

REVISED APRIL 29, 2014

Benefit Description	Global Inpatient		Global Security		Global Preferred		Global Freedom		Global Superior	
Lifetime Coverage	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Maximum Annual Coverage	\$1,000,000		\$3,000,000		\$4,000,000		\$5,000,000		\$10,000,000	
Latin America Network	Open (Excluding Brazil)		Open (Excluding Brazil)		Open (Excluding Brazil)		Open (Excluding Brazil)		Open (Excluding Brazil)	
U.S. In-Network	100% (Global Security Network)		100% (Global Security Network)		100% (Aetna Network)		100%		100%	
U.S. Out-of-Network	70% UCR		70% UCR		70% UCR		100% (Open)		100% (Open)	
Entry Age (Coverage does not terminate once entry age is met)	Minimum 18, Maximum 74		Minimum 18, Maximum 74		Minimum 18, Maximum 74		Minimum 18, Maximum 74		Minimum 18, Maximum 74	
Deductibles:	Plan	Indiv.	Plan	Indiv.	Plan	Indiv.	Plan	Indiv.	Plan	Indiv.
Inside Country of Residence / Outside Country of Residence	1	0/1,000	1	N/A	1	N/A	1	N/A	1	N/A
	2	1,000/2,000	2	1,000/2,000	2	1,000/2,000	2	1,000/2,000	2	1,000/2,000
	3	2,000/3,000	3	2,000/3,000	3	2,000/3,000	3	2,000/3,000	3	2,000/3,000
	4	5,000	4	5,000	4	5,000	4	5,000	4	5,000
	5	10,000	5	10,000	5	10,000	5	10,000	5	10,000
	6	20,000	6	20,000	6	20,000	6	20,000	6	20,000
AREA OF COVERAGE OPTIONS	USA, LATIN AMERICA, CARIBBEAN		WORLDWIDE		WORLDWIDE		WORLDWIDE		WORLDWIDE	
Hospitalization & Inpatient										
Private/Semi-private room	100% UCR		100% UCR		100% UCR		100% UCR; Out-of-Network Limit: \$1,000 per day		100% UCR; Out-of-Network Limit: \$2,000 per day	
Intensive care unit	100% UCR		100% UCR		100% UCR		100% UCR; Out-of-Network Limit: \$3,000 per day		100% UCR; Out-of-Network Limit: \$4,000 per day	
Inpatient medical treatment, medicines, laboratory and diagnosis tests	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Inpatient consultation by a Physician or Specialist	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Inpatient medical and nursing fees	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Inpatient Rehabilitation (Must be confined to facility immediately following a hospital stay)	100% UCR; Annual Maximum: \$6,000		100% UCR; Annual Maximum: \$6,000		100% UCR; Annual Maximum: \$6,000		100% UCR		100% UCR	
Private Duty Nursing	100% UCR - Inpatient Only		\$150/night; Maximum 30 nights		\$150/night; Maximum 30 nights		100% UCR		100% UCR	
Accommodation charges for companion of a hospitalized child	\$100/day; Maximum 10 days		\$100/day; Maximum 10 days		\$300/day; Maximum 10 days		\$300/day; Maximum 10 days		\$500/day; Maximum 10 days	
Guest meals	Not Covered		Not Covered		Not Covered		Not Covered		\$50/day; Maximum 10 days	
Emergency Ambulance										
Ground Ambulance	100% UCR (Covered if immediately admitted as an Inpatient)		100% UCR		100% UCR		100% UCR		100% UCR	
Air Ambulance	Per Event Maximum: \$50,000		Per Event Maximum: \$50,000		Per Event Maximum: \$75,000		Per Event Maximum: \$125,000		Per Event Maximum: \$175,000	
Repatriation of Mortal Remains	Per Insured Maximum: \$10,000		Per Insured Maximum: \$10,000		Per Insured Maximum: \$10,000		Per Insured Maximum: \$50,000		Per Insured Maximum: \$75,000	
Outpatient										
Emergency Room	100% UCR; Covered if immediately admitted as an Inpatient		100% UCR		100% UCR		100% UCR		100% UCR	
Emergency Medical Services	100% UCR; Covered if immediately admitted as an Inpatient		100% UCR		100% UCR		100% UCR		100% UCR	
Outpatient Physician Visit	100% UCR; Maximum 6 visits after covered hospitalization		100% UCR; Maximum 24 visits		100% UCR; Maximum 26 visits		100% UCR; Maximum 30 visits		100% UCR; Maximum 60 visits	
Echocardiography, Ultrasound, CAT Scan, PET scan, MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-rays and Laboratory	\$10,000 Annual Maximum; Pre-surgical testing purposes only; 3 Month Waiting Period		100% UCR		100% UCR		100% UCR		100% UCR	
Cancer Treatment (chemotherapy/radiotherapy)	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Outpatient Surgery, medical and nursing fees	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Outpatient Dialysis	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Physical Therapy and Rehabilitation Services	100% UCR; Maximum 60 visits. All therapies combined. After covered hospitalization.		100% UCR; Maximum 60 visits. All therapies combined.		100% UCR; Maximum 60 visits. All therapies combined.		100% UCR		100% UCR	
Complementary Therapy: Osteopathic, Chiropractic, Psychiatric, Homeopathic and Podiatry (Superior only)	Not Covered		Not Covered		Not Covered		100% UCR; Maximum 20 visits. All therapies combined.		100% UCR; Maximum 80 visits; All therapies combined.	
Home Health Care: Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing (Requires Pre-authorization)	100% UCR as follow-up care to a covered hospitalization, Annual Maximum \$6,000		100% UCR; Maximum: \$6,000		100% UCR		100% UCR		100% UCR	
Other Services										
Mental Health Inpatient	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Mental Health Outpatient	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
Hospice Care	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Durable Medical Equipment	100% UCR as follow-up care to a covered hospitalization, Annual Maximum \$6,000		100% UCR; Maximum: \$6,000		100% UCR		100% UCR		100% UCR	
Prosthetic limbs	Policy Year Maximum: \$30,000 Lifetime Maximum: \$120,000		Policy Year Maximum: \$30,000 Lifetime Maximum: \$120,000		Policy Year Maximum: \$30,000 Lifetime Maximum: \$120,000		Policy Year Maximum: \$40,000 Lifetime Maximum: \$150,000		Policy Year Maximum: \$50,000 Lifetime Maximum: \$200,000	
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), sexually transmitted diseases and all related conditions. Not Covered if diagnosed as a pre-existing condition. A 24 month wait period applies.	100% UCR; Lifetime Maximum: \$15,000 Inpatient Hospitalization only		100% UCR; Lifetime Maximum: \$15,000		100% UCR; Lifetime Maximum: \$15,000		100% UCR; Lifetime Maximum: \$25,000		100% UCR; Lifetime Maximum: \$50,000	
Emergency Dental Care (Limited to accidental injury of sound, natural teeth)	100% UCR		100% UCR		100% UCR		100% UCR		100% UCR	
Transplant procedures (In the the U.S., Centers of Excellence facilities only)	OPTIONAL RIDER 100% UCR; \$750,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000		OPTIONAL RIDER 100% UCR; \$750,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000		100% UCR; \$1,000,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000		100% UCR; \$1,000,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$50,000		100% UCR; \$2,000,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$60,000	
Maternity Benefits										
Normal Delivery or Medically Necessary C-Section	Not Covered		\$4,000 Maximum per Pregnancy; 10 Month Waiting Period; Deductible Waived		\$5,000 Maximum per Pregnancy; 10 Month Waiting Period; Deductible Waived		\$8,500 Maximum per Pregnancy 10 Month Waiting Period Deductible Waived		\$10,000 Maximum per Pregnancy 10 Month Waiting Period Deductible Waived	
Dependent Daughters up to age 18	Not Covered		Covered		Covered		Covered		Covered	

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Complications of Pregnancy and Premature birth	Not Covered	100% UCR;\$100,000 Lifetime Maximum for Plans 2-3 OPTIONAL RIDER All Plans \$500,000 Lifetime Maximum	100% UCR;\$100,000 Lifetime Maximum for Plans 2-3 OPTIONAL RIDER All Plans \$500,000 Lifetime Maximum	100% UCR \$1,000,000 Lifetime Maximum for Plans 2-3; Optional Rider \$500,000 Lifetime Maximum available for Plans 4, 5, 6	100% UCR. Up to the policy limit for Plans 2-3; Optional Rider of \$500,000 available for Plans 4, 5, 6
Congenital and Hereditary Conditions	Not Covered	Up to age 18: Lifetime Maximum \$250,000 Age 18+: Lifetime Maximum \$1,000,000	Up to age 18: Lifetime Maximum \$300,000 Age 18+: 100% UCR	Up to age 18: Lifetime Maximum: \$1,000,000 Age 18+: 100% UCR	100% UCR
Blood Cord Storage	Not Covered	Not Covered	\$500 Lifetime Maximum per covered pregnancy	\$1,000 Lifetime Maximum per covered pregnancy	\$2,000 Lifetime Maximum per covered pregnancy
Infant and Adult Examinations/Screenings					
Infant Examinations (immunizations & routine visits) Up to age 6 months	Not Covered	100% UCR; Maximum 5 visits	100% UCR; Maximum 5 visits	100% UCR; Maximum 6 visits	100% UCR; Maximum 7 visits
Preventive Care, Annual Exams & Immunizations	Not Covered	Not Covered	100% UCR; Annual Maximum: \$150; Deductible Waived	100% UCR; Annual Maximum: \$300; Deductible Waived	100% UCR; Annual Maximum: \$600; Deductible Waived
Exceptional Risks					
War and Terrorism Benefit	Not Covered	Not Covered	Not Covered	Per Insured Lifetime Maximum: \$125,000 Per Family Lifetime Maximum: \$500,000	Per Insured Lifetime Maximum: \$250,000 Per Family Lifetime Maximum: \$1,000,000
Prescription Drugs					
Following Hospitalization or Outpatient Surgery	100% UCR; Maximum 6 months from date discharge	100% UCR, Maximum 6 months from date of discharge	100% UCR, Maximum 6 months from date of discharge	100% UCR	100% UCR
Outpatient or Non-Hospitalization	Not Covered	100% UCR; Annual Maximum: \$6,000	100% UCR; Annual Maximum: \$6,000	100% UCR	100% UCR
Additional Services					
GBG MediConsult- 24/7 telephone support	Not Included	Included Primary: \$10,000 Spouse: \$5,000 Dependent: \$1,000 per dependent	Included Primary: \$12,000 Spouse: \$5,000 Dependent: \$1,000 per dependent	Included Primary: \$20,000 Spouse: \$5,000 Dependent: \$1,000 per dependent	Included Primary: \$30,000 Spouse: \$7,500 Dependent: \$1,000 per dependent
Term Life Insurance - Coverage terminates at the end of the Policy period following attainment of age 65.	Not Included				
Deductible Reduction	Not Included	50% Deductible Reduction (Included in Plans 2 and 3) - After 3 consecutive years without paid claims. Deductible reduction applies in fourth policy year to an amount equal to 50% of the deductible in the previous Policy year. Deduction shall apply to the first covered claim only per Insured.	50% Deductible Reduction (Included in Plans 2 and 3) - After 3 consecutive years without paid claims. Deductible reduction applies in fourth policy year to an amount equal to 50% of the deductible in the previous Policy year. Deduction shall apply to the first covered claim only per Insured.	50% Deductible Reduction (Included in Plans 2 and 3) - After 3 consecutive years without paid claims. Deductible reduction applies in fourth policy year to an amount equal to 50% of the deductible in the previous Policy year. Deduction shall apply to the first covered claim only per Insured.	50% Deductible Reduction (Included in Plans 2 and 3) - After 3 consecutive years without paid claims. Deductible reduction applies in fourth policy year to an amount equal to 50% of the deductible in the previous Policy year. Deduction shall apply to the first covered claim only per Insured.

Notes:

1. Benefits are per person per policy year and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Annual Deductible.
2. These plans are for new business only.
3. See policy for specific terms and conditions.