

# Global 1 - Summary of Benefits



\*All treatment and services marked with an asterisk (\*) require precertification. If treatments are not precertified, eligible medical conditions will be reduced by 50%.

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica/Caribbean Islands/ Worldwide	In-Network	Out of Network
<b>Period of Cover</b>		12 months	
<b>Maximum Limit</b> Payable for eligible conditions per person per year		\$2,000,000	
<b>Deductible for Eligible Conditions</b> Waived for Emergency, Health Checks, Vision and Dental		<b>In Country / Worldwide \$0 / United States \$2,500</b> <b>In Country / Worldwide \$200 / United States \$2,500</b> <b>In Country / Worldwide \$500 / United States \$5,000</b>	
<b>Coinurance For Eligible Conditions Per Eligible Conditions per Period of Cover</b>			
<b>Medical Management Services</b>	Coinurance Out-of-Pocket Maximum is waived for services rendered in the U.S. when services and providers are approved by Seven Corners		
<b>Coinurance Out-of-Pocket Maximum Per Eligible Medical Condition per Period of Cover</b> (In addition to deductible)	Plan pays 100% Insured pays 0%	Plan pays 80% Insured pays 20%, up to \$2,000	Plan pays 50% Insured pays 50%, up to \$5,000
<b>Outpatient Treatment</b>			
<b>Physician &amp; Consultation Visits</b> Medical services in a physician's office/ consultations, Max. Visits: 20	100%	80%	50%
<b>Physician House Calls</b> Only in Jamaica and Caribbean Islands. Max. \$75 per Visit. Max. Visits: 4	100%	Not Applicable	Not Applicable
<b>Psychiatric Treatment*</b> Max. Visits: 20	100%	80%	50%
<b>Diagnostic Laboratory and Radiology</b>	100%	80%	50%
<b>Rehabilitation</b> (Physical therapy, occupational therapy, speech therapy), Max. Visits: 60	100%	80%	50%
<b>Alternative Medicine / Acupuncture Treatment</b> Referral by a medical practitioner or specialist required, Max. Visits: 10	100%	80%	50%
<b>MRI, CAT and PET Scans*</b>	100%	80%	50%
<b>Drugs &amp; Dressings</b> Not including oncology drugs, Max. Limit: \$1,000	100%	80%	80%
<b>Surgical Procedures*</b>	100%	80%	50%
<b>Reconstructive Surgery*</b> within 12 months of a covered event	100%	80%	50%
<b>Podiatry</b> Max. Limit: \$750	100%	80%	50%
<b>Oncology*</b> Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
<b>Dialysis* Jamaica and Caribbean Islands</b> Only (Acute kidney failure). Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
<b>Dialysis* U.S.</b> (Acute kidney failure) . Max. Months: 6	Not Applicable	80%	50%
<b>Dialysis* Worldwide</b> (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
<b>Hospice</b>	100%	80%	50%
<b>Day-Patient And Inpatient Treatment All inpatient treatment requires precertification</b>			
<b>Hospital Services</b> Including Room and Board*, and Diagnostic Services	100%	80%	50%
<b>Drugs, Dressings and Appliances</b>	100%	80%	50%
<b>Intensive Care Unit* and Diagnostic Services</b>	100%	80%	50%
<b>MRI, CAT and PET Scans*</b>	100%	80%	50%
<b>Doctors' Fees for Surgical and Medical Services</b>	100%	80%	50%
<b>Oncology*</b> Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
<b>Psychiatric Treatment*</b> Max. Days: 30, Lifetime Max. Days: 90	100%	80%	50%
<b>Reconstructive Surgery*</b> Must be done within 12 months of covered illness or injury	100%	80%	50%
<b>Parent Accommodation</b> Max. \$250 per Day	100%	80%	50%

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica /Caribbean Islands / Worldwide	In-Network	Out of Network
<b>Day-Patient And Inpatient Treatment (Continuation)</b>			
<b>Dialysis* Jamaica and Caribbean Islands Only</b> (Acute kidney failure). Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
<b>Dialysis* U.S.</b> (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
<b>Dialysis* Worldwide</b> (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
<b>Hospice</b>	100%	80%	50%
<b>Other Benefits</b>			
<b>Emergency Injury or Illness</b> Deductible & coinsurance waived when transported via ambulance to the hospital's emergency unit and admitted as inpatient for treatment	100%	100%	100%
<b>Emergency Local Ambulance</b> Deductible and coinsurance waived, Includes local road and local air ambulance	100%	100%	100%
<b>Home Health Care*</b> Max. Days: 20	100%	80%	50%
<b>Maternity Cover*</b> Available after 10 months of coverage	100%	80%	50%
<b>Complications of Pregnancy*</b> Available after 10 months of coverage	100%	80%	50%
<b>Health Checks</b> Available after 10 months of coverage, deductible & coinsurance waived, Max. Limit: \$300	100%	100%	100%
<b>Organ Transplants*</b> Must be approved in advance by the Plan Administrator	100%	80%	50%
<b>Congenital Anomalies</b> Max. Limit: \$500,000	100%	80%	50%
<b>Evacuation*</b> Deductible & coinsurance waived, Approved in advance and coordinated by the Plan Administrator	100%	100%	100%
<b>Return of Mortal Remains</b> Deductible & coinsurance waived, Approved in advance and coordinated by the Plan Administrator, Max. Limit: \$10,000	100%	100%	100%
<b>AIDS</b> Max. Limit: \$25,000; Expenses are limited to pre- and post-diagnosis consultations, routine check-ups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees.	100%	80%	50%
<b>Additional Coverage</b>			
<b>Outpatient dental and vision treatment</b> \$0 deductible. Combined Max. Limit \$2,000 every 12 months	Dental - routine, minor and major restorative: Plan pays 50%, Insured pays 50% Emergency dental treatment: Plan pays 80%, Insured pays 20% Vision: Plan pays 80%, Insured pays 20%. Max \$500 for one (1) pair of frames, corrective lenses or contact lenses		

All coverage and benefits in this Policy are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations. This is only a summary and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.