

MEDIS ELITE Underwritten by Lloyds

Our most comprehensive Long Term Major Medical Health Insurance coverage. The Elite plan covers you and your family with generous and flexible benefits both in hospital and out of the hospital. The Elite plan will meet all your family health insurance requirements worldwide including in your country of residence and the USA. The Elite plan is competitively priced along with world-class benefits.

LIMITS

- Policy will pay for worldwide medical expenses limited to US\$500,000 annually (US\$1,000,000 optional)
- Annual limits will be reduced to \$250,000 when the insured becomes 70 years old (US\$500,000 optional).

DEDUCTIBLE & COINSURANCE

- The selected deductible will be applied per person per policy year.
- For eligible benefits incurred outside your country of residence, a coinsurance of 10% for the first \$10,000 of the benefit coverage .

BENEFITS

- The eligible benefits of a physician, surgeon or other specialists.
- Preventive routine physicals for insureds over 30 to \$50 annually. Includes mammography and gynecological visits for women. No deductible will apply.
- Outpatient prescription drugs \$500. No limit during hospitalization.
- Private hospital room and board \$500 per day limited to 180 consecutive days.
- Intensive care \$900 per day limited to 90 consecutive days.
- Maternity including prenatal care, birth and postnatal care paid at 80% and limited to \$4,000. Deductible will not apply. The Maternity benefit will not apply to insureds with deductibles of \$5,000 or greater.
- Treatment related to birth defects, hereditary conditions and premature birth \$25,000 lifetime maximum.
- Preventive and Annual care for insured children and dependents under 18 years of age. The deductible applies.
- Independent coverage of organ transplant limited to \$ 500,000 for life of the policy.
- 100% coverage of Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy in and out of hospital.
- Emergency ground transportation \$1,500 per insured.
- The return of mortal remains to their home country \$10,000 per insured.
- Emergency medical evacuation/repatriation, including the cost of airfare and related costs to the transportation of the patient, up to \$100,000 per insured.
- Physiotherapy \$800 per insured.
- Reconstructive surgery US\$20,000

- Care for accidental dental injury \$500 per insured. (\$50 deductible applies)
- Accidental Death & Dismemberment \$25,000 for the main insured of the policy and \$5,000 for each dependent. Maximum 5 people. Additional \$75,000 of AD&D may be purchased per person.

ADDITIONAL BENEFIT

- When pre-certified ten business days in advance and admitted in a **STAR** network hospital for a minimum of 24 hours for eligible benefits in any of the 19 hospitals in the **STAR** Network, the policy will provide \$500 towards airfare ticket from your country of residence, a reduction in the deductible of \$1,000 and the coinsurance shall be waived. This benefit is optional and valid only in hospitals belonging to the **STAR** Network.

EXCLUSIONS

- All preexisting conditions not declared at the time of the application.
- Pregnancy within 12 months of the effective date or in policies with deductibles of \$5,000 and up.
- Pregnancy expenses incurred by a dependent.
- Pregnancy expenses incurred by a female insured that is covered under the policy without their spouse.
- Expenses for any medical condition unless an accident or infectious diseases within the first 120 days of coverage.
- Treatment for sexually transmitted diseases including AIDS.

ANNUAL PREMIUMS 2004

Annual Deductibles	\$250		\$500		\$1,000		\$2,500		\$5,000		\$10,000	
	500K	1Mil	500K	1Mil	500K	1Mil	500K	1Mil	500K	1Mil	500K	1Mil
0-10	0	167	0	167	0	167	0	167	0	167	0	167
11-17*	764	931	585	751	412	578	391	557	291	458	217	384
18-29	1859	2192	1520	1852	1096	1429	942	1275	795	1128	597	963
30-39	2328	2659	1850	2183	1390	1723	1188	1521	997	1329	748	1112
40-49	2913	3246	2416	2749	1794	2125	1499	1832	1299	1632	976	1341
50-59	3729	4062	3161	3494	2271	2603	1913	2246	1666	1999	1250	1616
60-64	4654	4987	4030	4363	3061	3393	2583	2916	2217	2550	1664	2030
65-69	6636	6969	5353	5686	4030	4363	3012	3345	2602	2934	1951	2317

- Children under 11 years are included free, when both parents are enrolled.
- Students are considered dependents to age 23 and pay the rates of 11-17 age group. (proof of student must be supplied).
- Add US\$75.00 Administrative/Policy Fee per application.
- To calculate semi-annual premium factor, multiply by .55, quarterly by .28 and monthly by .1

- Individual non-cancelable after issuance date, no age limits on renewals.
- Smokers are subject to a 10% loaded premium.
- Rates apply to both sexes.
- Additional limits of \$25,000, \$50,000 and \$75,000 Accidental Death and Dismemberment may be purchased at \$1.50 per Mil.

THIS ABOVE DESCRIPTION IS FOR INFORMATION PURPOSES ONLY AND A FULL DESCRIPTION OF THE BENEFITS EXCLUSIONS AND LIMITS ARE IN THE CERTIFICATE OF COVERAGE.

**For More Information Contact International Insurance-Seguros In The USA
At 480-345-0191 or 1888-269-9762 or email: patty@seguros-insurance.net
Or Visit www.globalmedicalplans.com**