



Excellent coverage with free-choice of hospitals worldwide with optimal maternity and organ transplant benefits.



Global Freedom Plus

Global Freedom Plus is tailored exclusively for individuals and families residing in Latin America and the Caribbean who seek comprehensive international health insurance with an open medical provider network.

The plan offers a range of deductibles for members and provides coverage for inpatient care, outpatient care, emergencies, preventive care, plus a pharmacy benefit and more.

As with all GBG plans, Global Freedom Plus includes the world-class services of GBG Assist for case management and evacuations, if necessary, anywhere in the world any time of day. GBG Assist services include a vast network of medical facilities that will bill GBG directly, eliminating the need for a member to pay up-front for services. When a claim does need to be filed, GBG offers state-of-the-art claims submission and reimbursement options through its website, www.gbg.com. This process makes claims reimbursement simple, fast and easy.

Global Freedom Plus also includes the GBG Personal Medical Advisor, one of the world's leading Medical Second Opinion services.

A dark blue background featuring a faint, light blue world map. The map shows the continents and is centered on the Atlantic Ocean.

Geographic Coverage Areas

Global Freedom Plus provides worldwide coverage with open network, including access to a U.S. Preferred Provider Network containing more than 5,000 hospitals and 550,000 providers. This extensive geographic coverage area and use of provider networks allow GBG to provide first class worldwide coverage while maintaining affordable rates.

Global Freedom Plus Schedule of Benefits

PROVIDER NETWORK

- **Worldwide:** Free choice of providers.

MAXIMUM BENEFIT

Policy Year Maximum of \$5,000,000

ANNUAL DEDUCTIBLES

Plan	In Country of Residence	Out of Country of Residence	Plan	In Country of Residence	Out of Country of Residence
Plan 1	N/A	N/A	Plan 4	\$5,000	\$5,000
Plan 2	\$1,000	\$2,000	Plan 5	\$10,000	\$10,000
Plan 3	\$2,000	\$3,000	Plan 6	\$20,000	\$20,000

Family deductible: 2x Individual Deductible

HOSPITALIZATION BENEFITS

Private/Semi-private room	100%, U.S. Out-of-Network: \$1,000 Maximum/day
Intensive Care Unit (medically necessary)	100%, U.S. Out-of-Network: \$3,000 Maximum/day
Medical treatment, medicines, laboratory and diagnostic tests (including cancer treatment, chemotherapy/radiotherapy)	100%
Inpatient Consultation by a Physician or Specialist	100%
Inpatient Surgery/Inpatient Surgeon	100%
Extended Care / Inpatient Rehabilitation (Must be confined to facility immediately following a Hospital stay)	100%
Private Duty Nursing	100%
Accommodation charges for companion of a hospitalized child	\$300 per day/ Maximum 10 days
Inpatient Psychiatric and Psychotherapist Consultation	100%

OUTPATIENT BENEFITS

Outpatient Physician/Specialist Visit	100%; Policy Year Maximum 30 visits
Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI, Endoscopy (e.g, gastroscopy, colonoscopy, cystoscopy), X-rays and Laboratory	100%
Outpatient Surgery, medical and nursing fees	100%
Outpatient Dialysis	100%
Physical Therapy and Rehabilitation Services	100%
Complementary Therapy: Osteopathic, Chiropractic, Podiatric, Psychiatric, Short Term Speech and Homeopathic	100%; Policy Year Maximum 20 visits, all therapies combined
Preventive Care, Annual Exams & Immunizations for children (six months or older) and adults	\$300 maximum per Insured, per Policy Year; Deductible waived
Prescribed medication following a covered hospitalization or outpatient surgery	100%
Prescribed medication following a covered outpatient treatment	100%

EMERGENCIES

Serious Accident Hospitalization (24 hours or more)	100%; Deductible waived for period of first hospitalization only
Ground Ambulance	100%

This is only a brief summary of key Plan provisions. Please refer to the Policy for complete details. Benefits are per person/per policy year and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Annual Deductible. Currency: USD

EMERGENCIES (CONTINUED)

Air Ambulance	Per Event Maximum \$125,000
Non-Emergency Use of the Emergency Room in the U.S.	50%
Emergency Room	100%
Emergency Medical Services	100%
Emergency Dental Care - Limited to accidental injury of sound, natural teeth. Services must be completed within 120 days of accident.	100%

CATASTROPHIC CONDITIONS

Cancer Treatment (including chemotherapy/radiotherapy)	100%
Congenital and Hereditary Conditions (coverage based on date of diagnosis)	\$1,000,000 Lifetime Maximum up to age 18; 100% age 18 or older
Transplant Procedures (in the U.S. Institutes of Excellence facilities approved by GBG only)	100%; \$1,000,000 Lifetime Maximum per diagnosis includes Donor expenses and Donor procurement expenses up to \$50,000

OTHER BENEFITS

Repatriation of Mortal Remains	Per Insured Benefit Maximum: \$50,000
Home Health Care; Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing	100%
Special Treatments (prosthesis, implants, appliances, and orthotic devices, durable medical equipment, radiation therapy, chemotherapy, and highly specialized drugs)	100%
Hospice Care	100%
Durable Medical Equipment	100%
Prosthetic limbs	\$40,000 Policy Year Maximum; \$150,000 Lifetime Maximum
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC). 24 month waiting period applies. Benefit is not covered if condition was diagnosed a pre-existing condition.	100%; \$25,000 Lifetime Maximum
War and Terrorism Benefit	100%
Professional Sports	100%; \$300,000 Policy Year Maximum
50% Deductible Reduction Benefit (on the 4th Policy Year after 3 consecutive years without paid claims and no change in policy deductible)	Included in Plans 2, 3, and 4 only

MATERNITY BENEFITS (INCLUDED UNDER PLANS 2 & 3 ONLY)

Benefit for Insured, including prenatal care and postnatal care. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy, prenatal and postpartum care are excluded from coverage, but the delivery (Normal Delivery or C-Section) is covered up to the benefit limit.

- The Deductible is waived for this benefit
- A 10 month waiting period applies; no maternity related treatment for the mother or newborn is covered during this period

If only mother is covered in the policy: Normal Delivery or C-Section	\$8,500 Benefit Maximum per Pregnancy
If both the mother and the father are covered in the policy: Normal Delivery or C-Section	\$12,500 Benefit Maximum per Pregnancy
Complications of Pregnancy and Premature Birth	100%; Up to \$1,000,000 Lifetime Maximum
Optional Rider for Complications of Pregnancy and Premature Birth (Plans 4, 5, and 6 only). Coverage for primary or spouse only.	\$500,000 Lifetime Maximum
Infant Examinations (immunizations & routine medical exams) (provided the child was born under a pregnancy covered by the maternity benefit)	100%; Up to 6 months of age Maximum 6 visits; Deductible waived

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MATERNITY BENEFITS (INCLUDED UNDER PLANS 2 & 3 ONLY) (CONTINUED)

Provisional coverage for newborn children (for a maximum of 90 days).
Covered Pregnancies only.

\$30,000 Benefit Maximum per Pregnancy as
part of the Complications of Pregnancy

Blood Cord Storage

\$1,000 per covered pregnancy

Key Benefits

- \$5,000,000 Lifetime Maximum
- Free choice of Hospitals Worldwide
- Inpatient and Outpatient Coverage
- Worldwide Direct-bill Network
- Online Claims Filing
- Live Customer Service
- Maternity Benefits Including a \$12,500 Maternity Benefit if Both Parents are Covered on the Same Plan
- Newborn Care Benefits
- Transplant Procedure Benefit

Pre-authorization is recommended for these services:

- Hospitalization
- Outpatient Surgery
- Any condition that is expected to accumulate over \$5,000 of medical treatment per policy year
- Inpatient Private Duty Nursing

Pre-Authorization is required for the following benefits:

- Organ, Bone Marrow, Stem Cell Transplants, and other similar procedures
- Air Ambulance – Air ambulance service will be coordinated by Insurer's air ambulance provider
- Home Health Benefits including Private Duty Nursing, Skilled Nursing and Visiting Nurse
- Extended Care/Inpatient Rehabilitation (Must be confined to facility immediately following a Hospital stay)
- All Cancer Treatment (Including Chemotherapy and Radiation)
- Specialty Treatments and Highly Specialized drugs and Exams (MRIs, CT, etc.)
- Physical Therapy and Rehabilitation Services

Note: Failure to pre-authorize a procedure that requires pre-authorization will result in a 30% penalty.



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Global Freedom Plus Terms and Conditions

RESIDENCY

This product is for residents of Jamaica. "Country of Residence" is defined as:

1. Where the Insured resides the majority of any calendar or policy year; or,
2. Where the Insured has resided more than 180 days during any 12-month period while the policy is in effect.

EXCLUSIONS

The following is only a brief summary of exclusions. Please refer to the Policy for complete details or request a complete list.

- Cosmetic surgery and treatments.
- Medical conditions as a result of self-inflicted injuries, suicide, abuse of alcohol, drug addiction or abuse.
- Injuries resulting from engaging in dangerous sports or activities related to the use of a weapon or firearm (e.g. hunting).
- All vitamins, minerals, and dietary supplements prescribed or purchased over the counter, except during pregnancy or to treat diagnosed clinically significant vitamin deficiency syndromes.
- Any experimental treatment.
- Any reproductive treatment, including abortion, contraception, infertility, sterilization, sexual dysfunction, and post/prenatal classes.
- Obesity and weight reduction treatments.
- Treatment to change the refraction of one or both eyes (laser eye correction).
- Hearing aids.
- Charges in excess of Usual, Customary and Reasonable (UCR) charges.
- Alcohol and drug abuse. Outpatient and Inpatient rehabilitation.
- Outpatient Mental health services, except as available under Complementary Therapy.
- Any illness or injury, not caused by an accident or a disease of infectious origin, which first manifests within 60 days from the effective date of the Policy. This does not apply if the waiting period was waived in the Policy Face Page.

KEY PROVISIONS

This is only a brief summary of key Plan provisions. Please refer to the Policy for complete details.

- Benefits are per person per policy year and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Annual Deductible.
- 180 day claims filing limit from date of treatment or service.
- There is no maximum renewable age for Insureds already covered.
- All applicants will submit health evidence for coverage consideration. Coverage is not guaranteed and subject to underwriting approval.
- Pre-existing Conditions: Coverage for pre-existing conditions is subject to a 12-month waiting period. If a pre-existing condition is not disclosed on the application, the Insurer may deny claims for such condition, or terminate or rescind the coverage.
- Maternity for Plans 2 and 3 only: Includes prenatal care, postnatal care and complications of pregnancy. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy and postpartum care are excluded from coverage, but the delivery (Normal Delivery or C-Section) is covered up to the benefit limit.
- Outside of Brazil, Pre-Authorization is only required for a few services, but it is recommended to assure your treatment will be covered under the plan and to arrange for direct billing with the hospital.
- Pre-authorization is recommended for some medical services. Where pre-authorization is required, the insured must obtain it in writing from the insurance company.
- No provider limitations in USA, the Caribbean and Latin America. For medical services in Brazil, pre-authorization is required and will be provided within GBG network only, unless in a life-threatening emergency.
- Deductible and UCR example. Member requires treatment and is billed for \$5,000. After he pays the first \$2,000, the annual deductible, the company pays the remaining \$3,000. Once the member pays his annual deductible, it no longer applies that policy year. UCR (Usual Customary and Reasonable) charges are the standard fee range for services in a certain location. If the amount charged was higher than UCR, the company would pay to UCR only. If the UCR were only \$4,800 in the prior example, after the deductible of \$2,000, the company would pay the provider \$2,800.
- 30 days grace period for premium payments.
- Automatic termination if permanent residency is changed to the US or premiums are not paid.
- With GBG you may seek treatment anywhere in the world with the hospital or doctor of your choice. When seeking treatment in the U.S., you have access to Preferred Provider Organizations (PPO), networks of thousands of established, highly qualified health care physicians and recognized hospitals in the U.S. There is coverage outside of the GBG PPO, but coverage may differ so please consult your agent.