



Benefit Overview

	Plan 'A'	Plan 'AA'	Plan 'AAA'
Annual Maximum	\$250,000	\$2,000,000	\$2,000,000
Standard Benefits:			
In-patient & Day-patient Care	△	▲	▲
Out-patient Surgery	△	▲	▲
Oncology	△	▲	▲
Organ Transplant	△	△	△
Complications of Pregnancy	△	▲	▲
Pre-Hospitalization	△	▲	▲
Post-Hospitalization	△	▲	▲
Evacuation & Emergency	▲	▲	▲
AIDS / HIV	△	△	△
Home Nursing		△	△
Mental or Nervous Disorders		△	△
Hospice Care		△	△
Out-patient Benefits			▲
Out-patient Treatment of Chronic Conditions			▲
Complimentary Medicine			△
Optional Benefits:			
Out-patient	△		
Maternity		△	△
Routine & Major Restorative Dental		△	△
Accidental Death & Disablement	△	△	△

▲ Fully Covered

△ Sub-limits Apply

For further details please refer to the Benefit Schedule and Medical Policy

Benefit Details

- Worldwide coverage including North America
- 30 day money back guarantee
- Newborns free for first year

- 90 day maternity waiting period
- No co-insurance
- Pre & post hospitalization

All limits and monetary amounts shall in all instances be US\$	Plan 'A'	Plan 'AA'	Plan 'AAA'
Annual Maximum (US\$)	\$250,000	\$2,000,000	\$2,000,000
Hospitalization and Outpatient Surgery			
Room and Board including general nursing care	\$250/Day	Fully Covered	Fully Covered
Parental Accommodation (as an added bed, same room)	No Cover	Fully Covered	Fully Covered
Theatre fees; X-rays; laboratory tests; medicines and drugs; blood and plasma; surgical appliances; rental of wheel chairs; standard prosthetic devices	Fully Covered	Fully Covered	Fully Covered
Intensive Care (Room and Board including general nursing care)	\$4,000/Year	Fully Covered	Fully Covered
Surgeon's Fees including pre- and post-surgical services	\$8,000/Disability/Year	Fully Covered	Fully Covered
Anaesthetist Fees as charged	30% of Surgeon's Fees	Fully Covered	Fully Covered
Professional Fees including physician, specialist, radiologist, physiotherapist, and pathologist fees	Fully Covered	Fully Covered	Fully Covered
Oncology			
Treatment for cancer received as an In-patient, Day-patient or Out-patient	Hospitalization sub-limits apply	Fully Covered	Fully Covered
Organ Transplant			
Transplant of any human organ where the operation is non-experimental and proven effective	\$100,000/Disability/Lifetime	\$200,000/Disability/Lifetime	\$200,000/Disability/Lifetime
Complications of Pregnancy			
In-patient treatment necessary as a direct result of a Complication of Pregnancy	Hospitalization sub-limits apply	Fully Covered	Fully Covered
Pre-Hospitalization Benefits			
Coverage for treatment directly related to the medical condition requiring hospitalization	\$1,000/Disability For treatment incurred within 30 days prior to hospital admission Pre-Hospitalization Benefits are separate and distinct from optional out-patient benefits.	Fully Covered For treatment incurred within 30 days prior to hospital admission	Fully Covered

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Post-Hospitalization Benefits			
Coverage for normal follow-up treatment after hospitalization	\$1,000/Disability	Fully Covered	Fully Covered
Physicians and specialists office visits	For treatment incurred within 30 days after discharge from hospital	For treatment incurred within 90 days after discharge from hospital	
Physiotherapist, chiropractor, and acupuncturist when certified necessary by an attending physician			
Prescribed medicines, dressings, x-rays, diagnostic laboratory tests, and surgical appliances	Post-Hospitalization Benefits are separate and distinct from optional out-patient benefits.		
Evacuation and Emergency Benefits			
Worldwide emergency assistance including evacuation and repatriation	Fully Covered	Fully Covered	Fully Covered
Local Ambulance to hospital	Fully Covered	Fully Covered	Fully Covered
Emergency room treatment	Fully Covered After \$100 Deductible/ Admission	Fully Covered After \$100 Deductible/ Admission	Fully Covered
	If the out-patient option has been selected, deductible will only apply after out-patient benefit limit has been reached		
Dental Treatment for up to 72 hours following accidental damage to sound natural teeth	No Cover	Fully Covered	Fully Covered
Mortal Remains	\$7,500/Lifetime	\$7,500/Lifetime	\$7,500/Lifetime
AIDS/HIV Coverage			
Coverage will apply when signs or symptoms present for the first time after five (5) years of continuous coverage under the Policy and any renewal thereof, to an all inclusive limit of	\$10,000/lifetime	\$100,000/lifetime	\$100,000/lifetime
Private Nursing			
In-hospital, when certified medically necessary by an attending physician	Fully Covered	Fully Covered	Fully Covered
Home nursing by a registered nurse immediately following hospitalization and on the recommendation of the attending surgeon or specialist	No Cover	Up to 30 Days/Disability	Up to 30 Days/Disability
Mental or Nervous Disorders			
Inpatient treatment up to a per-person limit of	No Cover	\$5,000/year \$10,000/lifetime	\$5,000/year \$10,000/lifetime
Hospice Care			
Hospice / Palliative Care	No Cover	\$5,000/lifetime	\$5,000/lifetime

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Outpatient Benefits			
Physicians and specialists consultations	Optional	No Cover	Fully Covered
Physiotherapist when certified necessary by an attending physician	Optional	No Cover	Fully Covered
Prescribed medicines, dressings, x-rays, diagnostic laboratory tests, and surgical appliances	Optional	No Cover	Fully Covered
Chronic Conditions	Optional	No Cover	Fully Covered
Complementary Medicine			
Physiotherapist without certification from an attending physician, chiropractor, acupuncturist and bone setter. Osteopath, homeopath and Chinese medicine practitioner, up to 10 visits not exceeding US\$50 per visit	No Cover	No Cover	\$500/year
Optional Benefits:			
Out-patient			
Out-patient benefits as noted above (in aggregate)	\$1,000/year	No Cover	Included
Maternity			
Prenatal and postnatal services, costs of delivery including all hospital and professional fees and up to seven days of nursery care to a per-pregnancy limit of:	No Cover	\$6,000/ Pregnancy	\$8,000/ Pregnancy
Routine & Major Restorative Dental			
Routine Dental Treatment (Examinations, cleanings, fillings, sealant, crowns and extractions)	No Cover	\$700/Year	\$700/Year
Major Restorative Dental Treatment (Removal of impacted, buried or unerupted teeth or roots, root canal, apicectomy, bridge work and dentures)	No Cover	\$1,500/Year	\$1,500/Year
Accidental Death and Disablement	Up to \$500,000/ Lifetime	Up to \$500,000/ Lifetime	Up to \$500,000/ Lifetime

Eligibility

The following basic eligibility rules apply for the GlobalHealth Plans:

- Persons to be insured must be between the ages of 15 days and 65 years at the time of application.
- Persons residing in North America, the Caribbean, China, Hong Kong, Macau, Singapore, Vietnam, North Korea and Myanmar are not eligible for these GlobalHealth Plans. Residents of these countries may be eligible for alternative GlobalHealth coverage – please contact GlobalHealth for details.
- The Proposer may add his/her spouse, and any unmarried children below age 19 to the Policy. Children cannot be added to the Policy unless a parent or a legal guardian is an insured person. An unmarried child who is over 19 but less than 23 may also be added if enrolled in full-time education.
- Children born to an insured person may be added 16 days after birth upon request. No premium will be charged for the remainder of the policy year for children born after the 6th month of the 1st Policy Year.

Please note:

This summary has been prepared to assist you in evaluating the benefits provided by the GlobalHealth Plans. All benefits shall be paid at Reasonable and Customary Charges for the jurisdiction where services are rendered. For complete details of plan benefits, conditions, limitations, and exclusions, you should refer to the policy, schedules, and endorsements, copies of which will be provided upon request. The Underwriter reserves the right to modify or retract any of the plans, benefits, terms, and conditions described herein without prior notice.

Optional Dental Plan Benefits

Where a Member has chosen the Dental Plan Benefits and these Benefits appear on the Benefit Schedule, the Company will pay Reasonable and Customary Charges for the following dental treatments performed by a Dentist or Oral Hygienist.

Routine Dental Treatment

up to US\$700 per year

- Examinations
- Tooth cleaning
- Normal compound fillings
- Porcelain Crowns
- Extractions
- Sealant

Major Restorative Dental Work

up to US\$1,500 per year

- Removal of impacted, buried or unerupted teeth
- Removal of roots
- Root Canal Treatment
- Removal of solid odontomes
- Apicectomy
- New or repair of Bridge Work
- New or repair of Crowns
- New or repair of Upper and Lower Dentures

Definitions

“Dentist” shall mean a properly qualified practitioner other than a relative of any Insured Person by blood or marriage, who is licensed by the competent authorities of the country in which treatment is provided to render dental treatment, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

“Oral Hygienist” shall mean a properly qualified employee of a Dentist who is licensed, if required, by the competent medical authorities of the country in which treatment is provided to render services such as cleaning and anaesthesia, and who is rendering such treatment at the direction of, and under the direct supervision of, a licensed Dentist.

Terms & Conditions

All dental conditions requiring treatment as of the first visit of the relevant Insured Person to a Dentist on or after the Policy Effective Date shall be deemed to be pre-existing conditions for the purpose of the policy and the liability of the Company to pay benefits for such dental conditions shall be identified or diagnosed at such first visit to a Dentist.

On such first visit to a Dentist, a full dental examination shall be performed and a full set of dental x-rays shall be taken. The cost of such first visit to a Dentist, including the fees of the Dentist and the cost of the x-rays, shall be covered under the policy. A complete dental examination report of the relevant Dentist must be submitted with the first claim for the benefits under these optional dental benefits.

This Dental Plan will be issued as an endorsement to Medical Plans “AA” or “AAA” only.

Optional Accidental Death and Permanent Disablement Benefits

Where a Member has chosen the Accidental Death and Permanent Disablement Benefits and these Benefits appear on the Benefit Schedule, the following benefits will be added as a rider to a GlobalHealth medical policy. The rider may only be added at inception or upon renewal with acceptance of an Accidental Death and Permanent Disablement Benefits Application by the Company.

Benefits

This rider covers:

Events	% of Sum Assured
1 Death	100%
2 Permanent Total Disablement	100%
3 Permanent and incurable paralysis of all Limbs	100%
4 Permanent total Loss of Sight of both Eyes	100%
5 Permanent total Loss of Sight of one Eye	100%
6 Loss of or the Permanent total Loss of Use of two Limbs	100%
7 Loss of or the Permanent total Loss of Use of one Limb	100%
8 Loss of Speech and Hearing	100%
9 Permanent and incurable insanity	100%
10 Permanent total Loss of Hearing in	
(a) both ears	75%
(b) one ear	15%
11 Loss of Speech	50%
12 Permanent total loss of the lens of one eye	50%
13 Loss of or the Permanent total Loss of Use of four Fingers and thumb of	
(a) right hand	70%
(b) left hand	50%
14 Loss of or the Permanent total Loss of Use of four Fingers of	
(a) right hand	40%
(b) left hand	30%
15 Loss of or the Permanent total Loss of Use of one thumb	
(a) both right joints	30%
(b) one right joint	15%
(c) both left joints	20%
(d) one left joint	10%

16	Loss of or the Permanent total Loss of Use of Fingers	
	(a) three right joints	10%
	(b) two right joints	7.50%
	(c) one right joint	5%
	(d) three left joints	7.50%
	(e) two left joints	5%
	(f) one left joint	2%
17	Loss of or the Permanent total Loss of Use of Toes	
	(a) all one foot	15%
	(b) great – both joints	5%
	(c) great – joint	3%
18	Fractured Leg or Patella with Established Non union	10%
19	Shortening of leg by at least 5 cm	7.50%
20	Permanent Disability not otherwise provided for under Event 10 to 19 inclusive. Such percentage of the sum insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the compensation provided under Event 10 to 19 inclusive.	

Class Definitions for Personal Accident

- Class I *Very Light Occupational Hazards:* Professional and administrative duties and neither superintending nor engaging in manual labor, that is, persons generally engaged in professional, administrative, managerial and clerical positions.
- Class II *Light Occupational Hazards:* Superintending but not engaging in manual labor, engaging in wholesale or retail trade, or involvement in frequent travelling in connection with professional or business purposes.
- Class III Individuals engaged in manual work not of particularly hazardous nature but involving the use of light machinery and tools, work in remote, offshore, or hazardous locations, or off-road land or water transport.
- Class IV Individuals engaged in hazardous occupation involving the use of heavy machinery or tools, or underground work.

Notes

- Benefit is available to members up to 65 years old. Maximum age for renewal is 70.
- Maximum sum assured for children is US\$10,000. Children may not have more benefits than their parents.