

ELITE OPTION

Elite is our top-level international health insurance, providing expatriates with leading edge comprehensive coverage, including full emergency room, surgery and outpatient medication benefits, flexible deductible, emergency dental, and hospitalization and intensive care coverage. **Elite** also includes 100% maternity benefits, local ambulance service, lab and x-rays, as well as complementary medicines.

BENEFIT	ELITE	
Area of Coverage	Worldwide / Worldwide Excluding the U.S.	Worldwide / Worldwide Excluding the U.S.
Currency	USD	USD
Lifetime Maximum Benefit	5,000,000	5,000,000
Eligibility Age	0-74	0-74
Deductible Options \$250, \$500, \$1,000, \$2,500 & \$5,000	Subject to applicable deductible (1 per person & 3 per Family)	Subject to applicable deductible (1 per person & 3 per Family)
Coinsurance [Applied only when in the U.S.]	100% In country and 90% in the U.S. in Network	50% Out of Network
Out of Pocket Maximum per Individual	\$500	Not Applicable
INPATIENT BENEFITS - In country / In Network		
Hospitalization	100% / 90% Private room	50% Private room
Intensive Care Unit (ICU)	100% / 90%	50%
Physicians visits	100% / 90%	50%
Surgery	100% / 90%	50%
Organ Transplant *	100% / 90% up to \$2,000,000 Lifetime	Not Covered
OUTPATIENT BENEFITS - In country / In Network		
Doctor Visits	100% / 90%	50%
Mental and Nervous *	100% / 90% up to \$50,000 Lifetime	50% up to \$50,000 Lifetime
Chiropractic Visits	100% / 90%	50%
Outpatient Surgery	100% / 90%	50%
Prescription Medication (Rx)	100% / 90% up to \$20,000	50% up to \$20,000
Alternative Medicine	Please refer to policy wording terms and conditions for specific benefits	
Laboratory Tests	100% / 90%	50%
Diagnostics (Labs, X-Ray, CT Scan, MRI)	100% / 90%	50%
Emergency Room	100% / 90%	50%
Ground Ambulance	100% / 90%	50%
Oncology Treatment	100% / 90%	50%
Home Care	100% / 90%	50%
Hospice	100% / 90% up to 180 days	50% up to 180 days
Durable Medical Equipment	100% / 90%	50%
Therapeutic Services	100% / 90% up to \$50 per visit	50% up to \$50 per visit
MATERNITY BENEFITS * - In country / In Network		
Normal Delivery / Elective C-Section **		
Medically Nec. C. Section / Complications Pregnancy **	100% / 90% up to \$50,000	50% up to \$50,000

BENEFIT

ELITE

WELLNESS BENEFITS *

Adult Routine Wellness	100% up to \$500 per policy year	100% up to \$500 per policy year
Child Routine Wellness (1-18 years of age)	100% up to \$400 per policy year	100% up to \$400 per policy year
Newborn Routine Wellness (born under the plan up to age 1 year of age)	100% up to \$200 per policy year	100% up to \$200 per policy year

DENTAL AND VISION BENEFITS - *In country / In Network*

Emergency Dental due Accidental Injury	100% / 80%	50%
Routine Dental *	90% up to \$700 per period of coverage; \$50 deductible and coinsurance applies	90% up to \$700 per period of coverage; \$50 deductible and coinsurance applies
Emergency Dental due to Sudden Unexpected Pain	Included in the Routine Dental	Included in the Routine Dental
Routine Vision *	100% up to \$100 once every two years	100% up to \$100 once every two years
Vision Frames/Contacts *	100% up to \$150 once every two years	100% up to \$150 once every two years

EMERGENCY ASSISTANCE * - *In country / In Network*

Emergency Medical Evacuation	100% / 90%	90%
Return of Mortal Remains	100% up to \$50,000 Lifetime	100% up to \$50,000 Lifetime

* Waiting periods apply, please refer to the policy terms and conditions for complete explanation of benefits.

** For Normal Delivery and Medically Nec. C- Section deductible are waived with the following deductible options: \$250, \$500, \$1,000, \$2,500.

NOTE 1: All Benefits are subject to Usual and Customary Charges (UCC).

NOTE 2: The benefits, coverage, and exclusions, listed herein are only a summary and are subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility, and exclusions. Please refer to your Policy Wording for specific terms, conditions and other details concerning your benefits, limitations, eligibility, and exclusions.