefits will be paid for facility charges and ancillary services according to the current **Schedule of Benefits** for the following:

- Treatment of accidental injury within 48 hours of the **Accident**;
- Minor surgical procedures;
- **Medically Necessary** covered **Emergency** services, as defined herein.

Outpatient Physician Visits

The Underwriter provides benefits for medical visits to a **Physician**, in the **Physician's** office, if **Medically Necessary**. Services for routine physical **Examinations**, including related diagnostic services and routine foot care are not covered, except as specifically provided for in this **Policy**. All **Outpatient Physicians** visits are payable in accordance with the current **Schedule of Benefits**.

Preventive Care/ Checkup for Child/Adult

Children over six months – Refer to **Schedule of Benefits** for **Policy** maximum.

This benefit includes well child routine medical exams and child **Preventive Care** services, health history, development assessments, physical **Examinations**, and age related diagnostic tests. The **Deductible** is waived for this benefit.

Adult Preventive Health Care – Refer to **Schedule of Benefits** for **Policy** maximum. Routine **Examinations** and treatments may include diagnostic studies and vaccinations. The **Deductible** is waived for this benefit.

Diabetic Medical Supplies

The Underwriter provides benefits for certain diabetic supplies including insulin pumps and associated supplies.

Prescription Drugs

Prescription Drugs are medications which are prescribed by a **Physician** and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, and cold remedies, medicines, **Experimental or Investigative** drugs, or supplies, even when recommended by a **Physician**, do not qualify as **Prescription Drugs**. Any drug that is not scientifically or medically recognized for a specific diagnosis or that is considered as off label use, or not generally accepted for use will not be covered, even if a **Physician** prescribes it.

This benefit is subject to the **Deductible**. Refer to **Schedule of Benefits** for details.

EMERGENCIES

Serious Accident Hospitalization

An unforeseen trauma occurring without the Insured's intention, which implies a sudden external cause and violent impact on the body, resulting in demonstrable bodily injury that requires immediate **Inpatient** hospitalization for 24 hours or more within the next few hours after the occurrence of the severe injury to avoid loss of life or physical integrity. Severe injury shall be determined to exist upon agreement by both the treating **Physician** and the Underwriter's medical consultant, after review of the triage notes, emergency room and **Hospital Admission** medical records.

Emergency Ground Ambulance Services

Benefits are provided for **Medically Necessary** emergency ground ambulance transportation to the nearest **Hospital** able to provide the required level of care and are payable in accordance with the current **Schedule of Benefits**. The use of ambulance services for the convenience of the Insured, which is not **Medically Necessary**, will not be considered a covered service.

Air Ambulance and Medical Evacuation

Utilization of the medical evacuation provision requires the prior approval of the **Underwriter's Assistance Company**. In the event of an **Emergency** that may require medical evacuation, contact the **Assistance Company** in advance in order to approve and arrange such **Emergency Medical Air Transportation**. If the Insured fails to follow these conditions, he or she will be liable for the full costs of any transportation. The **Assistance Company**, on behalf of the Underwriter, retains the right to decide the medical facility to which the **Insured Person** shall be transported. The **Assistance Company** contact information can be located on the insured's **I.D. card**. The cost of a person accompanying an **Insured Person** is covered under this **Policy**.

- **Emergency** evacuation is only covered if related to a covered condition for which treatment cannot be provided locally, and transportation by any other method would result in loss of life or limb. The **Assistance Company**, on behalf of the Underwriter, retains the right to decide the medical facility to which the **Insured Person** shall be transported. **Emergency Medical Transportation** must be provided by a licensed and authorized transportation company to the nearest medical facility. The vehicle or aircraft used must be staffed by medically trained personnel and must be equipped to handle a medical **Emergency**.
- Approved medical evacuations will be to the nearest medical facility capable of providing the necessary medical treatment. The **Assistance Company** contact information can be found on the medical **I.D. card**.
- The Insured agrees to hold the Underwriter and any company affiliated with the Underwriter by way of similar ownership or management, harmless from negligence resulting from such services, or negligence regulating from delays or restrictions on flights caused by the pilot, mechanical problems, or governmental restrictions, or due to operational conditions.
- Within 90 days of the medical evacuation, the return flight for the covered person and an accompanying person will be reimbursed up to the cost of an airplane ticket in economy class only to the **Insured Person's Residence Country** – Maximum \$2,000 per person.

Emergency Dental

Emergency Dental Treatment and restoration of sound natural teeth; required as a result of an **Accident**, covered by the **Policy**, is included. All treatment must be completed within 120 days of the **Accident**.

CATASTROPHIC CONDITIONS

Congenital and Hereditary Conditions

- **Congenital/Hereditary Condition** means any hereditary condition, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time. **Congenital and Hereditary Conditions** which first manifest themselves or are diagnosed before the Insured reaches 18 years of age are limited to the amount shown on the **Schedule of Benefits**.
- **Congenital/Hereditary Conditions** which first manifest themselves or are diagnosed after the date the Insured reaches 18 years will be covered up to the amount shown on the **Schedule of Benefits**.
- Newborn Diseases and/or Conditions that are related to **Congenital/Hereditary Conditions**, are covered under the benefit of **Congenital/Hereditary Conditions**, and not under complications of maternity.

Transplant Procedures

This coverage applies only when the transplant recipient is an **Insured Person** under this **Policy**. In the United States, the use of the Institutes of Excellence for Transplants approved by the Underwriter is mandatory.

This transplant benefit begins once the need for transplantation has been determined by a **Physician** and has been certified by a second surgical or medical opinion, and includes:

- Pre-transplant care, including those services directly related to evaluation of the need for transplantation, evaluation of the insured for the transplant procedure, and preparation and stabilization of the Insured for the transplant procedure is included.
- Pre-surgical workup including all laboratory and X-ray exams, CT scans, Magnetic Resonance Imaging(MRI's), ultrasounds, biopsies, scans, medications and supplies is included.
- The costs of organ, cell or tissue procurement, transportation and harvesting including bone marrow and stem cell storage or banking are covered up to a maximum as listed in the **Schedule of Benefits** which are included as part of the maximum transplant benefit. The donor workup, including testing of potential donors for a match is included in this benefit.
- The hospitalization, surgeries, **Physician** and surgeon's fees, anesthesia, medication and any other treatment necessary during the transplant procedure.
- Post -transplant care including, but not limited to any **Medically Necessary** follow-up treatment resulting from the transplant and any complications that arise after the transplant procedure, whether a direct or indirect consequence of the transplant.

- Medication or therapeutic measures used to ensure the viability and permanence of the transplanted organ, cell or tissue.
- **Home Health Care**, nursing care (e.g. wound care, infusion, assessment, etc.), **Emergency Medical Transportation**, medical attention, clinic or office visits, transfusions, supplies, or medication related to the transplant.

OTHER BENEFITS

Repatriation of Mortal Remains

The necessary clearances for the return of an **Insured Person's** mortal remains by air transport to the **Residence Country** will be coordinated by the **Assistance Company**.

A benefit for either **Repatriation** of mortal remains or **Local Burial** is included under this **Policy**. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences.

Refer to **Schedule of Benefits** for details.

Nose and Nasal Septum Deformity

When nose or nasal septum deformity is the result of trauma during a covered **Accident**, surgical and **Physician** treatment will only be covered if the evidence of trauma in the form of fracture must be confirmed radiographically (X-rays, CT Scan, etc.) prior to the procedure.

Home Health Care Including Private Duty Nursing, Skilled Nursing, Visiting Nurse

An initial period of 30 days will be covered if preapproved. An advanced treatment plan signed by the treating **Physician** is required for the proper treatment of the **Illness** or injury and used in place of **Inpatient** treatment. **Home Health Care** includes the services of a skilled licensed professional (**Nurse** or therapist) outside the **Hospital** and does not include **Custodial Care**.

These services need to meet specified medical and circumstantial criteria to be covered. Thorough case manager review is required.

The Underwriter considers home nursing care **Medically Necessary** when recommended by the member's primary care and/or treating **Physician** and **both** of the following circumstances are met:

- Member has skilled needs; **and**
- Placement of the **Nurse** in the home is done to meet the skilled needs of the member only; not for the convenience of the family caregiver.

Ongoing skilled home nursing care is not considered **Medically Necessary** for Insured's who are on bolus nasogastric (NG) or gastrostomy tube (GT) feeds and do not have other skilled needs. Home nursing care may be considered **Medically Necessary** for these Insured's only as a transition from an **Inpatient** setting to the home.

Therapeutic Services including Alternative Medicine

The Underwriter will provide benefits for **Medically Necessary** therapeutic services including alternative medicine treatment rendered to an Insured as an **Outpatient** of a **Hospital**, **Provider's** office, or approved independent facility. Benefits for facility and professional services for therapeutic services or alternative medicine are payable payable in accordance with the current **Schedule of Benefits**.

Psychiatrist, or registered Physical or Occupational therapist is covered. Services must be pursuant to a **Physician's** written treatment plan, which contains short and long-term treatment goals and is provided to the Underwriter for review. **Homeopathy** is covered when provided as treatment for a covered **Illness** and treatment is provided by a certified homoeopathist. Services must either:

- Produce significant improvement in the **Insured Person's** condition in a reasonable and predictable period of time; and
- Be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed; or
- Be necessary to the establishment of an effective maintenance program.

Special Treatments and Highly Specialized Drugs

- Prosthesis, appliances, orthotic **Durable Medical Equipment**, and implants will be covered, but must be pre-authorized in advance by the **Assistance Company**.
- Highly specialized drugs for specific uses will be covered, but must be pre-authorized and coordinated in advance by the **Assistance Company**. These drugs include, but are not limited to the following; Interferon beta-1-a, PEGylated Interferon alfa 2a, Alfa, Interferon beta-1-b, Etanercept, Adalimumab, Bevacizumab, Cyclosporine A, Azathioprine, and Rituximab. **Experimental** drugs and drugs not approved by the FDA are not covered.

Hospice Care

This is a program approved by the Underwriter to provide a centrally administered program of palliative and supportive services to terminally ill persons and their families. Terminally ill means the patient has a prognosis of 240 days or less. Services are provided by a medically supervised interdisciplinary team of professionals and volunteers.

Covered services are available in home, **Outpatient** and **Inpatient** settings up to the amount listed on the **Schedule of Benefits**.

Admission to a **Hospice** program is made on the basis of patient and family need.

The **Hospice** care:

- Must relate to a covered medical condition that has been the subject of a prior valid claim with the Underwriter, with a diagnosis of terminal **Illness** from the medical doctor;
- Benefits are provided as outlined in the **Schedule of Benefits** as an **Outpatient**, per Insured;
- Benefit is payable only in relation to care received by a recognized **Hospice**.

Durable Medical Equipment

The Underwriter provides benefits for prosthetic devices (artificial devices replacing body parts), orthopedic braces and **Durable Medical Equipment** (including wheelchairs and hospital beds). The **Policy** will pay the **Usual, Customary and Reasonable Charges** for Artificial Devices listed, provided such **Durable Medical Equipment** (DME) is:

3. Prescribed by a **Physician**, and
4. Customarily and generally useful to a person only during an **Illness** or injury, and
5. Determined by the Underwriter to be **Medically Necessary** and appropriate.

Allowable rental fee of the **Durable Medical Equipment** must not exceed the purchase price. Benefits are payable in accordance with the current **Schedule of Benefits**.

Charges for repairs or replacement of artificial devices or other **Durable Medical Equipment** originally obtained under this **Policy** will be paid at 50% of the allowable **Usual, Customary and Reasonable** amount.

Durable Medical Equipment does not include: motor driven wheelchairs or bed; more wheels; comfort items such as telephone arms and over bed tables; items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers (air cleaners); disposable supplies; exercycles, sun or heat lamps, heating pads, bidets, toilet seats, bathtub seats, sauna baths, elevators, whirlpool baths, exercise equipment; and similar items or the cost of instructions for the use and care of any **Durable Medical Equipment**. The customizing of any vehicle, bathroom facility, or residential facility is also excluded.

Prosthetic Limbs

Includes artificial arms, hands, legs, and feet and are covered up to the **Maximum Benefit** shown in the **Schedule of Benefits**. The benefit includes all the costs associated with the procedure, including any therapy related to the usage of the new limb. Prosthetic limbs will be covered when the Insured does not have a significant cardiovascular, neuromuscular, or musculoskeletal condition which would be expected to adversely affect or be affected by the use of the prosthetic device.

Repair of the prosthetic limb is covered only when anatomical or functional change or reasonable wear and tear renders the item nonfunctional and the repair will make the equipment usable.

Replacement of the prosthetic limb is covered only when anatomical or functional change or reasonable wear and tear renders the item non-functional and non-reparable. Initial coverage, repair, and/or replacement of prosthetic limbs must be pre-authorized by the **Underwriter's Assistance Company**.

Special high performance prosthetics for sports or improvement of sports performance will not be covered by this benefit.

HIV, AIDS and ARC

Benefits are available for **Medically Necessary**, non-**Experimental** services, supplies and drugs for the treatment of Human Immunodeficiency Virus (**HIV**), Acquired Immunodeficiency Syndrome (**AIDS**), AIDS Related Complex (**ARC**), only if caused by an **Accident** or blood transfusion, provided the condition(s) are not considered **Pre-existing Conditions**. A 24-month **Waiting Period** applies. Sexually transmitted diseases and all related conditions are not covered.

War and Terrorism

This **Policy** covers bodily injury directly or indirectly caused by certain acts of War and **Terrorism**. Please refer to Schedule for **Maximum Benefit** limitations.

- **Lifetime Maximum** per **Insured Person**
- **Lifetime Maximum** per Insured family

This benefit is subject to all **Policy** exclusions, limitations and conditions, including any applicable **Deductibles** and co-payments. Notwithstanding any provision to the contrary within this **Policy**, or any Rider attached thereto, it is agreed that coverage under this **Policy** is extended to include bodily injury directly or indirectly caused by, resulting from, or in connection with any of the following:

1. War, hostilities or warlike operations (whether war be declared or not),
2. Invasion,
3. Act of an enemy foreign to the nationality of the **Insured Person** or the country in, or over, which the act occurs,
4. Civil war,
5. Riot,
6. Rebellion,
7. Insurrection,
8. Revolution,
9. Overthrow of the legally constituted government,
10. Civil commotion assuming the proportions of, or amounting to, an uprising,
11. Military or usurped power,
12. Explosions of war weapons,
13. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether war be declared with that state or not,
14. Terrorist activity.

Please refer to **Schedule of Benefits** for **Maximum Benefit** limitations.

War and Terrorism Exclusions:

Benefits will not be available for the following:

- The **Insured Person's** active participation in any, or all, of items described above;
- When the circumstances of items (1) to (14) as described above are the result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined;
- Limited war exclusion: notwithstanding anything to the contrary herein, this **Policy** does not cover loss consequent on:
 - War, whether declared or not, between any of the following countries, namely, China, France, the United Kingdom, the Russian Federation and the United States of America, or
 - War in Europe, whether declared or not (other than civil war and any enforcement action by or on behalf of the United Nations), in which any of the said countries or any armed forces thereof are engaged.

Deductible Reduction

After three consecutive years without any paid claims (excluding **Preventive Care** claims) in the **Policy**, **Deductible** reduction applies in the fourth **Policy** year to 50% of the prior year **Deductible**. The following rules apply:

- **Policy Deductible** must be no higher than \$5,000 (Plan 2, 3, and 4 only)
- **Policy Deductible** or Product has never been changed throughout the period.
- The three consecutive year period commences with the changed **Deductible Policy Period**.
- All insureds must meet the 3 consecutive year timeline

MATERNITY AND NEWBORN BENEFITS

Maternity related Services – Maternity services and newborn infant care services are included under plans 2 & 3. Refer to the **Policy** Face Page to determine if these benefits are included under your plan.

Maternity Waiting Period

Costs associated with normal pregnancy or c-section, and childbirth and any related condition of pregnancy incurred where the actual date of delivery is at least 10 months from the Effective Date of the **Insured Person/Dependent** will be considered a Covered Pregnancy. No maternity related treatment for the mother or the newborn is covered during this period.

Obstetrical Services

Services are covered as set forth in the **Schedule of Benefits** and are limited to:

- **Hospital** services rendered in a licensed **Hospital** or approved birthing center (including anesthesia, delivery, pre-natal and post-natal care) for any condition related to pregnancy, including, but not limited to childbirth.
- Obstetrical services (including prenatal, delivery and post-natal care) and anesthesia services by **Physicians**.
- Delivery is the only benefit that will be available to mothers who have had fertility/infertility treatments, drugs, or procedures. The delivery only benefit is not considered a Covered Pregnancy.
- Pre-natal vitamins are covered during the term of the pregnancy only, if prescribed by a **Physician**.

The **Deductible** is waived.

Note: Maternity coverage for an Insured **Dependent** daughter under the parent's **Policy** terminates on the next **Policy** anniversary date after the Insured **Dependent** daughter turns 18 years old.

Complications of Maternity and Perinatal

Maternity complications and/or newborn complications of birth (not related to **Congenital or Hereditary Conditions**), such as miscarriage, prematurity, low birth weight, jaundice, hypoglycemia, respiratory distress, and birth trauma are covered as follows:

- This benefit shall only apply if all the stipulations under maternity related services have been met.
- This benefit does not apply to complications related to any condition excluded or not covered by this **Policy**, including, but not limited to maternity and newborn complications of birth in a pregnancy that is the result of any type of fertility treatment or any type of assisted fertility procedure, or non-covered pregnancies.
- Complications caused by a condition that was diagnosed before the pregnancy, and/or any consequences thereof, will be covered in accordance with **Policy** provisions.
- Complications that arise within the 10-month **Waiting Period** are not covered.
- This benefit applies to all eligible female **Dependents**.

Maternity and Perinatal Complications Rider

(Available for all plans) Available at the time of application or at renewal time only.

This rider offers a lifetime optional coverage per eligible Insured for complications of the pregnancy, complications of the delivery, and perinatal complications (not related to **Congenital or Hereditary Conditions**) such as miscarriage, prematurity, low birth weight, jaundice, hypoglycemia, respiratory distress, and birth trauma. A 10-month **Waiting Period** applies after the Effective Date of the rider. Once issued, the rider will be renewed annually upon the anniversary date of the underlying **Policy** as long as the additional **Premium** for the rider is paid. This optional rider only covers the Policyholder or **Dependent** spouse. The **Deductible** applies to this rider.

Newborn Infant Care Services

Newborn infant's coverage will be covered as part of the maternity maximum for Covered Pregnancies only. Charges for **Hospital** nursery services and professional services for the newborn infant are covered as part of the total maternity benefit and are not subject to the satisfaction of the **Policy** year **Deductible**.

Provisional Coverage

If born from a Covered Pregnancy, each newborn will automatically be covered for complications of birth and for any injury or **Illness** during the first 30 days after birth up to a maximum as listed on the Face Page of this **Policy**. For this benefit, the **Deductible** is waived. See requirements for Addition of a Newborn. This benefit will not be paid if the newborn is not added to this **Policy**.

Infant Examinations

Immunizations and routine visits up to six months for infants born from Covered Pregnancies only – See **Schedule of Benefits** for **Maximum Benefit** and number of visits. The **Deductible** is waived for this benefit.

Blood Cord Storage

Coverage for umbilical cord blood storage is limited to a **Lifetime Maximum** per Covered Pregnancy, all inclusive, not subject to **Deductible**.

Special Notes regarding Dependent Maternity

- In addition to the above, the following conditions regarding pregnancy, maternity and birth apply to eligible **Dependent** sons or daughters and their children. On the anniversary date after the **Dependent** son or daughter turns 18 years old, he or she must obtain coverage for himself or herself and his or her child under his or her own individual **Policy** if he or she wants to maintain coverage for his or her child. He or she must submit written notification, which will be approved without underwriting for a product with the same or lower pregnancy, maternity and birth benefits with the same or higher **Deductible**, and with the same conditions and restrictions in effect under the prior **Policy**.
- To be eligible for pregnancy, maternity and birth coverage, a **Dependent** daughter age eighteen or older must submit written notification. The notification must be received before the actual date of delivery, and will be approved without underwriting for a product with the same or lower pregnancy, maternity, and birth benefits with the same or higher **Deductible**, and with the same conditions or restrictions in effect under the prior **Policy**. If there is no gap in coverage, the 10 calendar month **Waiting Period** will be reduced by the time she was covered under her parent's **Policy**.

EXCLUSIONS AND LIMITATIONS

All services and benefits described below are excluded from coverage or limited under your **Policy** of insurance.

1. Charges in excess of **Usual, Customary and Reasonable Allowable Charges** for any covered procedure.
2. Non-Emergency treatment that is not pre-authorized according to the **Policy** terms and conditions will have a reduction in reimbursement.
3. Charges and Services where claims are not received within 180 days of the date of service.
4. Maternity related treatment or complications for the mother or newborn during the 10-month **Waiting Period**.
5. Claims and costs for medical treatment, occurring before the Effective Date of coverage (including **Waiting Periods**) or after the expiration date of the **Policy**. Claims and costs for medical services with dates of service after the **Policy** termination date that are related to **Accidents**, sicknesses, or maternity originating during the Policy year, unless the **Policy** has been renewed. This includes any portion of a covered prescription to be used after the expiration of the current **Policy** year.
6. Any **Illness** or injury not caused by an **Accident** or a disease of infectious origin which is first manifested within the 60 days from the effective date of the **Policy**, except if the **Waiting Period** was waived in the Face Page of this **Policy**.
7. Services, supplies, or treatment including drugs and/or Emergency services that are provided by or payment is available from: (a) Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country, (b) the **Insured Person**, a family member or any enterprise owned partially or completely by the aforementioned persons, (c) another insurance company or government, (d) under the direction of public authorities related to epidemics.
8. Services, supplies or treatments, including drugs, that are not scientifically or medically recognized for a specific diagnosis, or that are considered as off label use, or not approved for general use are considered **Experimental** or **Investigational** and therefore not eligible services.
9. Any services, supplies, treatments including drugs and/or Emergency air services; (a) not ordered by a **Physician**, (b) not **Medically Necessary**, not recommended or approved by a **Physician**, (c) not rendered under the scope of the **Physician's** licensing, (d) medical and dental services that do not meet professionally recognized standards or are determined by the Underwriter to be unnecessary for proper treatment.
10. Telephonic consultations, missed appointments, or "after hours" expenses.
11. Personal comfort and convenience items including, but not limited to television, housekeeping services, telephone charges, take home supplies, ambulance services (other than those provided by this **Policy**), and all other services and supplies that are not **Medically Necessary** including expenses related to travel and hotel costs incurred for medical or dental care.
12. Health check-ups, inoculations, visits, and tests necessary for administrative purposes (e.g., determining insurability, employment,

- school or sport related physical **Examinations**, travel etc.).
13. Immunizations, other than provided for under the **Preventive Care** benefit as listed on the **Schedule of Benefits**.
 14. Over-the-counter (OTC) drugs, supplies or medical devices, which do not require a **Physician** prescription, even if recommended by a **Physician**, including, but not limited to, smoking cessation drugs, appetite suppressant, hair regenerative drugs or products, anti-photo aging drugs, cosmetic and beauty aids, acne and rosacea drugs (including hormones and retin A) for cosmetic purposes, megavitamins, vitamins, (other than pre-natal as described under maternity), sexual enhancement devices, supplements, herbs or drugs, for any reason.
 15. Services and supplies related to visual therapy, radial keratotomy procedures, Lasik, or eye surgery to correct refractive error or deficiencies, including myopia or presbyopia.
 16. Rest cures, **Custodial Care**, home-like care, assistance with **Activities of Daily Living** (ADL), milieu therapy for rest and/or observation; whether or not prescribed by a **Physician**. Any **Admission** to a nursing home, home for the aged, long-term care or **Rehabilitation** facility, sanatorium, spa, hydro clinic or similar facilities that do not meet the **Policy** definition of a **Hospital**. Any **Admission**, arranged wholly or partly for domestic reasons, where the **Hospital** effectively becomes or could be treated as the Insured's home or permanent abode.
 17. Elective and or cosmetic surgery, procedures, treatments, technologies, drugs, devices, items and supplies that are not **Medically Necessary** treatment of a covered accidental injury or **Illness** or disease, and that may only be provided for the purpose of improving, altering, enhancing, or beautification unless required due to the treatment of an injury, deformity, or **Illness** that compromises functionality and that first occurred while the Insured was covered under this **Policy**. This also includes any surgical treatment for nasal or septal deformity that was not induced by trauma. Cosmetic surgery is defined as surgery or therapy performed to improve or alter appearance for self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
 18. Any medical complications arising directly or indirectly as a result of a non-authorized elective or cosmetic procedure.
 19. Sleep studies and other treatments relating to sleep apnea, sleep disorders including restless leg syndrome.
 20. Weight related treatment; any expense, service or treatment for obesity, nutritionist consultation (related to any diagnosis, conditions and/or symptoms), weight control, or any form of food supplement. This includes expenses related to or associated with treatment of morbid or non-morbid obesity, including, but not limited to, gastric bypass, gastric balloons, gastric stapling, jejunal ileal bypass, and any other procedures or complications arising there from.
 21. Organ transplant and related procedures except as specified in the Transplant Services section of this **Policy**, or if the optional Transplant Rider was purchased. including but not limited to; (a) donor search expense is excluded, (b) supportive services are not automatically covered and must be approved and managed by the **Underwriter's Assistance Company**, (c) all expenses of cryopreservation and the implantation of living cells on a deceased person or in conjunction with infertility or reproductive treatments, (d) **Medically Necessary** organ, blood or cell transplants may be covered on a case by case basis when pre-authorized and managed by the **Assistance Company**.
 22. Any fertility/infertility services, tests, treatments and/or procedures of any kind, including, but not limited to, fertility/infertility drugs, including drugs to regulate the menstrual cycle/ovulation for family planning purposes, artificial inseminations, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other procedures and services related to fertility and infertility. Any pregnancy resulting from such treatments, complications of that pregnancy, and postpartum care are also excluded. The delivery will be covered up to the maximum maternity benefit on the **Schedule of Benefits**, but will not be considered a Covered Pregnancy for any other benefits of this **Policy**.
 23. Genetic counseling, screening, testing or treatment, unless stated on the **Schedule of Benefits**.
 24. Elective abortions; any voluntarily induced termination of pregnancy, unless the mother's life is in imminent danger.
 25. Conditions related to sex or gender issues and sexually transmitted diseases. Any expense for gender reassignment, sexual dysfunction including, but not limited to impotence, inadequacies, disorders related to sexually transmitted human papillomavirus (HPV) and any other sexually transmitted diseases.
 26. Maternity/Delivery preparation classes.
 27. Circumcisions, unless **Medically Necessary** and pre-authorized.
 28. Treatment for alcoholism, solvent abuse, drug abuse or addictive conditions of any kind, and treatment of any **Illness** arising directly or indirectly from alcohol or drug abuse or addiction. This includes, but is not limited to treatment for any injuries caused by, contributed to or resulting from the Insured's use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the **Insured Person's** doctor.

29. Treatment for any conditions as a result of self-inflicted **Illnesses** or injuries, suicide or attempted suicide, while sane or insane, or emergency services for the same.
30. Injuries and/or **Illnesses** resulting or arising from or occurring during the commission or perpetration of a violation of law by an **Insured Person**.
31. Eyeglasses, contact lenses, sunglasses.
32. Prosthesis and corrective devices which are not medically required intra-operatively or equivalent appliances; except prosthesis or **Durable Medical Equipment** used as an integral part of treatment prescribed by a **Physician**, meeting the covered categories of **Durable Medical Equipment** or prosthesis and approved in advance by the **Assistance Company**.
33. **Durable Medical Equipment** does not include: motor driven wheelchairs or beds, additional wheels, comfort items such as telephone arms and over bed tables, items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers (air cleaners), disposable supplies, exercycles, sun or heat lamps, heating pads, bidets, toilet seats, bathtub seats, sauna baths, elevators, whirlpool baths, exercise equipment and similar items or the cost of instructions for the use and care of any **Durable Medical Equipment**. The customizing of any vehicle, bathroom facility or residential facility is also excluded.
34. Routine podiatry or other foot treatment not resulting from an **Illness** or injury. Pedicures, special shoes, inserts of any kind or any other supportive devices for the feet such as, but not limited to, arch supports and orthotic devices or any other preventive services and supplies. Any treatments, services or devices for diagnosis of weak, unstable, flat feet or fallen arches; or any specified lesions of the feet such as corns, calluses, hyperkeratosis, toenails or bunions (hallux valgus).
35. Growth Hormones, unless **Medically Necessary** and pre-authorized by the **Assistance Company**. This includes treatment by a bone growth stimulator, bone growth stimulation or treatment related to growth hormone, regardless of the reason for prescription.
36. Health care services associated with conditions as a result of travel, following the receipt of advice against travel because of health reasons from any health care **Provider**.
37. Hearing aids, hearing devices and bone anchored hearing aids.
38. Exceptional Risks: (a) treatment as a consequence of injury sustained while participating or training for a **Professional Sport** or **Hazardous Activity**, or as a consequence of: war (declared or not), acts of **Terrorism**, acts of foreign enemy hostilities, civil war, rebellion, revolution or insurrection; (b) chemical contamination; (c) contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel (d) treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.
39. Treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the **HIV Virus**, if diagnosed as a **Pre-Existing Condition**. If diagnosed after the effective date of the **Policy** and it is proven to be caused by a blood transfusion or **Accident**, a 24-month **Waiting Period** applies.
40. Except for accidental injury to sound, natural teeth, dental care is excluded from coverage; treatment, services or supplies related to the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces, or other mechanical aids; and (e) dental implants, regardless of cause.
41. Treatment, services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services, or supplies to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible. This includes treatment for Temporomandibular Malocclusion Joint Disorders (TMJD).
42. Treatment, diagnostic procedures, services, supplies for mental, nervous or behavioral conditions and all mental health services on an **Outpatient** basis. Serious mental **Illness** is covered as noted in the **Policy**.
43. The Underwriter shall not be deemed to provide cover and the Underwriter shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Underwriter to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

HOW TO FILE A CLAIM

The claims form is downloadable from latam.gbg.com. The Underwriter must receive completed form within 180 days of the treatment's date of service to be eligible for reimbursement of **Covered Expenses**.

The claim form must be used only when a **Provider** does not bill the Underwriter directly, and when you have **Out-of-pocket** expenses to submit for reimbursement. All claims forms must have itemized bills and receipts attached, and should include the following information: name of patient; printed invoice number; name and entity of medical practitioner or institution; description of services rendered. Prescriptions must accompany all pharmacy bills.

Mail the Claim Form and documentation to:

Global Benefits Group, Inc.
7600 Corporate Center Drive, Suite 500
Miami, FL 33126 USA

Submission of claims by scan or online:

- Scan claims to: eclaims360@gbg.com
- Log-on to latam.gbg.com

Status of Claims

Insureds wishing to request the status of a claim or have a question about a reimbursement received, please submit the status request form via GBG's website at latam.gbg.com or e-mail customer service at claims@gbg.com.

Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review. Claim payment information including status and payment will be available electronically for your review.

Claims Appeal

Global Benefits Group, Inc.
Attention: Appeals Department
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

Appeals should be submitted within 60 days of receiving an Insured's/**Insured Person's** processed claim. Upon appeal, the Insured/**Insured Person** will pay any fees associated with the request of medical records. The GBG Appeals Committee will review the Insured's/**Insured Person's** information and provide a response within 30 business days or will request additional time, if additional information is needed.

Complaints Procedure

If you have any questions or concerns about your Policy or the handling of a claim, you should in the first instance, contact:

Global Benefits Group, Inc.
Attention: Regulatory Compliance Officer
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

In the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the complaint to the Policyholder and Market Assistance Team at Lloyd's. The contact details are:

Policyholder and Market Assistance

Lloyd's Market Services
One Lime Street
London EC3M 7HA
Tel: 02073275693; Fax: 02073275225
E-Mail: Complains@Lloyds.com

A copy of the Lloyd's Complaints Procedures is available from this address.

Complaints that cannot be resolved may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. Making a complaint does not affect your right to take legal action.

HOW TO CONTACT THE ASSISTANCE COMPANY

The **Assistance Company** must be contacted for the following services:

- **Pre-authorization,**
- Emergency Services / Medical Evacuation,
- Locating preferred **Providers**
- Case management

The Underwriter has selected the **Assistance Company** to provide these services. Insureds may be required to receive approval from the **Assistance Company** prior to receiving certain treatment. (See also **Pre-Authorization** Section.) Through this process, the **Assistance Company** will:

- Verify coverage of **Insured Persons.**
- Determine whether the services or supplies are covered.
- Ensure treatment is **Medically Necessary**
- Minimize **out-of-pocket** costs to the member.

The Underwriter retains the right to refer certain large claims to the **Assistance Company**, which will then be responsible for establishing and monitoring the scope and nature of the care provided. When the Underwriter elects to refer a claim to the **Assistance Company**, in order for treatment to continue to be eligible for reimbursement under the **Policy**, the member will be required to follow the procedures indicated by the **Assistance Company**.

The **Assistance Company** will guide you to appropriate facilities and will evaluate the medical necessity of the recommended treatment. The intention of this process is not to substitute for the medical judgment of your **Physician**, as the ultimate decision for treatment is up to the patient. Regardless of the decisions taken by the patient, coverage under this **Policy** is subject to all stated limitations and exclusions as well as a consideration of the medical necessity of the proposed treatment and the effective management of health care costs. Treatment is approved and monitored by the **Assistance Company**, which will be the sole determinant of the nature and scope of treatment.

For Emergency medical assistance/Pre-authorization/Benefit verification, please contact:

- Worldwide Collect: +1. 305.697.1778
- Email: preauthorizations@gbg.com
- México local number: 55.1454.2772
- Venezuela local number: 212.720.7411
- Colombia local number: 1.508.5170
- Brazil local number: 11.4380.3493

DEFINITIONS

Certain words and phrases used in this **Policy** are defined below. Other words and phrases may be defined where they are used.

Accident: any sudden and unforeseen event occurring during the **Policy** year Period, resulting in bodily injury, in which the cause is external and occurs beyond the victim's control.

Active Service/Actively at work: An individual will be considered in active service on any day if he is then performing in the customary manner all the regular duties of his employment as performed or were capable of being performed on the last regularly scheduled work day.

Activities of Daily Living (ADL): are those activities normally associated with the day-to-day fundamentals of personal self-care, including, but not limited to: walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, medication and transferring (getting in and out of bed).

Acute Care means **Medically Necessary** short-term care for an **Illness** or injury characterized by rapid onset, severe symptoms, and brief duration, including any intense symptoms, such as severe pain.

Admission: the period from the time that an **Insured Person** enters a **Hospital, Extended Care Facility** or other approved health care facility as an **Inpatient** until discharge.

Air Ambulance: an aircraft specially equipped with the necessary medical personnel, supplies and **Hospital** equipment to treat life-threatening **Illnesses** and/or injuries for persons whose conditions cannot be treated locally and must be transported by air to the nearest medical center that can adequately treat their conditions. A commercial passenger airplane does not qualify as an **Air Ambulance**.

Allowable Charge means the fee or price the Underwriter determines to be the **Usual, Customary and Reasonable Charge** for health care services provided to **Insured Persons** that are covered under the **Policy**. The **Insured Person** is responsible for the payment of any balance over the **Allowable Charge** (except in the U.S. when a Preferred **Provider** has delivered coverage, then there is no balance due). All services must be **Medically Necessary**. Once an **Allowable Charge** is established then the **Deductible**, co-payments and any excess charges must be paid by the Insured.

Assistance Company/The Underwriter's Assistance Company means the company selected by the Underwriter to provide services such as: preauthorization, issuance of letter of guarantee, review medical cases and verify benefits.

Catastrophic Illness: For the purposes of this Policy, **Catastrophic Illness** is defined as the following conditions:

- **Cancer:** The presence of uncontrolled growth, and the spread of malignant cells and invasion of tissue. Incontrovertible evidence of such invasion of tissue or definite histology of a malignant growth must be produced. The term "Cancer" also includes leukemia, lymphomas and Hodgkin's disease. Non-invasive carcinomas in situ localized non-invasive tumors showing only early malignant changes, tumors in the presence of any human immune-deficiency virus and all skin Cancers except malignant melanomas are excluded from the definition of **Catastrophic Illness**.
- **Major Organ Failure and/or Transplant:** The process, as a recipient, of a transplant of any major organ and the medical treatment preceding and following the approved transplant.
- **Heart Attack:** Death of a portion of heart muscle as a result of abrupt interruption of adequate blood supplies to the area. The diagnosis will be based upon all of the following criteria: a history of typical chest pain, new electrocardiograph changes, and an elevation in cardiac enzyme levels

Chronic Condition: An injury, **Illness** or condition, which does not require hospitalization, which may be expected to be of long duration without any reasonably predictable date of termination, and which may be marked by recurrences requiring continuous or periodic care as necessary.

Class: The Insureds of all policies of the same type, including but not limited to benefits, **Deductibles**, age group, country, product, plan, year groups, or a combination of any of these.

Complications of Maternity and Perinatal means a condition

- Caused by pregnancy; and
- Requiring medical treatment prior to, or subsequent to termination of pregnancy; and
- The diagnosis of which is distinct for pregnancy; and
- Causes complications in the newborn unrelated to **Congenital or Hereditary Conditions**.

A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.

Confinement means an **Inpatient** stay at an approved **Extended Care Facility** for necessary skilled treatment or **Rehabilitation** in accordance with the **Policy**.

Congenital Condition: any inherited disorders or **Illnesses** that exist prior to childbirth regardless of cause, whether or not they have manifested or been diagnosed during childbirth or years thereafter.

Covered Pregnancy is all that;

- a. Whose delivery date is at least 10 months after the Effective Date of coverage for the Insured mother, and
- b. Conception did not occur due to any fertility/infertility treatment or any assisted medical treatments or procedures, and
- c. Maternity coverage is included under the Policy, and
- d. The Insured meets the **Eligibility** criteria for maternity related services.

Note: The acquisition of the Maternity and Perinatal Complications Rider does not qualify for a Covered Pregnancy.

Covered Expenses means the **Usual, Customary and Reasonable** charges incurred by an **Insured Person**, while covered under this **Policy**, for **Medically Necessary** services, treatments or supplies.

Critical Condition: an immediate life threatening or perilous **Illness** or conditions due to an **Accident** or natural causes, which requires urgent specialized treatment without delay.

Custodial Care: services provided that include, but are not limited to, personal assistance, which does not require professional qualification, for example: cleaning, feeding and dressing an individual.

Dangerous or Hazardous Activities means any activity that exposes the participant to any foreseeable danger or risk. Examples of **Dangerous or Hazardous activities** include, but are not limited to aviation sports, rafting or canoeing involving white water rapids in excess of grade 5, tests of velocity, scuba diving at a depth of more than thirty meters, bungee jumping, and participation in any extreme sport.

Deductible: the amount of covered **Allowable Charges** payable by the Insured during each **Policy Period** before the **Policy** benefits are activated.

Dependent means a member of the **Insured Person's** family who is enrolled under the **Policy** after meeting all the **Eligibility** and requirements and for whom **Premiums** have been received by the Underwriter. (See **Eligibility** and Conditions of Coverage Section).

Durable Medical Equipment: means orthopedic braces, artificial devices replacing body parts and other equipment customarily and generally useful to a person only during an **Illness** or injury and determined by the Underwriter to be **Medically Necessary**. See DME Section for more details and services that are not consider eligible DME benefits.

Effective Date: the date upon which an Insured's coverage will become effective under this **Policy**.

Eligibility: the requirements that an Insured, including the primary **Insured Person** and/or his **Dependents** must meet at all times in order to be covered under this **Policy**. (See **Eligibility** & Conditions of Coverage Section)

Emergency: an injury or **Illness** that is **Acute**, with sudden onset of symptoms and poses an immediate risk to a person's life or long-term health and requires medical care within 24 horas from the time such symptoms first occur.

Emergency Dental Treatment means urgent treatment necessary to restore or replace sound natural teeth damaged as a result of an **Accident**. Sound teeth do not include teeth with previous crowns, fillings or cracks. Damage to teeth caused by chewing foods does not

qualify for **Emergency Dental Treatment** coverage.

Emergency Medical Transportation: In the event of a **Life Threatening Emergency** when appropriate treatment is not available locally, this **Policy** provides **Emergency Medical Transportation** to the closest medical facility capable of providing the required care. Should treatment be available locally, but if the **Insured Person** chooses to be treated elsewhere, transportation expenses shall be the responsibility of the **Insured Person**.

In the event of such **Emergency**, the **Assistance Company** must be contacted in advance in order to approve and arrange such emergency medical air transportation.

Examinations: The Underwriter and the Claims Administrator shall have the right and opportunity, through their medical representatives, to examine any person whenever and as often as they may reasonably require within the duration of any claim. The **Insured Person** shall make available all medical reports and records, as well as requested health information questionnaires, and where required, shall sign all authorization forms necessary to give the Underwriter a full and complete medical history. The Underwriter and its claims administrator shall have the right and the opportunity to require an autopsy in the case of death, unless forbidden by law or religious beliefs.

Experimental and/or Investigational: any treatment, procedure, technology, facility, equipment, drug, drug usage, device, or supplies not recognized as accepted medical practice in the United States, by the FDA or by the Underwriter.

Extended Care Facility: a nursing and/or **Rehabilitation** center approved by the Underwriter that provides skilled and **Rehabilitation** services to patients who are discharged from a **Hospital** or who are admitted in lieu of a **Hospital** stay. The term **Extended Care Facility** does not include nursing homes, rest home, health resorts, homes for the aged, infirmaries or establishments for domiciliary care, **Custodial Care**, care of drug addicts or alcoholics, or similar institutions.

Face Page: the Policy certificate of coverage, which includes information about Insureds, **Deductible**, **Premium**, exclusions or additional restrictions, product and coverage.

Hereditary Condition: any **Illness** or disorder, which is genetically transmitted from parent to child or ancestors to descendants.

HIV: Acquired Immune Deficiency Syndrome (AIDS) and all diseases caused by and/or related to the Human Immunodeficiency Virus (HIV) Virus.

Homeopathy(ic): A system of alternative medicine that seeks to treat patients by administering small doses of medicines that would bring on symptoms similar to those of the patient in a healthy person. For example, the **Homeopathic** treatment for diarrhea would be a miniscule amount of a laxative.

Home Health Care Agency means an agency or organization, or subdivision thereof, that; a) is primarily engaged in providing skilled nursing services and other therapeutic services in the Covered Person's home; b) is duly licensed, if required, by the appropriate licensing facility; c) has policies established by a professional group associated with the agency or organization, including at least one **Physician** and one registered graduate **Nurse** (R.N.), to govern the services provided; d) provides for full-time supervision of such services by a **Physician** or by a Registered **Nurse** (R.N.), e) maintains a complete medical record on each patient; and f) has a full-time administrator.

Home Health Care is a program:

- a. for the care and treatment of an **Insured Person** in his home;
- b. established and approved in writing by his attending **Physician**; and
- c. certified, by the attending **Physician**, as required for the proper treatment of the injury or **Illness**, in place of **Inpatient** treatment in a **Hospital** or in an **Extended Care Facility**.

Hospice: treatment provided to patients suffering from advanced, progressive and incurable diseases and who have a prognosis of less than 240 days of life and such treatment has as primary objective the relief of suffering and improvement of the quality of life.

Hospital: means and includes only **Acute Care** facilities licensed or approved by the appropriate regulatory agency as a **Hospital**, and whose services are under the supervision of, or rendered by a staff of **Physicians** who are duly licensed to practice medicine, and which continuously provides twenty-four (24) hour a day nursing service under the direction or supervision of registered professional **Nurses**. The term '**Hospital**' does not include nursing homes, rest home, health resorts, and homes for the aged, infirmaries or establishments

for domiciliary care, **Custodial Care**, care of drug addicts or alcoholics, or similar institutions.

Identification Card (I.D. card): The card provided to each Insured and his **Dependents**, which outlines the **Policy** benefits, name of the **Insured Persons**, and **Deductibles**, co-payments and co-insurance, if any. On this card, Insureds will find contact information for submitting claims and emergency medical treatment. Insureds may in certain circumstances have two **Identification Cards**.

Illness: abnormal condition of the body that are manifested by signs, symptoms or abnormal medical examination results that identify the condition as different from the normal state of the body and can be caused by internal or external factors.

Inpatient: Medically Necessary Admission in a **Hospital** or other health care facility for at least 24 hours.

Insured Person means an Insured or his **Dependents** enrolled for and entitled to coverage under this **Policy** and for who the required **Premium** has been paid.

Life Threatening Emergency: An injury or **Illness** that is **Acute**, with sudden onset of symptoms and poses an immediate risk to a person's life or long term health. The following signs and symptoms include but is not limited to such emergencies; respiratory distress or cessation of breathing, severe chest pains, shock, uncontrolled bleeding, choking, poisoning, prolonged unconsciousness, severe burns, any complaint or observation which indicates head or spinal cord injury.

Lifetime Maximum: maximum amount that the Insurer will pay for a benefit during the lifetime of the Insured or the Policy.

1. Range of services or supplies provided by a facility; and
2. The prevailing charge in other areas. The term "area" means a city, a country or any greater area, which is necessary to obtain a representative cross section of similar institutions or similar treatment.

Maternity Care: The cost of prenatal care, delivery, C-Sections, and postnatal treatment subject to the specific limit. Any complications related to pregnancy including C-Section will be treated as maternity and will be subject to the specified limits. Maternity also includes Pre-natal vitamins.

Maximum Benefit means the payment specified in the **Schedule of Benefits**, for specific services, which is the maximum amount payable by the Underwriter per person, per **Policy** year (unless otherwise noted) regardless of the actual or **Allowable Charge**. This is after the Insured has met his obligations of **Deductible**, co-payments and any other applicable costs.

Medical Emergency Services mean services provided in connection with an "**Emergency**", defined as a sudden or unexpected onset of a condition requiring medical or surgical care which the **Insured Person** secures after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than twenty-four (24) hours after the onset and in the absence of which care, an Insured would be expected to suffer serious bodily injury or death.

Medically Necessary: means those services or supplies which are provided by **Hospital, Physician** or other approved medical **Providers** that are required to identify or treat an **Illness** or injury and which, as determined by the Underwriter, are:

- Consistent with the symptom, or diagnosis and treatment of condition, disease or injury; and
- Appropriate with regard to standards of accepted professional practice; and
- Not solely for the **Insured Person's** convenience, the **Physician's** convenience or any other **Provider's** convenience, and
- The most appropriate supply or level of service, which can be provided. When applied to an **Inpatient**, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an **Outpatient**; and
- Not a part of or associated with the scholastic education or vocational training of the patient; and
- Not **Experimental or Investigational**.

The Underwriter reserves the right to determine the medical necessity of a planned treatment.

Nurse means a person licensed as a registered **Nurse**, (R.N.) or licensed practical **Nurse**, (L.P.N.) by the appropriate licensing authority in the areas which he or she practices nursing.

Outpatient: any medical services/procedures (surgical or not) performed for less than 24 hours in a **Hospital** setting or not.

Out-of-pocket: expenses that are the responsibility of the Insured.

Physician means any person who is duly licensed and meets all of the laws, regulations, and requirements of the jurisdiction in which he practices medicine, osteopathy or podiatry and who is acting within the scope of that license. This term does not include; (1) an intern; or (2) a person in training.

Policy means the agreement between the Underwriter and the **Insured Person**. The **Policy** includes this document, the **Policy** declarations, the applicable **Schedule of Benefits**, any Application forms, any medical questionnaires; the last issued **Identification Card**, and any amendments or endorsement modification made in accordance with the **Policy**. This also includes any riders or endorsements purchased by the **Insured Person**.

Policy Effective Date: the date that this **Policy** first takes effect, without regard to renewals thereafter.

Policyholder: the person that has applied for coverage and is named as the **Policyholder** on the Face Page of this **Policy**.

Policy Year/Period is the period of 365 days counting from the **Policy Effective Date**.

Pre-Authorization is a process by which an **Insured Person** obtains written approval for certain medical procedures or treatments, from the Underwriter prior to the commencement of the proposed medical treatment. Certain medical procedures will require the **Pre-Authorization** process to be followed in order for the service to be covered and to maximize the benefits of the Insured.

Pre-Existing Condition: any **Illness** or injury, physical or mental condition and any consequences of such, for which an **Insured Person** received any diagnosis, medical advice, treatment, had taken any prescribed drug or where distinct symptoms were evident prior to the **Policy Effective Date**.

Preferred Provider Organization (PPO): a participating **Provider**, such as **Hospital**, clinic or **Physician** that has entered into an agreement to provide health services to Insureds by the Underwriter. The Underwriter also maintains an international network of medical **Providers** and facilities with which it has arranged direct billing procedures, referred to as Preferred **Provider** Networks. Please refer to your Identification Card to locate **Preferred Providers**, or access a list of **Providers** at latam.gbg.com

Premium(s): is the consideration owed by the **Insured Person** to the Underwriter in order to secure benefits under this **Policy**.

Prescription Drugs: medications which are prescribed by a **Physician** and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, medicines, **Experimental or Investigational** drugs, or medical supplies even when recommended by a **Physician**, do not qualify as **Prescription Drugs**.

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Preferred Provider Organization (PPO): a participating **Provider**, such as **Hospital**, clinic or **Physician** that has entered into an agreement to provide health services to Insureds by the Underwriter. The Underwriter also maintains an international network of medical **Providers** and facilities with which it has arranged direct billing procedures, referred to as Preferred **Provider** Networks. Please refer to your Identification Card to locate **Preferred Providers**, or access a list of **Providers** at latam.gbg.com

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Preventive Care/ Check-Up: exams and consultation without the presence no symptoms or diagnosis.

Professional Sports: activities in which the participants receive payment for participation.

Provider: the organization, facility or person performing or supplying treatment, services, supplies or drugs.

Rehabilitation: therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating and assist in recovery. **Inpatient Rehabilitation** is only covered during the **Acute** and **Sub-Acute** recovery phase of treatment and only when authorized by the **Assistance Company**.

Repatriation or Local Burial: The expense of preparation and air transportation of the mortal remains of the **Insured Person** from the place of death to their home country, or the preparation and **Local Burial** of the mortal remains of an **Insured Person** who dies outside his/her home country.

Residence Country means the country where: a) the Insured resides the majority of any **Policy** year, or b) where the Insured has resided more than one hundred eighty continuous days during a calendar year.

Schedule of Benefits: the summary description of the available benefits, payment levels and **Maximum Benefits**, provided under this **Policy**. The **Schedule of Benefits** is included with and is part of this **Policy**.

Serious Accident: an **Accident** that requires immediate hospitalization for at least 24 hours. Medical necessity will be assessed by the Underwriter.

Sub-Acute: medical care or treatment that is somewhat **Acute**, falling between **Acute** and chronic care, but with some **Acute** features.

Terrorism: Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Usual, Customary and Reasonable Charge means the lower of:

- a. the **Provider's** usual charge for furnishing the treatment, service or supply; or
- b. the charge determined by the Insurer to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons: (1) who reside in the same country; and (2) whose injury or **Illness** is comparable in nature and severity.

The **Usual, Reasonable and Customary Charge** for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of **Providers** in the area, will be determined by the Underwriter. The Underwriter will consider such factors as:

1. Complexity;
2. Degree of skill needed;
3. Type of specialist required;
4. Range of services or supplies provided by a facility; and
5. The prevailing charge in other areas. The term "area" means a city, a country or any greater area, which is necessary to obtain a representative cross section of similar institutions or similar treatment.

When PPO **Providers** are available within a 30-mile radius of the Insured's local residence, the **Usual, Customary and Reasonable Charge** may be the negotiated PPO **Provider** fee for such services.

Utilization Review Measures: the Underwriter retains the right to determine the medical necessity of a planned treatment. The appropriateness of care and the treatment plan will be reviewed in consultation with the attending **Physician** and alternative care options may be recommended.

Waiting Period: the period from the **Policy Effective Date**, during which benefits will be limited or no benefit will be available.

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Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

GBG Latin America
7600 Corporate Center Drive, Suite 500
Miami, FL 33126 USA