



Expatriate Health Insurance Plan

- Summary of Benefits & Options
- Premium Tables (USD & CAD)

Effective April 1st 2011 – March 31st 2012

For more information and to apply for coverage contact:

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Expatriate Health Insurance Plan – Summary of Benefits and Options

CORE BENEFITS Include: Major Medical Benefits + Medical Evacuation / Repatriation

Major Medical Class 1: Eligible expenses for In-Patient and Out-Patient services are reimbursed at 100%

Major Medical Class 2: Eligible expenses for In-Patient Hospital Services are reimbursed at 100%. All **Out-patient** services are reimbursed at 80/20 Co-Insurance. Under the 80/20 co-insurance for Out-patient services, each Insured Person has a maximum “Out-of-Pocket” amount of \$5,000 per Policy Year, not including any applicable deductible. This means that within each Policy Year, each insured’s portion (the 20%) of eligible expenses will not exceed \$5,000 + any applicable deductible amount. If the Out-of-Pocket limit is reached, further eligible Out-Patient expenses incurred within the same Policy Year are reimbursed at 100%.

***Reimbursement of eligible expenses is 100% under Class 1 and Class 2 for Medical Evacuation including Air Ambulance, and services insured by MEDEX.**

Policy Currency: US Dollars or Canadian Dollars* IF the Primary Location of Foreign Residency (Host Country) is Canada, applicants may elect either a Canadian Dollar Policy or a US Dollar Policy. When the Primary Location of Foreign Residency is not Canada, the currency of the policy must be US Dollars.

Maximum Lifetime Aggregate Sum Insured - \$3,000,000 per Insured Person Geographic Zone of Coverage: Worldwide	Reimbursement Schedule for Eligible Expenses	NOTES
Deductible OPTIONS (All deductibles are per Person, Per Policy Year and are selected at time of application for ages 64 and under;	The maximum age for a new applicant is age 64.	Plan A: No deductible, Plan B: \$500, Plan C: \$1,000, Plan D: \$5,000, Plan E: \$10,000, Plan F: \$25,000 Plans A, B, and C are available to age 64. If insured for a minimum of two (2) continuous years prior to age 65, members may renew under Plan Options D, E, and F to age 80, but subject to annual medical qualifying starting at age 70.
Hospital treatment as In-Patient or Day-Patient	100%	
Outpatient Physicians' fees	100% on Class 1 80% on Class 2	
Outpatient surgery	100% on Class 1 80% on Class 2	
Outpatient X-rays and laboratory tests	100% on Class 1 80% on Class 2	
Outpatient prescription drugs	100% on Class 1 80% on Class 2	Maximum 90 day supply per claim
Routine <i>Annual</i> Medical Exam / Check-up	100% on Class 1 80% on Class 2	This benefit is accessible after six months of continuous coverage. After the wait period, one annual check-up is covered every 12 months to a maximum of \$500 per person. The 12 month period starts on the date of the first routine check-up expense.
Outpatient Paramedical fees	100% on Class 1 80% on Class 2	\$500 maximum per covered profession, per insured person, per policy year.
Nursing at Home	100% on Class 1 80% on Class 2	Up to 12 weeks per injury or sickness
Convalescent facility	100% on Class 1 80% on Class 2	Up to 60 days per Policy Year
Life Saving Organ transplant	100% In-Hospital	Up to \$200,000 lifetime maximum.
Ambulance transportation	100%	Insured with services provided by MEDEX Global Solutions
Emergency Medical Evacuation	100%	Insured with services provided by MEDEX Global Solutions
Compassionate Emergency Travel	100%	To maximum of \$3,000. Single round-trip economy airfare for an Immediate Family Member to attend the Insured if the Insured is hospitalized for minimum of 7 consecutive days
Repatriation of mortal remains or Local Burial	100%	To maximum of \$10,000.

OPTIONAL BENEFITS which can be purchased in addition to the Core Benefits

Maternity Benefit (Optional Add-On)	80%	To maximum of \$250,000 per pregnancy. Coverage will <u>not</u> apply where the expected date of childbirth is less than ten (10) months from the Insured Person's original effective date of this option. Newborn covered up to age two (2) years under the Maternity Benefit.								
Dental Benefits (Optional Add-On) Basic / Preventative Dental Services Major / Restorative Dental Services Orthodontics	<table border="1"> <thead> <tr> <th>Option 1</th> <th>Option 2</th> </tr> </thead> <tbody> <tr> <td>60%</td> <td>80%</td> </tr> <tr> <td>50%</td> <td>50%</td> </tr> <tr> <td>50%</td> <td>50%</td> </tr> </tbody> </table>	Option 1	Option 2	60%	80%	50%	50%	50%	50%	Basic / Preventative & Major / Restorative Services are reimbursable to a combined maximum of \$2,000 per person, per policy year. Orthodontic services are covered to a lifetime maximum of \$2,000 per person. This option is only available for policies of 6 months duration or longer.
Option 1	Option 2									
60%	80%									
50%	50%									
50%	50%									
Accidental Death & Disablement (Optional Add-On)	See benefit wording	The principal sum insured can be any multiple of \$1,000 up to a max. of \$250,000. Spouse of the primary applicant may purchase the same or less benefit. Dependent children can be insured to a max. benefit of \$10,000 per child.								

PLEASE NOTE: The benefit summary above does not include all the policy terms and conditions. For full coverage details please refer to the General Provisions and Benefits Wording which are available for previewing upon request.



Expatriate Health Insurance Plan -- PREMIUMS in US Dollars

MONTHLY PREMIUMS FOR CORE BENEFITS: Major Medical Benefit + Evacuation / Repatriation Benefit

Major Medical CLASS 1 – 100% REIMBURSEMENT OF ALL ELIGIBLE EXPENSES

AGE	Plan A \$0 Deductible	Plan B \$500 Deductible	Plan C \$1000 Deductible	Plan D \$5000 Deductible	Plan E \$10,000 Deductible	Plan F \$25,000 Deductible
up to 39	386	366	346	253	187	171
40-54	406	385	364	266	197	180
55-59	714	678	641	466	351	320
60-64	898	852	806	595	443	404
*65-69	X	X	X	2,005	1,219	1,116
*70-80	X	X	X	2,870	1,724	1,579

Major Medical CLASS 2 – 80% REIMBURSEMENT FOR OUT-PATIENT SERVICES, 100% FOR HOSPITALIZATION (IN-PATIENT)

AGE	Plan A \$0 Deductible	Plan B \$500 Deductible	Plan C \$1000 Deductible	Plan D \$5000 Deductible	Plan E \$10,000 Deductible	Plan F \$25,000 Deductible
up to 39	364	345	326	239	177	161
40-54	383	363	343	251	186	169
55-59	673	639	604	440	331	302
60-64	846	803	760	561	417	381
*65-69	X	X	X	1,890	1,149	1,052
*70-80	X	X	X	2,706	1,626	1,489

* Rates for ages 65+ only apply to existing members who qualify for renewal. If insured for a minimum of two (2) continuous years prior to age 65, members may renew under Plan Options D, E, and F to age 80, **with annual medical qualifying after age 70.**

The rates above are for Single Coverage.

Couple Rate for Major Medical Benefit:

Applies when two people are insured under one certificate:

Add the individual premium for the primary applicant with individual rate of the dependent

Family Rate for Major Medical Benefit:

Applies when three or more people are insured under one certificate:

Multiply the individual premium for the oldest family member by 2.5

MEDEX PREMIUM: For MEDICAL EVACUATION & REPATRIATION (This Benefit is Mandatory for all Insurance Certificates),

	Single	Couple	Family
Monthly Premium	10	20	34

PREMIUMS FOR OPTIONAL BENEFITS

	Monthly Rates in US Dollars	Annual Rates in US Dollars
Maternity / Newborn Benefit	\$273	\$3276
Dental Care Option 1	Single \$97 Couple \$146 Family \$182	Single \$1,164 Couple \$1,752 Family \$2,184
Dental Care Option 2	Single \$119 Couple \$180 Family \$225	Single \$1,428 Couple \$2,160 Family \$2,700
Accidental Death & Disablement Insurance	\$0.12 per \$1,000 of coverage per person	\$1.44 per \$1,000 of coverage per person
Accidental Death & Disablement Insurance for Airline Personnel	\$0.62 per \$1,000 of coverage per person	\$7.44 per \$1,000 of coverage per person

*** ONLY APPLICABLE TO EXPATRIATES RESIDING IN CANADA WHO APPLY FOR A CANADIAN DOLLAR POLICY

MONTHLY PREMIUMS FOR CORE BENEFITS: Major Medical Benefit + Evacuation / Repatriation Benefit

Major Medical CLASS 1 – 100% REIMBURSEMENT OF ALL ELIGIBLE EXPENSES

AGE	Plan A \$0 Deductible	Plan B \$500 Deductible	Plan C \$1000 Deductible	Plan D \$5000 Deductible	Plan E \$10,000 Deductible	Plan F \$25,000 Deductible
up to 39	378	358	339	248	184	167
40-54	398	377	357	261	193	176
55-59	700	664	628	457	344	314
60-64	880	835	790	583	434	396
*65-69	X	X	X	1,964	1,194	1,094
*70-80	X	X	X	2,812	1,689	1,547

Major Medical CLASS 2 – 80% REIMBURSEMENT FOR OUT-PATIENT SERVICES, 100% FOR HOSPITALIZATION (IN-PATIENT)

AGE	Plan A \$0 Deductible	Plan B \$500 Deductible	Plan C \$1000 Deductible	Plan D \$5000 Deductible	Plan E \$10,000 Deductible	Plan F \$25,000 Deductible
up to 39	357	338	319	234	173	158
40-54	375	356	336	246	182	166
55-59	660	626	592	431	324	296
60-64	829	787	745	550	409	374
*65-69	X	X	X	1,852	1,126	1,031
*70-80	X	X	X	2,651	1,593	1,459

* Rates for ages 65+ only apply to existing members who qualify for renewal. If insured for a minimum of two (2) continuous years prior to age 65, members may renew under Plan Options D, E, and F to age 80, **with annual medical qualifying after age 70.**

The rates above are for Single Coverage.

Couple Rate for Major Medical Benefit:

Applies when two people are insured under one certificate:

Add the individual premium for the primary applicant with individual rate of the dependent

Family Rate for Major Medical Benefit:

Applies when three or more people are insured under one certificate:

Multiply the individual premium for the oldest family member by 2.5

MEDEX PREMIUM: For MEDICAL EVACUATION & REPATRIATION (This Benefit is Mandatory for all Insurance Certificates)

	Single	Couple	Family
Monthly Premium	11	22	36

PREMIUMS FOR OPTIONAL BENEFITS

	Monthly Rates in CAD Dollars	Annual Rates in CAD Dollars
Maternity / Newborn Benefit	\$267	\$3204
Dental Care Option 1	Single \$97 Couple \$146 Family \$182	Single \$1,164 Couple \$1,752 Family \$2,184
Dental Care Option 2	Single \$119 Couple \$180 Family \$225	Single \$1,428 Couple \$2,160 Family \$2,700
Accidental Death & Disablement Insurance	\$0.12 per \$1,000 of coverage per person	\$1.44 per \$1,000 of coverage per person
Accidental Death & Disablement Insurance for Airline Pilots	\$0.62 per \$1,000 of coverage per person	\$7.44 per \$1,000 of coverage per person