

# Major Risks



**Charges are limited to Reasonable and Customary Cost of the country where expenses were incurred.  
Lifetime Maximum \$3,000,000 per Insured**

**Please be advised that if you wish to take advantage of the Direct Billing Option for Medical Expenses incurred within the United States you can elect treatment from a physician or facility that belongs to the Hygeia Network ([www.hygeia.net](http://www.hygeia.net))**

## 1. Coverage and Benefits

### HOSPITALIZATION

Fees/room and board/mandatory charges	100% of charges
Private room	100% of charges
Bed for an accompanying parent of a hospitalised child under the age of 12	100% of charges
Ambulance transportation	100% of charges
Re-constructive surgery	100% of charges
Convalescent facilities (maximum 60 days)	100% of charges
Organs Transplants	80% of charges to a lifetime maximum of \$50,000 US

### OUT-PATIENT MEDICAL TREATMENT (after deducting an \$800 US deductible per person per policy years)

Physician fees and home visits (excluding dentists and ophtalmologists)	80% of charges
Nurse	80% of charges
Paramedical fees – Kinesitherapist, physiotherapist, speech therapist, optometrist, ergo therapist, chiropodist (also known as podiatrist)	80% of charges
Laboratory tests	80% of charges (MRI \$800 US Maximum, CAT Scan \$600 US maximum per policy year, Colonoscopy and Endoscopy to a combined maximum \$2,000 per Policy Year)
X-rays	80% of charges
Prescription drugs	80% of charges excluding lifestyle drugs

### ALTERNATIVE MEDICINE

Acupuncture, Osteopathic care, Chiropractic care, Homeopathic care, Psychotherapy	80% of charges with an \$800 US deductible up to 10 sessions per person per policy year
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### PREVENTIVE MEDICINE

Inoculations and preventive drugs	none
Health check up	none

### VISION CARE

Physician fee & Diagnostic, preventive and necessary basic care	none
Glasses frames / Prescription glasses lenses / Prescription contact lenses (including disposal lenses)	none

### DETOXIFICATION AND PSYCHIATRY RELATING TO DETOXIFICATION

Out-patient medical treatment	none
Hospitalization	none

### PREGNANCY AND CHILBIRTH

THERMAL SPAS	none
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## 2. Annual Premiums

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<b>WORLWIDE</b>	<b>YEARLY</b>	<b>MONTHLY</b>
<b>SINGLE</b>	<b>US\$3,721.50</b>	<b>US\$310</b>
<b>COUPLE</b>	<b>US\$7,357.63</b>	<b>US\$613</b>
<b>FAMILY</b>	<b>US\$9,482.11</b>	<b>US\$790</b>

  

<b>EXCLUDING NORTH AMERICA</b>	<b>YEARLY</b>	<b>MONTHLY</b>
<b>SINGLE</b>	<b>US\$2,628.19</b>	<b>US\$219</b>
<b>COUPLE</b>	<b>US\$5,171.01</b>	<b>US\$431</b>
<b>FAMILY</b>	<b>US\$6,751.54</b>	<b>US\$563</b>

For periods of less than 12-months, take annual premium divide by 12, times number of months elected, Divide by .97 = premium amount for term elected.

**The minimum term offered is 3 months**