## WorldWide Medical

## Table of Benefits

INCLUDES ALL THE **BENEFITS** FROM:

• Benefits and Scope of the Plan	Coverage
Maximum coverage per insured per policy year	US\$2,000,000
Deductible options to choose **	3
Inpatient Benefits, Emergencies & Outpatient Surgeries	Coverage
In country of residence *	100%
Abroad, participating providers (Semi-private room)	100%
Abroad, non participating providers (Semi-private room)	70% of the first USD 25,000 and the differencial 100%
• Medical Evacuation Benefits (Per reimburse)	Coverage
Air and ground ambulance	US\$50,000
Nationwide air and ground ambulance	100%
• Outpatient Benefits	Coverage
Physician and specialist consults abroad	100%
Physician and specialist consults in country of residence	US\$100
Diagnostic procedures	100%
Prescription drugs after an hospitalization or outpatient surgery abroad	US\$4,000
Prescription drugs in country of residence	US\$2,500 (20% Coinsurance)
Prescription drugs abroad	US\$1,500
Maternity Benefits ***	Coverage
Maternity *	US\$3,500
Special coverage for complicatios of maternity *	US\$500,000
Healthy newborn coverage for the first 90 days *	US\$10,000
Aditional Benefits	Coverage
Congenital or hereditary conditions (Lifetime)	US\$150,000
Transplant procedures (Lifetime per diagnosis)	US\$500,000
Cancer treatment - Chemotherapy / Radiotherapy	100%
Physical therapy and rehabilation services	40 therapies (per year)
Prothesis and implants during surgery	100%
Dialysis	US\$50,000
Extended coverage for dependants upon death of policyholder	3 years (no cost)
Complementary Benefits	Coverage
Travelers assistance	Included
SEMM	Co-payment US\$20 for emergencies
Emergency dental coverage: due to ilness or accident	Included
Sleep Apnea Study Benefit****	Included
Bariatric Surgery Benefit****	Included

Disability US\$10,000 **LIFÉ** BENEFIT US\$10,000 **ADDITIONAL** BENEFIT BY DEATH ACCIDENTAL AND DISMEMBERMENT (Accidental Death and Dismemberment - AD&D) US\$1,000 MONTHLY RENT DISABILITY DUE TO ACCIDENT Defined by not being able to perform his professional work up to a maximum of 24 months. Waiting period 90 days.

Deductible Options	Local Deductible	International Deductible	
Option 1	US\$1,000	US\$2,000	
Option 2	US\$2,000	US\$3,000	
Option 3	US\$5,000	US\$5,000	

This is a summary of product. Full details of terms and conditions are set forth in the policy. All benefits are subject to applicable deductible, unless otherwise noted. \*Refers to coverage without deductible, \*\* Maximum 2 deductibles per certificate per year (out of the country of residence), \*\*\* Local and International Martenity applies to options 1 and 2. \*\*\*\*Applies to insures who have two (2) uninterrupted years within the company, as for the preestablished medical criteria of the insurance company. **Costs are subject to the usual, customary and reasonable (UCR).** This is a generic translation for general information only. The Spanish document with always take precedence.

## Health Plan Security