

GLOBAL INPATIENT

Global Inpatient is tailored exclusively for individuals who reside in Mexico, Central America, South America (excluding Brazil) and the Caribbean. Global Inpatient features an optimal Inpatient health insurance plan with coverage within Latin America, the Caribbean and the United States.

Global Inpatient offers a range of deductibles and coverages for an individual and dependents. The plan has coverage for inpatient care, emergencies, and more.

As with all GBG plans, Global Inpatient includes the world-class services of GBG Assist for case management and evacuations, if necessary, any time of day.

GBG Assist services also include 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 gbg.com website. This process makes claims reimbursement simple, fast and easy.

**GLOBAL INPATIENT
fits the needs and
budgets of anyone
seeking Inpatient
medical coverage.**

Geographic Coverage Areas

Global Inpatient provides coverage within Latin America, the Caribbean and U.S. In the U.S., you will have access to the GBG Security Network and an option for coverage out-of-network. In Brazil, use of a Preferred Provider Network is mandatory and all non-emergency treatment received in Brazil must be pre-authorized. This geographic coverage and use of provider networks allows GBG to provide excellent coverage while maintaining affordable rates.

Key Benefits

- Policy Year Maximum of \$1,000,000
- No Lifetime Maximum
- High Inpatient coverage
- Direct-bill network
- Online and Live Customer Service
- Online claims filing
- Optional Transplant procedure benefit
- Portability within Latin America, the Caribbean and the U.S.



GLOBAL INPATIENT SCHEDULE OF BENEFITS

Currency USD

MAXIMUM				ENTRY AGE		
Unlimited Lifetime Maximum Policy Year Maximum: \$1,000,000				Minimum 18, Maximum 74		
PROVIDER NETWORK						
Latin America: Open (excluding Brazil)		U.S. In-Network: 100%		U.S. Out-of-Network: 70% UCR		
Policy Year DEDUCTIBLES						
Insured Individual	Plan	Inside Country of Residence	Outside Country of Residence	Plan	Inside Country of Residence	Outside 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 Maximum Deductible: 2 x Individual Out of Country Deductible						
HOSPITALIZATION AND INPATIENT						
Private/Semi-private room				100% (no daily limit)		
Intensive Care (medically necessary)				100% (no daily limit)		
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%		
Serious Accident resulting in Hospitalization (Admitted for 24 hours or more)				100%; Deductible Waived		
Extended Care / Inpatient Rehabilitation (Must be confined to facility immediately following a Hospital stay)				100%; \$6000 Policy Year Maximum		
Private Duty Nursing (Inpatient only)				100%		
Accommodation charges for companion of a hospitalized child Guest Meals				\$100 day/Maximum 10 days Not Covered		
EMERGENCY AMBULANCE						
Ground Ambulance (Covered if immediately admitted as an Inpatient)				100%		
Air Ambulance (Requires Pre-authorization; Covered if immediately admitted as an Inpatient)				100%; Per Event Maximum: \$50,000		
Repatriation of Mortal Remains				Per Insured Maximum: \$10,000		
OUTPATIENT						
Emergency Room (Covered if immediately admitted as an Inpatient)				100%		
Emergency Medical Services (Covered if immediately admitted as an Inpatient)				100%		
Outpatient Physician or Specialist Visit				100%; Maximum 6 visits after covered hospitalization		
Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-Rays and Laboratory				100%; \$10,000 Policy Year Maximum; 3 month waiting period applies; Pre-surgical testing only		
Cancer Treatment (chemotherapy/radiotherapy)				100%		
Outpatient Surgery, medical and nursing fees				100%		
Physical Therapy and Rehabilitation Services (Following a covered Hospitalization)				100%; Maximum 60 visits; All therapies combined		
Outpatient Dialysis				100%; Requires Pre-Authorization		
Home Health Benefits; Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing (As follow-up care to a covered Hospitalization)				100%; \$6,000 Policy Year Maximum; Requires Pre-Authorization		
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 Policy Year Deductible.						



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OTHER BENEFITS

Mental Health Inpatient	100%
Hospice Care	100%
Durable Medical Equipment (As follow-up care to a covered Hospitalization)	100%; \$6000 Policy Year Maximum
Prosthetic Limbs (As follow-up care to a covered Hospitalization)	\$30,000 Policy Year Maximum; \$120,000 Lifetime Maximum; Requires Pre-Authorization
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
Emergency Dental Care - Limited to accidental injury of sound teeth, natural teeth. Services must be completed within 120 days of accident.	100%
Transplant Procedures (in the U.S. Institutes of Excellence facilities approved by GBG only)	OPTIONAL RIDER 100%; \$750,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000

PRESCRIPTION DRUGS

Use of the GBG's U.S. Pharmacy Network is preferred for Prescription Drugs obtained in the US. Deductible applies to this benefit.

Prescribed medication following a covered hospitalization or outpatient surgery, maximum 6 month coverage from date of discharge	100%
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GLOBAL INPATIENT TERMS AND CONDITIONS

RESIDENCY

This product is for residents of Latin America and the Caribbean excluding Brazil. "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 treatments, 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.

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.
- No provider limitations in Latin America, excluding Brazil. In Brazil, designated providers must be utilized and services must be pre-authorized unless in a life-threatening emergency. Also note that hospital restrictions exist in Brazil.
- 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.
- This policy contains a 60-day waiting period, during which only illnesses or injuries caused by an accident occurring within this period, or diseases of infectious origin that first manifest themselves within this period, will be covered.
- 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. For some medical conditions declared on the application, the underwriter, at their discretion, may waive the pre-existing limitation for specifically named conditions.
- 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.