

EXPAT VIP BRONZE

INFORMATIVE BOOKLET

2017



YUMI

ABOUT VUMI

VIP Universal Medical Insurance Group, LTD (VUMI) is an international health insurance company offering exclusive major medical insurance plans and VIP medical services to individuals, corporate clients and expatriates residing across Latin America, the Caribbean and around the globe.

VUMI offers a wide array of plans and helps protect both your physical and financial health by offering high quality medical insurance tailored to your needs. More importantly, VUMI’s extensive global coverage gives you the peace of mind that comes with knowing you and your loved ones are covered at all times – anywhere in the world.

A medical insurance plan from VUMI comes with these distinct advantages:

- A comprehensive network of domestic and international hospitals and healthcare providers across five continents
- Expertise in U.S. and international claims management
- A management and medical team that fully understands your culture and speaks your language
- In-house administration of benefits and cost control measures
- A strong, stable and well-managed company that cares for your health

Headquartered in Dallas and with six additional offices across the U.S. and Latin America, VUMI is privately owned and is part of a global healthcare management group with more than 30 years of experience in the healthcare industry.

EXPAT VIP BRONZE

Expat VIP Bronze is an innovative health plan that provides worldwide coverage up to US\$1.5 million. Enjoy free choice of doctors and hospitals around the world – including the United States – and a full range of benefits.

DEDUCTIBLE OPTIONS*

OPTION I	OPTION II	OPTION III	OPTION IV	OPTION V
US\$250	US\$500	US\$1,000	US\$2,500	US\$5,000

*Only one deductible per person, per policy year applies. For family policies, a maximum of two deductibles accumulated per policy, per policy year will be applied. For more information, please refer to the Conditions of Coverage of each policy.

GENERAL PLAN INFORMATION

DESCRIPTION	COVERAGE		
Geographical coverage	Worldwide (including U.S. coverage)		
Maximum coverage per person, per lifetime	US\$1,500,000		
Age limit to apply	74		
Waiting period	30 days		
Coinsurance limit	U.S. IN NETWORK 20% of the first US\$5,000 of covered medical charges, after the deductible	U.S. OUT OF NETWORK 50% of covered medical charges, after the deductible	OUTSIDE THE U.S. No coinsurance applies

INPATIENT BENEFITS

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Adult companion accommodation (related to the hospitalization of a child under the age of 18)	US\$100 per night, max. of 30 nights		
Ancillary hospital services (X-rays, medications, bandages, operating room fees, surgical implants)	80%	50%	100%
Extended care facility (max. 30 days)	80%	50%	100%
Intensive Care Unit (ICU)	80% up to US\$1,500 per day	50% up to US\$1,500 per day	US\$1,500 per day
Physician and specialist visits (max. one visit per day, per specialty)	80%	50%	100%
Pre-admission exams (must be performed before a non-emergency hospitalization)	80%	50%	100%
Standard private or semi-private room	80% up to US\$600 per day	50% up to US\$600 per day	US\$600 per day

OUTPATIENT BENEFITS

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Cancer treatment	80%	50%	100%
Chiropractor	80% up to US\$50 per visit	50% up to US\$50 per visit	US\$50 per visit
Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans)	80%	50%	100%
Emergency room (if not admitted to the hospital, a copayment of US\$250 will apply)	80%	50%	100%
Nurse care at home	80%	50%	100%
Palliative care for terminal cases (max. 180 days)	80%	50%	100%
Physician and specialist visits	US\$70 per visit	50% up to US\$70 per visit	US\$70 per visit
Preventive health checkup for adults (after a 12-month waiting period)	US\$100, no deductible applies		
Preventive health checkup for children under age 19 (after a 12-month waiting period)	US\$200, no deductible applies	50% up to US\$200, no deductible applies	US\$200, no deductible applies
Reconstructive surgery (due to a covered injury or illness)	80%	50%	100%
Rehabilitation and therapeutic services (physical, speech and occupational therapy)	Max. 30 visits		

GENERAL MEDICAL BENEFITS

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Bariatric surgery (after a 24-month waiting period)	US\$5,000 (per lifetime)		

GENERAL MEDICAL BENEFITS

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Congenital and hereditary conditions	80% up to US\$250,000 (per lifetime)	50% up to US\$250,000 (per lifetime)	US\$250,000 (per lifetime)
Dialysis	80%	50%	100%
Durable medical equipment	80%	50%	100%
Organ transplant (after a 12-month waiting period)	80% up to US\$250,000 (per lifetime)	Not covered	US\$250,000 (per lifetime)
Prescription medication	80% up to US\$20,000	50% up to US\$20,000	US\$20,000
Prostheses and medical appliances implanted during surgery	80% up to US\$10,000 per prosthesis (up to US\$20,000 per lifetime)	50% up to US\$10,000 per prosthesis (up to US\$20,000 per lifetime)	US\$10,000 per prosthesis, (up to US\$20,000 per lifetime)
Psychotherapy and mental health (after a 12-month waiting period; outpatient treatment only)	80% up to US\$60 per visit	50% up to US\$60 per visit	US\$60 per visit
Surgery and primary surgeon fees	80%	50%	100%
Surgery – anesthesiologist fees	30% of the primary surgeon approved fees		
Surgery – assistant surgeon fees	20% of the primary surgeon approved fees		

MATERNITY BENEFITS**

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Cesarean delivery	US\$5,000		
Maternity and newborn complications	80% up to US\$50,000 (per lifetime)	50% up to US\$50,000 (per lifetime)	US\$50,000 (per lifetime)
Normal delivery (prenatal and postnatal care)	US\$4,000		

**After a 10-month waiting period. This benefit is only available for Options I, II, III and IV. Coverage up to the limits above is for the insured female policy holder or insured dependent spouse only. The lifetime maximum of US\$50,000 combines coverage for all maternity benefits (including newborn complications).

MEDICAL EVACUATION BENEFITS

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Emergency transportation by air ambulance	US\$50,000, no deductible applies		
Emergency transportation by ground ambulance	80% up to US\$1,500 per event	50% up to US\$1,500 per event	US\$1,500 per event
Emergency transportation for one companion	Not covered		
Insured's return ticket (economy class, for specific medical conditions)	US\$500		
Repatriation of mortal remains or local burial	US\$25,000 (per lifetime), no deductible applies		

OTHER BENEFITS

DESCRIPTION	U.S. IN NETWORK	U.S. OUT OF NETWORK	OUTSIDE THE U.S.
Emergency dental coverage due to a covered accident	80% up to US\$1,000	50% up to US\$1,000	US\$1,000
Hazardous hobbies and sports (non-professional)	US\$50,000 (per lifetime)		
Serious accident	100%, no deductible applies		

The contents of this booklet are for informative purposes only. The benefits are governed by the terms described in the Conditions of Coverage of the policy. Unless otherwise stated, the benefits are offered on a per insured / per policy year basis in which the chosen deductible applies. All amounts are in US dollars (USD). The benefits are limited to the medical expenses covered under the policy and are subject to the usual, customary and reasonable expenses (UCR) for the geographic area where the expenses were incurred.

VIP Universal Medical Insurance Group, Ltd.

Insurance company registered in the Turks & Caicos Islands, a British Overseas Territory.
Administration services provided by VIP Universal Medical Insurance Group, LLC,
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