

Global Share - 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
Period of Cover	12 months		
Maximum Limit Payable for eligible conditions per person per year	Insureds under the age of 65 years: \$1,000,000 Insureds 65 years and over: \$500,000		
Deductible for Eligible Conditions Waived for Emergency, Health Checks, Vision and Dental	Insureds under the age of 65 years: In Country & Worldwide \$500 / United States: \$2,500		
Coinurance For Eligible Conditions Per Eligible Conditions per Period of Cover			
Medical Management Services	Coinurance Out-of-Pocket Maximum is waived for services rendered in the U.S. when services and providers are approved by Seven Corners		
Coinurance Out-Of-Pocket Maximum Per Eligible Medical Condition per Period of Cover (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
Outpatient Treatment			
Physician & Consultation Visits Medical services in a physician's office/consultations, Max. Visits: 20, Max per Visit: \$80	100%	80%	50%
Physician House Calls Only in Jamaica and Caribbean Islands. Max. \$75 per Visit. Max. Visits: 4	100%	Not Applicable	Not Applicable
Psychiatric Treatment* Max. Visits: 20. Max \$80 per visit	100%	80%	50%
Diagnostic Imaging Including EKG, Ultrasound & Endoscopy, Max. \$700 per scan	100%	80%	50%
Rehabilitation (Physical therapy, occupational therapy, speech therapy), Max. Visits: 60. Max \$40 per visit	100%	80%	50%
Alternative Medicine / Acupuncture Treatment (Referral by a medical practitioner or specialist required), Max. Visits: 10	100%	80%	50%
MRI, CAT and PET Scans* Max. \$750 per scan	100%	80%	50%
Drugs & Dressings Not including oncology drugs, Max. Limit: \$500	100%	80%	80%
Surgical Procedures*	100%	80%	50%
Reconstructive Surgery* within 12 months of a covered event	100%	80%	50%
Podiatry Max. Limit: \$750	100%	80%	50%
Oncology*	100%	80%	50%
Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure). Max. Limit: \$500,000, Max. \$80 per visit	100%	Not Applicable	Not Applicable
Dialysis* U.S. (Acute kidney failure) Max. Months: 6, Max. \$80 per visit	Not Applicable	80%	50%
Dialysis* Worldwide (Acute kidney failure) Max. Months: 6, Max. \$80 per visit	100%	Not Applicable	Not Applicable
X-ray pathology Max. \$400 per scan	100%	80%	50%
Day-Patient And Inpatient Treatment All Inpatient Treatment Requires Precertification			
Hospital Services including Room and Board, and Diagnostic Services* Max. \$750 per day	100%	80%	50%
Drugs, Dressings and Appliances	100%	80%	50%
Intensive Care Unit and Diagnostic Services* Max. \$2,000 per day	100%	80%	50%
MRI, CAT and PET Scans*	100%	80%	50%
Doctors' Fees for Surgical* and Medical Services	100%	80%	50%
Oncology*	100%	80%	50%
Reconstructive Surgery* Must be done within 12 months of the covered injury or illness	100%	80%	50%
Psychiatric Treatment* Max. Days: 30, Lifetime Max. Days: 90, Max \$750 per day	100%	80%	50%
Parent Accommodation Max. \$250 per day	100%	80%	50%
Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure) Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
Hospice Care if ordered by physician, inpatient only	100%	80%	50%
Dialysis* U.S. (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
Dialysis* Worldwide (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica/Caribbean Islands/ Worldwide	In-Network	Out of Network
Other Benefits			
Emergency Injury or Illness Deductible & coinsurance waived when transported via ambulance to the hospital's emergency unit and admitted as inpatient for treatment. These benefits are payable under the Inpatient treatment provision	100%	100%	100%
Emergency Local Ambulance Deductible & coinsurance waived, Includes local road and local air ambulance, Max. Limit: \$1,500	100%	100%	100%
Home Health Care* Max. Days: 20, Max. Limit: \$250	100%	80%	50%
Maternity Cover* Available after 10 months of coverage. Paid in full up to \$5,000 per normal deliveries or \$9,000 for medically necessary Cesarean deliveries	100%	80%	50%
Complications of Pregnancy* Available after 10 months of coverage	100%	80%	50%
Health Checks Available after 10 months of coverage. Deductible & coinsurance waived. Max. Limit: \$200	100%	100%	100%
Organ Transplants* Must be approved in advance by the Plan Administrator. Max. Limit: \$500,000	100%	80%	50%
Congenital Anomalies Max. Limit: \$500,000	100%	80%	50%
Evacuation* Deductible & coinsurance waived, approved in advance and coordinated by the plan administrator. Max. Limit: \$50,000	100%	100%	100%
Return of Mortal Remains Deductible & coinsurance waived, approved in advance and coordinated by the plan administrator, Max. Limit: \$10,000	100%	100%	100%
AIDS Max. Limit: \$15,000; 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%
Optional Coverage			
Optional Outpatient Dental and Vision Treatment \$0 deductible. Combined Max. Limit \$1,000 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.