

# SIGNATURE

## SELECT OPTION

**Select** offers you a comprehensive international health insurance package. While it also includes full emergency room, surgery and outpatient medication benefits and multiple deductible options, **Select** also includes an increase in lifetime maximum benefits, along with full hospitalization and intensive care coverage.

BENEFIT	SELECT	
Area of Coverage	Worldwide / Worldwide Excluding the U.S.	Worldwide / Worldwide Excluding the U.S.
Currency	USD	USD
Lifetime Maximum Benefit	3,000,000	3,000,000
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 80% in the U.S. in Network	50% Out of Network
Out of Pocket Maximum per Individual	\$1,000	Non Applicable
<b>INPATIENT BENEFITS - In country / In Network</b>		
Hospitalization	100% / 80% Semi-Private room	50% Semi-Private room
Intensive Care Unit [ICU]	100% / 80%	50%
Physicians visits	100% / 80%	50%
Surgery	100% / 80%	50%
Organ Transplant *	100% / 80% up to \$1,000,000 Lifetime	Not Covered
<b>OUTPATIENT BENEFITS - In country / In Network</b>		
Doctor Visits	100% / 80%	50%
Mental and Nervous *	100%/80% up to \$10,000 per policy year Lifetime \$50,000	50% up to \$10,000 per policy year Lifetime \$50,000
Chiropractic Visits	100% / 80%	50%
Outpatient Surgery	100% / 80%	50%
Prescription Medication [Rx]	100% / 80% up to \$20,000 per policy year	50% up to \$20,000 per policy year
Alternative Medicine	Please refer to policy wording terms and conditions for specific benefits	
Laboratory Tests	100% / 80%	50%
Diagnostics (Labs, X-Ray, CT Scan, MRI)	100% / 80%	50%
Emergency Room	100% / 80%	50%
Ground Ambulance	100% / 80%	50%
Oncology Treatment	100% / 80%	50%
Home Care	100% / 80%	50%
Hospice	100% / 80% up to 180 days	50% up to 180 days
Durable Medical Equipment	100% / 80%	50%
Therapeutic Services	100%/ 80% up to \$50 per visit	50% up to \$50 per visit
<b>MATERNITY BENEFITS * [OPTIONAL BENEFIT WITH RIDER]** - In country / In Network</b>		
Normal Delivery / Elective C-Section	100%/ 80% up to \$5,000	50% up to \$5,000
Medically Nec. C. Section / Complications Pregnancy	100%/ 80% up to \$7,500	50% up to \$7,500

## BENEFIT

## SELECT

## WELLNESS BENEFITS \*

Adult Routine Wellness	100% up to \$250 per policy year	100% up to \$250 per policy year
Child Routine Wellness (1-18 years of age)	100% up to \$200 per policy year	100% up to \$200 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 *	Not Covered	Not Covered
Emergency Dental due to Sudden Unexpected Pain	100%/80% up to \$100 per policy year	80% up to \$100 per policy year
Routine Vision *	Not Covered	Not Covered
Vision Frames/Contacts *	Not Covered	Not Covered

EMERGENCY ASSISTANCE \* - *In country / In Network*

Emergency Medical Evacuation	100% / 80%	80%
Return of Mortal Remains	100% up to \$25,000 Lifetime	100% up to \$25,000 Lifetime

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

\*\* Deductible waived with deductible options of: \$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.