

GLOBAL PREFERRED

Global Preferred is tailored exclusively for individuals who reside in Mexico, Central America, South America and the Caribbean. Global Preferred features an optimal health insurance plan with worldwide coverage.

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

As with all GBG plans, Global Preferred 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 includes the GBG MediConsult service, an innovative live telephonic feature that provides medical information and support from a panel of expert medical professionals.

GBG Assist services also include worldwide network 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 PREFERRED
fits the needs of anyone
seeking worldwide
medical insurance.**

Geographic Coverage Areas

Global Preferred provides worldwide coverage. In the U.S., you will have access to our vast network of hospitals and providers, 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 worldwide coverage while maintaining affordable rates.

Key Benefits

- Policy Year Maximum of \$4,000,000
- No Lifetime Maximum
- Inpatient and outpatient coverage
- Worldwide direct-bill network
- Online claims filing
- Online and Live Customer Service, including GBG MediConsult
- Maternity and Newborn Care benefits
- Transplant procedure benefit
- Life benefit
- Worldwide portability



GLOBAL PREFERRED SCHEDULE OF BENEFITS

Currency USD

MAXIMUM	ENTRY AGE
Unlimited Lifetime Maximum Annual Maximum: \$4,000,000	Minimum 18, Maximum 74

PROVIDER NETWORK
Latin America: Open (excluding Brazil) Brazil and U.S. In-Network: 100% U.S. Out-of-Network: 70% UCR Rest of World: 100% UCR

ANNUAL DEDUCTIBLES						
Insured Individual	Plan	Inside Country of Residence	Outside Country of Residence	Plan	Inside Country of Residence	Outside Country of Residence
	Plan 1	N/A	N/A	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%
Intensive Care (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%
Serious Accident Hospitalization (24 hours or more)	100%; Deductible will be waived for an immediate first hospitalization
Extended Care / Inpatient Rehabilitation (Must be confined to facility immediately following a Hospital stay)	100%
Private Duty Nursing	\$150/day; Policy Year Maximum 30 days
Accommodation charges for companion of a hospitalized child Guest Meals	\$300 day; Policy Year Maximum 10 days Not Covered

EMERGENCY AMBULANCE	
Ground Ambulance	100%
Air Ambulance (Requires Pre-Authorization)	100%; Per Event Maximum \$75,000
Repatriation of Mortal Remains (Requires Pre-Authorization)	Per Insured Maximum \$10,000

OUTPATIENT	
Emergency Room	100%
Emergency Medical Services	100%
Outpatient Physician / Specialist	100%; Policy Year Maximum 26 visits
Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-rays and Laboratory	100%
Cancer Treatment (chemotherapy/radiotherapy)	100%
Outpatient Surgery, medical and nursing fees	100%
Outpatient Dialysis	100%
Physical Therapy and Rehabilitation Services	100%; Policy Year Maximum 60 visits. All therapies combined.
Home Health Care; Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing (Requires Pre-authorization)	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

GLOBAL PREFERRED SCHEDULE OF BENEFITS

OTHER BENEFITS	
Mental Health Inpatient	100%
Mental Health Outpatient	Not Covered
Hospice Care	100%
Congenital and Hereditary Conditions	\$300,000 Lifetime Maximum up to age 18 100% age 18 and older
Durable Medical Equipment	100%
Prosthetic limbs	\$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.	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)	100%; \$1,000,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000
MATERNITY BENEFITS	
Normal Delivery or Medically Necessary C-Section (Plans 2 and 3 only)	\$5,000 Benefit Maximum per Pregnancy; 10-Month Waiting Period; Deductible Waived.
Dependent Daughters up to age 18 (Plans 2 and 3 only)	Covered
Complications of Pregnancy and Premature birth (provided the child was born under a pregnancy covered through the maternity benefit)	100%; \$100,000 Lifetime Maximum for Plans 2 and 3; Optional Rider of \$500,000 Lifetime Maximum for all Plans
Newborn Infant Care Services - Provided the child was born under a Covered Pregnancy only. Maximum 30 days. Deductible waived. (Plans 2 and 3 only)	Benefit is part of the Maternity Maximum
Provisional Coverage for Complications for newborn children. Maximum 90 days. Covered Pregnancies only. Deductible waived. (Plans 2 and 3 only)	\$30,000 Benefit Maximum per Pregnancy as part of the Complications of Pregnancy Benefit Maximum
Blood Cord Storage (Plans 2 and 3 only)	\$500 Lifetime Maximum per covered pregnancy
INFANT, CHILD AND ADULT EXAMINATIONS/SCREENINGS	
Infant Examinations (immunizations & routine medical exams)	100%; Up to age 6 months; Policy Year Maximum 5 visits; Deductible Waived
Preventive Care, Annual Exams & Immunizations	100%; \$150 Policy Year Maximum; Deductible Waived
EXCEPTIONAL RISKS	
War and Terrorism Benefit	Not Covered
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%
Prescribed medication as an outpatient or non-hospitalization	100%; \$6000 Policy Year Maximum
ADDITIONAL SERVICES	
GBG MediConsult - 24/7 telephone support	Included
Term Life Insurance - Coverage terminates at the end of the Policy period following attainment of age 65.	\$12,000 Principal \$5,000 Spouse \$1,000 per Dependent
50% Deductible Reduction – After 3 consecutive years without paid claims, for any insured under the policy, Reduction applies in the 4th policy year in an amount equal to 50% of the deductible in the previous year to the first covered claim only..	Included in Plans 2 and 3 only
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.	



GLOBAL PREFERRED TERMS AND CONDITIONS

RESIDENCY

This product is for residents of Latin America and the Caribbean. "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.

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.
- Maternity for Plans 2 and 3 only: Includes prenatal care, postnatal care and complications of pregnancy. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy, delivery and postpartum care are excluded from coverage. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy and postpartum care are excluded from coverage, but the delivery (Normal Delivery or Medically Necessary C-Section) is covered up to the benefit limit.
- 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.