



HEALTH
INSURANCE
PROGRAM

Xpat Solution

International Coverage, except USA

BENEFITS	COVERAGE
MAXIMUM BENEFIT PER INSURED PER POLICY YEAR	
Worldwide Coverage	\$500,000
Renewal Guaranteed	
DEDUCTIBLE PER POLICY YEAR	
One (1) deductible per insured, two (2) deductibles maximum per family policy	
COINSURANCE PER POLICY YEAR	
After deductible is met:	
Ambulatory Services - 10% coinsurance	
In-Patient Services - 10% coinsurance, up to a maximum out of pocket limit (after this maximum is met, in-patient services are covered at 100%)	\$2,000
ORGAN AND TISSUE TRANSPLANT	
Lifetime limit	\$300,000
MEDICAL IN-PATIENT SERVICES	
After the deductible and the maximum out of pocket are paid, the intrahospital services are covered at 100%	
Standard, maximum 120 nights	\$700 per night
Intensive Care Unit	\$1,100 per night
Other Hospital Services and Supplies	100%
Physicians and Specialists, limited to one visit per specialty	100%
Hospital visits	\$250 per visit
Intensive Care Unit Visits	\$500 per visit
Surgeons	100%
Assistant Surgeon	100%
Anesthesiologist	100%
Reconstructive Surgery	100%
Surgical Implants or Prosthesis	100%
Emergency Room	100%
Emergency Hospitalization - Out of Network of Providers	100%
Inpatient Rehabilitation, maximum 30 days	100%
MEDICAL AMBULATORY SERVICES	
Benefits are provided at 90% after deductible is met, 10% coinsurance applies	
Physicians and Specialists, maximum 20 visits	\$90 per visit
Telemedicine	90%
House Calls	90%
Ambulatory surgery	90%
Second Medical Opinion	90%
Medical Diagnostic Services	\$3,000
Home Health Care, maximum 30 days	\$1,000
Ambulatory Therapy, maximum 30 visits	\$70 per visit
Prescribed Medications	\$3,000
Durable Medical Equipment	\$2,000
Dental Benefit as direct consequence of a covered accident	90%
OTHER BENEFITS AND SERVICES	
Coinsurance applies	
Dialysis	Included
Radiotherapy and Chemotherapy	\$250,000
Acquired Immune Deficiency Syndrome (AIDS), lifetime limit	\$100,000
Palliative Care / Hospice, maximum 30 days, lifetime limit	\$5,000
Human Papilloma Virus (HPV)	Included
Alzheimer's Disease	Included
MATERNITY CARE	
No deductible applies, except in policies with a deductible of \$5,000 or more	
Natural birth or cesarean, prenatal and postnatal care, 2 pediatric visits, collection and shipment of umbilical cord stem cells	\$4,000
MATERNITY COMPLICATIONS	
Coinsurance applies	\$100,000
A newborn of a covered maternity is automatically covered, provided it is enrolled in the policy within 60 days of childbirth	

Schedule of Benefits

BENEFITS	COVERAGE
CONGENITAL / HEREDITARY CONDITIONS AND PERINATAL COMPLICATIONS	
Coinsurance applies	
Conditions that manifest before the age of 18 years, lifetime limit	\$50,000
Conditions that manifest at the age of 18 years or later, lifetime limit	\$250,000
In multiple births under covered maternity, the benefit will be proportionately distributed among all newborns	
PREVENTIVE MEDICAL CHECK UP. No deductible or coinsurance applies	
Principal Insured and Dependent Spouse	\$200
Dependent children	\$100
EMERGENCY TRANSPORTATION. No deductible or coinsurance applies	
Ground Ambulance	\$1,000
Air Ambulance and Repatriation of Mortal Remains	\$20,000
PROVIDERS NETWORK	
Worldwide	Free Choice
LATIN AMERICA	
The term Latin America comprises Mexico, Central and South America and the Caribbean; except Puerto Rico, U.S. Virgin Islands and Cuba	
SERVICES WITH PRE-CERTIFICATION REQUIREMENT	
Hospitalization	Organ and Tissue Transplant
Surgeries with General Anesthesia	Home Health Care
Cardiac Procedures	Air Ambulance
Radiotherapy and Chemotherapy	Repatriation of Mortal Remains
Durable Medical Equipment	
Palliative Care / Hospice	
Inpatient Rehabilitation	
Failure to comply with this requirement makes the insured responsible for payment of 30% of all covered charges	
WAITING PERIODS	
Any Illness or Injury; except Infectious diseases and Injuries resulting from a covered accident	60 days
Maternity Care	10 months
Congenital and Hereditary Conditions for insured born under non-covered maternity	12 months
Acquired Immune Deficiency Syndrome (AIDS)	48 months
Organ and Tissue Transplant	12 months
Preventive Medical Check Up	10 months

TRAVEL ASSISTANCE

Assistance Services for emergencies occurring for the 1st time during a trip abroad.

The benefits, terms and conditions are specified in the Travel Assistance Rider. The benefit amount decreases to 50% at age 75, to 25% at age 85, and ends at age 86.

All benefits require Notification and Pre-certification within 24 hours of the event.

- Limit US \$10,000
- No deductible applies
- Eligible up to 74 years

FUNERAL ASSISTANCE

Funeral Services coordinated by the Company for the Principal Insured and Dependent Spouse from ages 18 to 74.

180 days Waiting Period.

The benefits, terms and conditions are specified in the Funeral Assistance Rider.

All services require Notification and Pre-Certification within 24 hours of the event.

- Limit US \$2,500
- No deductible apply
- Eligible up to 74 years



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