



| <b>MODULE 1: HOSPITALIZATION &amp; OTHER COVERAGE INCLUDED IN HOSPITALIZATION</b>  |  |  |
|--|--|--|
| <b>Can have deductible from 0 USD up to 5,000 USD</b>  | <b>SERENITY</b>  | <b>ELITE</b>   |
| <b>Maximum limit/person/year</b>   | <b>\$100,000 up to \$1,000,000</b>   | <b>\$2,000,000</b>   |
| Room and board   | Normal Private room Full Cover (Maximum of 180 days)   | Normal Private room Full Cover   |
| Intensive care or other specialty unit   | Full Cover   | Full Cover   |
| Hospitalization expenses   | Full Cover   | Full Cover   |
| Accompanying bed for hospitalized child under 16   | Full cover   | Full cover   |
| Outpatient hospital facility care for emergency room or ambulatory surgical center service<br>Day care treatment   | Full Cover   | Full Cover   |
| Emergency room   | Full Cover   | Full Cover   |
| Emergency ground ambulance<br>Limited to one trip to the nearest hospital  | Full Cover   | Full Cover   |
| Extended care or outpatient rehabilitation connected to hospitalization  | Maximum of 30 days for each Medical Condition<br>Maximum of \$2,500 per calendar year<br>Care must begin upon discharge from inpatient and within the last 14 days | Full Cover<br>Care must begin upon discharge from inpatient  |
| Organ transplant benefit   | Up to \$300,000  | Full Cover   |
| Home health care services<br>Care must start upon discharge from the hospital and must be accompanied by attending Physician orders  | 100% up to 1,000 USD/year  | Full Cover   |
| Maternity care<br><i>Pregnancy and or any condition related to pregnancy that arises during the first ten (10) months of coverage under this policy are excluded.<br/>Any fertility or infertility services, are excluded.</i><br>Maternity care includes hospitalization, normal and Cesarean section delivery, prenatal and postnatal care and Complications of Pregnancy. | 100% up to \$8,000   | Full Cover   |
| Congenital birth defects connected to Maternity<br><i>Premature newborns, congenital conditions and birth anomalies for newborns enrolled within 31-days of the date of birth have a lifetime maximum.</i>   | 100% US\$20,000 lifetime maximum   | 100% US\$50,000 lifetime maximum   |
| New born cover connected to Maternity  | Have to be enrolled same cover than parents within 1 month and premium paid but considered with no preexisting condition   | Free the first 6 months and after have to be enrolled same cover than parents within 1 month and premium paid but considered with no preexisting condition |
| Oncology in & outpatient   | Full Cover   | Full Cover   |
| MRI in case of inpatient   | Full Cover   | Full Cover   |
| HIV  | Full Cover   | Full Cover   |
| Kidney dialysis  | Full Cover   | Full Cover   |



**Wrlife**

## **PARTICIPATIVE INTERNATIONAL MEDICAL INSURANCE**

Mutualist, affordable, ethical

|   |                                    |  |
|---|------------------------------------|--|
| Physician visits  | Full Cover                         | Full Cover   |
| Surgery   | Full Cover                         | Full Cover   |
| Anesthesiologist  | Full Cover                         | Full Cover   |
| Second medical opinion  | Full Cover                         | Full Cover   |
| Psychiatry connected to accident or terrorism   | 100% up to 1,500 USD/year          | Full cover   |
| Emergency dental treatment (in or outpatient) following an accident to a sound natural tooth (teeth)                              | Full cover                         | Full cover   |
| Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 7 weeks except USA and Canada | 100% up to 15,000 USD/year         | Full cover   |
| Extension of cover in the country of birth or origin except USA and Canada  | Up to a period of maximum 3 months | Up to a period of maximum 3 months   |
| Preexisting condition   | To be considered                   | Possible full cover after 2 years moratorium in case there is no event (in or outpatient) connected to the preexisting condition |
| Waiting period  | None except maternity 10 months    | None except maternity 10 months  |



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| <b>MODULE 2: OPTIONAL OUTPATIENT</b>   | <b>SERENITY</b>                                      | <b>ELITE</b>   |
|--|--|--|
| <b>Maximum Limit/Person/Year</b>   | <b>\$6,000</b>                                       | <b>\$1,000,000</b>                                     |
| Hospice care outpatient  | US\$10,000 lifetime maximum                          | US\$20,000 lifetime maximum                            |
| Emergency ground ambulance<br>(limited to one trip to the nearest hospital)  | Full Cover   | Full Cover   |
| Physician office visits and treatment  | Full Cover   | Full Cover   |
| Diagnosis Services <ul style="list-style-type: none"> <li>• Diagnostic laboratory test and x-rays</li> <li>• MRI, CAT, PET scans and other diagnostic machine test</li> <li>• Pathology</li> <li>• Radiation therapy and chemotherapy</li> <li>• Inhalation therapy</li> </ul> | Full Cover   | Full Cover   |
| Oncology in & outpatient   | Full cover   | Full cover   |
| HIV  | 100% up to US\$10,000                                | Full cover   |
| Kidney dialysis  | Full Cover   | Full Cover   |
| Prescribed medication and vaccines   | Full cover   | Full cover   |
| Prescribed durable medical equipment   | Rental up to Purchase Price                          | Rental up to Purchase Price                            |
| Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)   | 100% up to 50 USD/session and 1,000 USD/year         | Full cover   |
| Prescribed speech therapy and orthotics (with prior consent)   | 100% up to 50 USD/session and 1,000 USD/year         | Full cover   |
| Prescribed medical prostheses (with prior consent)   | 100% up to 2,000 USD/year                            | Full cover   |
| Spa treatments (with prior consent)  | Up to 20 days & 25 USD/day                           | Full cover   |
| Infusion therapy<br><i>Please refer to Comprehensive Medical Coverage section for details.</i>   | Full Cover   | Full Cover   |
| Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 6 weeks except USA and Canada  | 100% up to \$50/session and 1,000 USD/year           | Full cover   |
| Extension of cover in the country of birth or origin except USA and Canada   | 100% up to a period of maximum 3 months              | 100% up to a period of maximum 3 months                |
| Preventive check up  | 100% up to 300 USD (after 3 years and every 3 years) | 100% up to 2,000 USD (after 3 years and every 3 years) |

| <b>MODULE 3: OPTIONAL DENTAL &amp; OPTICAL</b>   | <b>SERENITY</b>                              | <b>ELITE</b>                                 |
|--|--|--|
| <b>DENTAL</b><br>Maximum limit/person/year   | <b>\$1,000</b>                               | <b>\$5,000</b>                               |
| Dental care  | Full Cover                                   | Full Cover                                   |
| Orthodontics<br>(Child under 16 and with prior consent)  | Not Covered                                  | Full Cover up to \$200                       |
| Dental prostheses, inlays, onlays, implants<br>(with prior consent and 10 months waiting period) | 100% up to \$150 per tooth<br>(max. 4 teeth) | Full Cover once a year up to \$500 per tooth |
| Extension of cover in the country of birth or origin except USA and Canada                       | Same condition than previously               | Same condition than previously               |
| Waiting period   | 10 months                                    | 10 months                                    |
| <b>OPTICAL</b>   | <b>\$1,000</b>                               | <b>\$5,000</b>                               |
| Prescribed spectacle lenses, frames and contact lenses   | 100% up to \$150 per year                    | 100% up to \$1000 per year                   |
| Laser surgery for vision<br>(10 months waiting period)   | Not Covered                                  | 100%   |
| Extension of cover in the country of birth or origin except USA and Canada                       | Same condition than previously               | Same condition than previously               |
| Waiting period   | 10 months                                    | 10 months                                    |



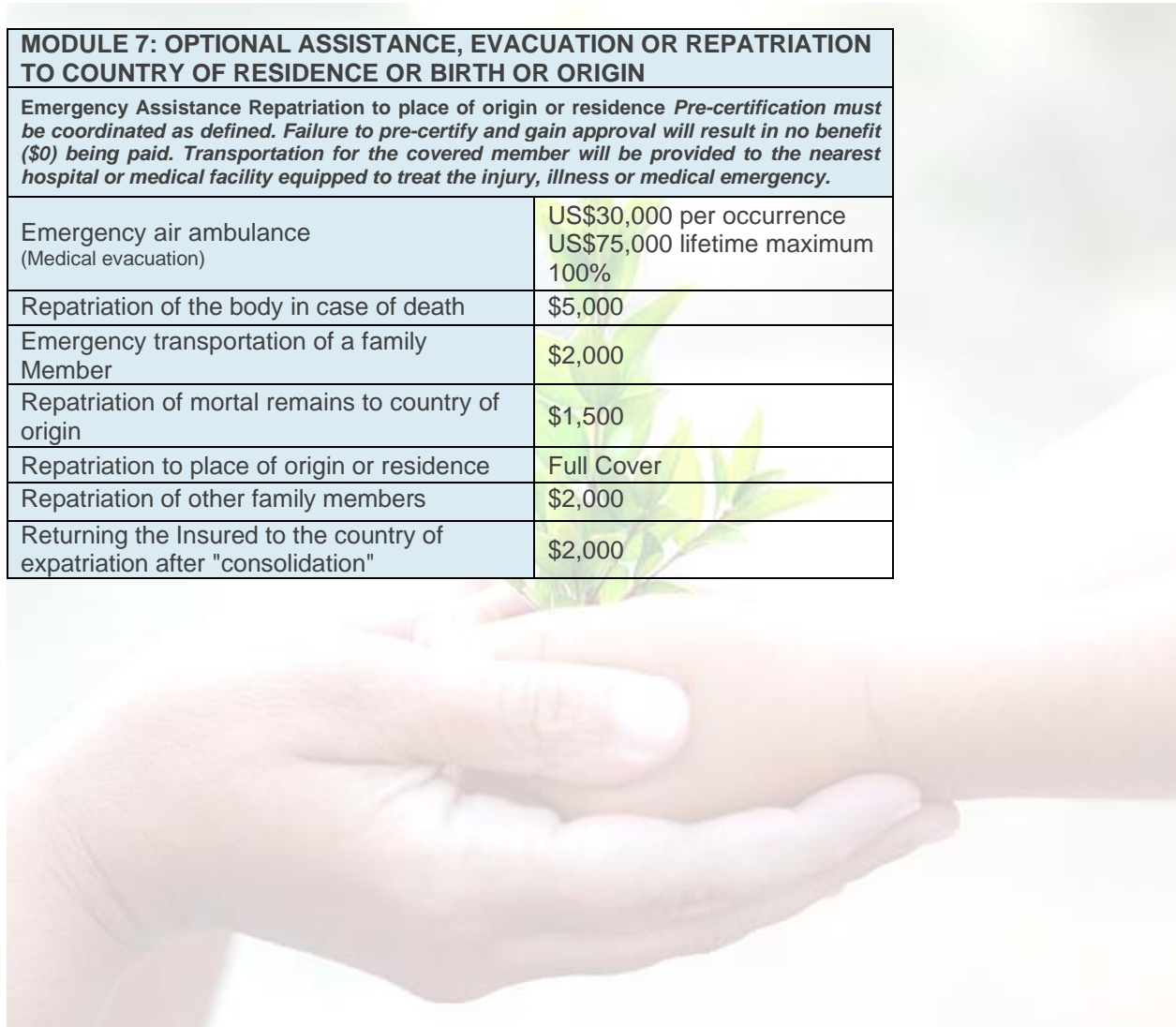
| <b>MODULE 4: OPTIONAL LIFE AND PERSONNAL ACCIDENT COVER</b> |  |
|---|--|
| <b>Maximum limit/person/year: \$10,000 up to \$200,000</b>  |  |
| Life insurance  | \$10,000 up to \$200,000 in case of death by sickness            |
| Life insurance  | \$10,000 up to \$200,000 in case of total disability by sickness |
| Personal accident   | \$10,000 up to \$200,000 in case of death by accident            |
| Personal accident   | \$10,000 up to \$200,000 in case of total disability by accident |

| <b>MODULE 5: OPTIONAL PERSONAL LIABILITY</b>  |             |
|---|-------------|
| <b>Maximum limit/person/year: \$1,000,000</b> |             |
| Physical injury                               | \$1,000,000 |
| Material and consequential loss               | \$200,000   |
| Deductible per claim                          | \$200       |



| <b>MODULE 6: OPTIONAL TRAVEL INSURANCE INCLUDING SCHENGEN VISA</b>  |   |
|---|---|
| <b>Maximum limit/person/trip: 30,000 €</b>  |   |
| Hospitalization expenses: Inpatient and daycare surgery   | €30,000 per trip can be extended to \$100,000 |
| Small outpatient  | €200 per trip                                 |
| Dental emergency  | €100 per trip                                 |
| Bail bond cover   | €500  |
| Lawyer's fees   | €2,000  |
| Assistance in case of theft, loss, destruction of identity papers   | €100  |
| Enforced stay abroad<br>Deductible  | €50 per night (max 2 nights)<br>2 nights      |
| Enforced early return due to a family member's hospitalization, a childminder, a family member's death, a terrorist attack, an emergency at home: loading for modified return ticket and taxi fares | €150  |
| Accommodation following an emergency during the Insured's trip in his residence home<br>Deductible  | €50 per night (max 2 nights)<br>2 nights      |
| Sea and mountain rescue   | €10,000                                       |
| Diving accident   | €10,000                                       |
| Theft, destruction of personal belongings during a transport<br>Deductible  | €1,000<br>€150                                |
| Over 12 hours delay for the luggage delivery  | €100  |
| Missed flight   | €200  |
| Flight cancellation   | €200  |
| Flight delay over 7 hours   | €100  |
| <b>MODULE 5: PERSONAL LIABILITY</b>   | Included                                      |
| <b>MODULE 7: ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN</b>  | Included                                      |





| <b>MODULE 7: OPTIONAL ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN</b>  |  |
|--|--|
| <i>Emergency Assistance Repatriation to place of origin or residence Pre-certification must be coordinated as defined. Failure to pre-certify and gain approval will result in no benefit (\$0) being paid. Transportation for the covered member will be provided to the nearest hospital or medical facility equipped to treat the injury, illness or medical emergency.</i> |  |
| Emergency air ambulance<br>(Medical evacuation)  | US\$30,000 per occurrence<br>US\$75,000 lifetime maximum<br>100% |
| Repatriation of the body in case of death  | \$5,000  |
| Emergency transportation of a family Member  | \$2,000  |
| Repatriation of mortal remains to country of origin  | \$1,500  |
| Repatriation to place of origin or residence   | Full Cover   |
| Repatriation of other family members   | \$2,000  |
| Returning the Insured to the country of expatriation after "consolidation"   | \$2,000  |