



WORLDWIDE MEDICAL TRUST PLAN

Underwritten by Certain Underwriters
Lloyd's, London through the
WORLDWIDE MEDICAL TRUST

SCHEDULE OF BENEFITS

Coverage	Worldwide - based on Usual, Reasonable and Customary charges for the country where treatment occurred.
Eligibility	Acceptance: anyone under 75; students up to age 24 as dependents
Insured Amount	Up to US\$ 1,000,000 of incurred charges per Assured per Certificate Year. At age 70, the per Assured amount will reduce to US\$ 500,000 per Certificate Year
Annual Deductible per Assured	Choice of: US\$ 250; US\$ 500; US\$ 1,000; US\$ 2,000; US \$ 3,000; US \$5,000; US\$ 10,000; US\$ 25,000; US\$ 50,000
Co-Insurance	Co-Insurance: 20% of the first US\$ 5,000 per Assured if treatment rendered in the USA; Canada or Europe An increase in the Co-Insurance will apply to any Assured who is NOT admitted to an Elite Network Hospital. The amount the Assured will be responsible for will be an additional 30.00% of covered charges after the Deductible and Co-Insurance have been applied. Co-Insurance will apply for accidents and emergencies that are treated outside Your Country of Residence and not in an Elite Network Hospital and will be paid after Your Deductible at 90.00% of Usual, Reasonable and Customary charges. This benefit is limited up to a maximum of US\$ 100,000 and the Assured must be admitted to a Hospital for at least 48 hours for this benefit to apply.
Waiting Period	90 days; immediate coverage given for accidents and infectious diseases.
	10 months for maternity coverage. (This Waiting Period is not waived even if an international policy existed prior to this coverage.)
	90-day wait is waived if an international policy existed for a period of at least 12 months prior to this coverage and the international policy did not expire before a period of 30 days or more prior to the effective date of this insurance. Coverage for this waiver will be limited to the lesser of benefits provided by this certificate or the prior policy.

Hospitalization Coverage: Covered Charges & Covered Services

Limits

Cost of private room and board (maximum 250 days per Certificate Year, not to exceed US\$ 900 per day)	US\$ 225,000* per Assured
Cost of private room and board (maximum 250 days per Certificate Year) NO DAILY LIMIT if admitted to a Super Special Hospital plus REDUCTION in Deductible and Co-Insurance.	NO DAILY LIMIT per Assured if in a Super Special Hospital 100% of Usual, Reasonable & Customary
Cost of room and board at the Hospital for a parent accompanying an Assured child under 18 years of age. Maximum US\$ 300 per day	US\$ 75,000 Maximum per Year
Cost of intensive care (maximum 180 days per Certificate Year, not to exceed US\$ 2,500 per day)	US\$ 450,000* per Assured
Cost of intensive care (maximum 180 days per Certificate Year) NO DAILY LIMIT if admitted to a Super Special Hospital plus REDUCTION in Deductible and Co-Insurance.	NO DAILY LIMIT per Assured if in a Super Special Hospital 100% of Usual, Reasonable & Customary
Cost of room and board at the Hospital for a parent accompanying an Assured child under 18 years of age. Maximum US\$ 300 per day	US\$ 54,000 Maximum per Year
* These sums are the maximum benefit that will be paid if the Assured IS NOT admitted to a Super Special Hospital. This benefit will be subject to the Deductible and Co-Insurance.	
Cost of surgery, Anesthesiologist Fees, dialysis, Laboratory tests, X-Rays, medication or supplies prescribed by Physician or specialist, administered while the Assured is registered as an Inpatient in a Hospital	100% Usual, Reasonable & Customary per Assured
Maternity Cost of normal delivery, including pre-natal consultations, birth and post-natal care: Caesarean delivery is covered as an operation if medically necessary: Elective Caesarean is covered as a normal delivery: Mother and Father must be covered continuously on this certificate for at least 10 months to be eligible for this benefit. Cost of delivery due to artificial insemination NO DEDUCTIBLE WILL BE APPLIED ON CERTIFICATES WITH DEDUCTIBLES UP TO US\$ 1,000 Any medical complication related to the mother only during pregnancy, labor and delivery:	US\$ 7,000 Per Pregnancy US\$ 11,000 Per Pregnancy US\$ 7,000 Per Pregnancy US\$ 5,000 Per Pregnancy US\$250,000 per Pregnancy

Home Nursing: Covered Charges & Covered Services

The cost of medically prescribed home nursing by a registered nurse. Home nursing must be approved by American Medical Services prior to any services received – US\$ 300 per day (Maximum 30 days per year)	US\$ 9,000 Maximum All Inclusive, per Assured
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Rehabilitation: Covered Charges & Covered Services

The cost of medically prescribed rehabilitation at a center approved by American Medical Services prior to treatment being received following a covered Hospitalization – US\$ 600 per visit. All inclusive. (Maximum 30 days per year)	US\$ 18,000 Maximum All Inclusive, per Assured
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Hospital/Clinic Outpatient Benefits: Covered Charges & Covered Services

The cost of emergency room treatment due to an Accident or Sickness, per Assured:	100% of Usual, Reasonable & Customary
The cost of emergency dental treatment due to an Accident within 72 hours of such Accident, per Assured:	100% of Usual, Reasonable & Customary

Non-Hospital Outpatient Charges: Covered Charges & Covered Services

Reconstructive Surgery Cost of medically necessary Reconstructive Surgery on an Outpatient basis.	US\$ 20,000 Lifetime per Assured
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Outpatient Surgery Cost of Outpatient surgery in a Hospital, Clinic or Physician's office.	100% of Usual, Reasonable & Customary
Other Non-Hospital Outpatient Benefits:	
- Cost of office visit to a Physician or Psychiatrist - US\$100 per visit (maximum 30 per Certificate Year)	US\$ 3,000 Maximum per Assured
- Treatment costs of Chiropractors or Physiotherapists – US\$ 90 per treatment (maximum 30 per Certificate Year)	US\$ 2,700 Maximum per Assured
- The cost of CAT scans, MRI scans and Echocardiogram	US\$ 800 per exam, per Assured
- The cost of Endoscopy, i.e. Gastroscopy, Colonoscopy and Cystoscopy	US\$ 800 per exam, per Assured
- Specialized diagnostic tests, i.e. Sleep Apnea Study, Stress Test	US\$800 per exam, per Assured
- The cost of one Mammogram per Certificate Year for female Assured's (This benefit is not available until after the first annual anniversary)	US\$ 150 - No Deductible
- The cost of one PSA test per Certificate Year for male Assureds' (This benefit is not available until after the first annual anniversary)	US\$ 150 - No Deductible
- The cost of X-Rays	US\$ 500 per exam, per Assured
- Laboratory tests	US\$ 450 per exam, per Assured
- Radiation or Chemotherapy administered as an Inpatient or Outpatient if treatment is rendered at one of the Administrator's dedicated facilities.	UP TO COVERAGE LIMITS per Assured
- Radiation or Chemotherapy administered as an Inpatient or Outpatient if treatment is NOT rendered at one of the Administrator's dedicated facilities.	US\$ 8,000 per month All Inclusive US\$ 80,000 Maximum per certificate, per year
- Dialysis for Kidney failure	100% of Usual , Reasonable & Customary
- The cost of one Health Check-up. This benefit is not available until the first annual anniversary of the Certificate and is applicable to the Main Assured and spouse only.	US\$ 300 per Assured, per year No deductible.
- Prescription drugs as prescribed by a Physician for an Assured.	US\$ 700 per Assured
- Prescription drugs charges are covered outside of Hospital if first prescribed during Hospitalization or after Outpatient Surgery and are covered for a period of 6 months after discharge from Hospital or after Outpatient Surgery.	100% of Usual and Customary, per Assured
- The cost of prescribed consultation with a Registered Dietician. Maximum US\$80 per visit (maximum 4 per Certificate Year)	US\$ 320 Maximum per certificate, per year
- Durable medical equipment ordered by a Physician as outpatient or for home use	US\$1,500 per Assured, per year

Human Organ Transplants: Covered Charges & Covered Services

Costs of procedures performed for Organ Transplant. Does not cover cost of maintenance or transport of the organ.	US\$ 500,000 Maximum per Assured All Inclusive
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Emergency Transportation:

Cost of emergency Ground Transportation incurred necessarily in connection with the events covered by this insurance in the country where the event occurs.	100%
Cost of emergency Air Transportation and related expenses (as below) for the transfer to the nearest center where adequate medical facilities exist. (Must be medically necessary). The Administrator retains the right to dictate the Hospital to which the Assured person shall be transported. <i>See Certificate Provisions and Definitions for full details.</i>	100%
Cost of transporting the body or ashes of a deceased Assured person to the usual Country of Residence or country of nationality.	100%

Temporary Emergency Coverage:

During the process of issuance of the certificate, all proposed Assureds will be covered for medical expenses incurred caused by accidental physical injury. This benefit is subject to the selected Deductible & Co-Insurance. <i>See page 4 of the Certificate for full details.</i>	US\$ 25,000 Maximum per Certificate
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Deductibles and Co-Insurance:

<ol style="list-style-type: none"> Deductible: The selected Deductible will apply per Assured per Certificate Year. Maximum of two deductibles if more than two Assureds on this Certificate. Co-Insurance: Co-Insurance of 20% will be applied to the first US\$ 5,000 of any claims incurred in the USA, Canada or Europe. Co-Insurance of 30% will be applied to covered charges in the USA, Canada or Europe and not in an Elite Network Hospital after the Deductible and Co-Insurance have been applied. Emergency Treatment incurred anywhere in the World except the USA, Latin America or the Caribbean will be paid, after the Deductible, at 90% of covered charges or Usual and Customary whichever is the lesser. Claims occurring in a Super Special Hospital will receive a REDUCTION of up to US\$ 1,000 from the Assured's Deductible and up to US\$ 1,000 from the Co-Insurance.
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Additional Benefits

<ol style="list-style-type: none"> For care in a Super Special Hospital the following additional benefits are granted: <ol style="list-style-type: none"> Reimbursement of airfare up to a maximum of US\$ 500 if care is received in a Super Special Hospital and the claim is payable according to the certificate benefits. Discount of up to 50% for treatment of declared pre-existing conditions excluded in this insurance. Children aged 0 to 10 pay NO premium. US\$ 250.00 discount when two or more adult Assureds are covered under the same certificate. Specific medications or treatment used as an alternative to Inpatient care will be covered when approved in advance in writing by the Administrator. To be approved, a copy of the prescription or type of care must be submitted to the Administrator in advance. Original itemized receipts must accompany any claims.

Emergency Air Transportation

Daily lodging cost of one companion during treatment of the Assured US\$ 200 per day for a maximum of 5 days. Cost of economy airfare of one companion accompanying the Assured. Cost of return journey by economy airfare for the Assured only, if certified as being fully recovered. The Administrator, American Medical services, or its designee, will retain the right to decide the place for the treatment.

This coverage is subject to:

- 1.- The Assured complies with the Administrator's, American Medical Services, or its designees' instructions.
- 2.- The treatment necessary is not available in the country where the event occurred.

Accidental Loss of Use Coverage:

If the Main Assured or spouse (if insured on this certificate) loses the Use of: 1) One Hand, or 2) One Foot, or 3) One Arm, 4) One Leg, or 5) Sight of Both Eyes due to an accident during the time that this certificate is in force. *See Certificate Provisions and Definitions for full details.*

US\$ 3,000 Maximum per Month for 36 months, then a lump sum of 30 times the monthly benefit