

**MODULE 1
INPATIENT**

Maximum limit/person/year Can have deductible from 0 USD to 5000 USD	20,000 USD	80,000 USD
Room and board semi-private room or private room per day	120 USD	300 USD
Intensive care or other specialty unit per day	220 USD	600 USD
Hospitalization expenses	2,000 USD	3,000 USD
Surgery	3,000 USD	4,000 USD
Anesthesiologist	Included in hospitalization expenses	Included in hospitalization expenses
In patient physician's visit	Included in hospitalization expenses	Included in hospitalization expenses
Accompanying bed for hospitalized child under 16	Full cover	Full cover
Emergency outpatient daycare (accident only)	300 USD	400 USD
Emergency ground ambulance Limited to one trip to the nearest hospital	200 USD	300 USD
Home health care services Care must start upon discharge from the hospital and must be accompanied by attending Physician orders up to 30 days	100% up to 400 USD/year	100% up to 500 USD/year
Oncology in & outpatient	2,000 USD	4,000 USD
Organ transplant benefit	Included in hospitalization expenses	Included in hospitalization expenses
HIV	300 USD	400 USD
Kidney dialysis	1,500 USD	2,000 USD
Emergency dental treatment (in or outpatient) following an accident to a sound natural tooth (teeth)	100 USD	120 USD
Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 6 weeks	100% up to 120 USD /year	100% up to 200 USD /year
Extension of cover in the country of birth or origin except USA	400 USD up to a period of maximum 3 months	500 USD up to a period of maximum 3 months
Preexisting condition	CONSIDERED	CONSIDERED
Waiting period	NONE	NONE

MODULE 2 OPTIONAL OUTPATIENT		
Maximum limit/person/year	1,500 USD	1,700 USD
Outpatient per visit	90 USD/visit	100 USD/visit
Check up	NOT COVERED	NOT COVERED
MODULE 3 OPTIONAL DENTAL AND	200 USD/year	400 USD/year
Dental care only	90 USD/visit	120 USD/visit
OPTICAL	200 USD/year	300 USD/year
Prescribed spectacle lenses, frames and contact lenses, only	100 USD/visit	130 USD/visit

