



Full hospitalization and catastrophic conditions coverage with access to top healthcare providers including GBG's security network in the U.S.



**Global Inpatient Plus**

**Global Inpatient Plus** is tailored exclusively for individuals and families residing in Latin America and the Caribbean who seek international inpatient health insurance with access to an outstanding U.S. medical provider network.

The plan offers a range of deductibles for members and provides coverage for inpatient and emergency care, as well as outpatient care for cancer and dialysis treatment and more.

As with all GBG plans, Global Inpatient 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](http://www.gbg.com). This process makes claims reimbursement simple, fast and easy.

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

A faint, light blue world map is visible in the background of the blue section, showing the outlines of continents and major landmasses.

## Geographic Coverage Areas

**Global Inpatient Plus** provides coverage in Latin America, and the Caribbean. In the U.S., members have access to the GBG Global Security Network with an option for coverage out-of-network. Outside the U.S., except in Brazil, members can access any provider of their choice. This extensive geographic coverage area and use of provider networks allow GBG to provide first class worldwide coverage while maintaining affordable rates.

# Global Inpatient Plus Schedule of Benefits

## PROVIDER NETWORK

- **The Caribbean and Latin America:** Free choice of providers. Restrictions apply in Brazil.
- **USA:** The Insurer maintains the GBG Global Security Network. In-network benefits are paid at 100%. Out-of-network benefits are paid at 70%.

## MAXIMUM BENEFIT

Policy Year Maximum of \$1,000,000

## ANNUAL DEDUCTIBLES

Plan	In Country of Residence	Out of Country of Residence	Plan	In Country of Residence	Out of Country of Residence
Plan 1	\$0	\$1,000	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%
Intensive Care Unit (medically necessary)	100%
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%; \$6,000 Policy Year Maximum
Private Duty Nursing (Inpatient only)	100%
Accommodation charges for companion of a hospitalized child	\$100 day/Maximum 10 days
Inpatient Psychiatric and Psychotherapist Consultation	100%

## OUTPATIENT BENEFITS

Outpatient Physician/Specialist Visit	100%; Maximum 6 visits after covered hospitalization
Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-rays and Laboratory	100%; \$10,000 Policy Year Maximum
Outpatient Surgery, medical and nursing fees	100%
Outpatient Dialysis	100%
Physical Therapy and Rehabilitation Services (Following a covered Hospitalization)	100%; Maximum 60 visits Per Policy Year; All therapies combined
Prescribed medication following a covered hospitalization or outpatient surgery, maximum 6 month coverage from date of discharge	100%
Prescribed medication following a covered outpatient treatment	Not Covered

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

Serious Accident resulting in Hospitalization (Admitted for 24 hours or more)	100%; Deductible will be waived for an immediate first hospitalization
Ground Ambulance (Covered if immediately admitted as an Inpatient)	100%
Air Ambulance (Covered if immediately admitted as an Inpatient)	Per Event Maximum: \$50,000
Emergency Room (Covered if immediately admitted as an Inpatient)	100%
Emergency Medical Services (Covered if immediately admitted as an Inpatient)	100%
Non-Emergency Use of the Emergency Room in the U.S.	50%
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%
Transplant Procedures (in the U.S. Institutes of Excellence facilities approved by GBG only)	<b>OPTIONAL RIDER</b> 100%; \$750,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000

## OTHER BENEFITS

Repatriation of Mortal Remains	Per Insured Maximum: \$10,000
Home Health Care, Private Duty Nursing, Skilled Nursing, Visiting Nurse	100%; \$6,000 Policy Year Maximum
Hospice Care	100%
Durable Medical Equipment (As follow-up care to a covered Hospitalization)	100%; \$6,000 Policy Year Maximum
Prosthetic Limbs (As follow-up care to a covered Hospitalization)	\$30,000 Policy Year Maximum; \$120,000 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. Inpatient care only.	100%; \$15,000 Lifetime Maximum
War and Terrorism Benefit	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

# Key Benefits

- \$5,000,000 Lifetime Maximum
- High Inpatient Coverage
- Ambulatory Surgery, Cancer and Dialysis Coverage
- Direct-bill Network
- Live Customer Service
- Online Claims Filing
- Optional Transplant Procedure Benefit

The following services require Pre-Authorization:

- Hospitalization
- Outpatient Surgery
- All Cancer Treatment (Including Chemotherapy and Radiation)
- Home Health Benefits including Private Duty Nursing, Skilled Nursing and Visiting Nurse
- Organ, Bone Marrow, Stem Cell Transplants, and other similar procedures
- Air Ambulance – Air ambulance service will be coordinated by Insurer's air ambulance provider
- Specialty Treatments and Highly Specialized drugs and exams (MRIs, CT, etc.)
- Any condition that is expected to accumulate over \$3,000 of medical treatment per policy year

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



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

# Global Inpatient 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 or professional 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.
- No coverage out of network in Brazil unless it is a medical emergency.
- Maternity.
- 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.
- 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.
- Minimum entry age is 18; Maximum entry age is 74.
- 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 must be disclosed on the Application. A 12-month waiting period will apply to all pre-existing conditions declared on the application. Pre-existing conditions not disclosed on the Application are never covered. See Definition for Pre-existing conditions. See the Policy Face Page for the terms and conditions regarding the issuance of this Policy.
- Pre-Authorization is required for some medical services. Where Pre-Authorization is required, the insured must obtain it in writing from the insurance company. Failure to Pre-Authorize will result in a 30% penalty for the entire episode of care, except for non-emergency treatment received in Brazil which will result in a denial of benefits. Please refer to the "Pre-Authorization" section of the Policy for a complete description. When in doubt, the Insured is encouraged to consult with GBG Assist.
- 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.