



Summary of Benefits: Global Advantage (WORLDWIDE)

GENERAL FEATURES/PLAN SPECIFICATIONS ¹			
Annual Maximum Per Covered Person (Per policy year) ²	\$1,000,000		
Lifetime Maximum Per Covered Person	Unlimited		
Area of Coverage	Worldwide		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
Annual Individual Deductible (Per policy year) ³ • Family Deductible is 2 times Individual	\$2,000	\$2,000	\$2,000
Member Coinsurance (after the deductible)	0%	0%	20%
Plan Coinsurance (after the deductible)	100%	100%	80%
Individual Out-of-Pocket Maximum (Coinsurance Maximum) ⁴ • Family Out-of-Pocket is 3 times Individual	\$0	\$0	Unlimited
Office Visit Co-payment	\$0	\$0	\$0
Prescription Drug Benefits	Included/See Attached Schedule of Benefits		
Preventive Care	\$400 (not subject to Deductible)		
Dental	Included See Attached Schedule		
Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum.	PLAN REIMBURSEMENT Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
Hospitalization and Inpatient Benefits: Pre-Authorization Required			
<ul style="list-style-type: none"> Semi-private room Intensive Care (medically necessary) Medical treatment, medicines, laboratory and diagnostic tests Inpatient Consultation by a Physician or Specialist Inpatient Surgery Inpatient Surgeon Inpatient Ancillary Services 	100%	100%	80%
Outpatient Benefits			
<ul style="list-style-type: none"> Emergency Room Emergency Medical Services Outpatient Physician Visit Consultation by Specialist Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI Endoscopy (e.g. gastroscopy, colonoscopy, cystoscopy) X-Rays Laboratory Outpatient or Ambulatory Surgery Outpatient Surgeon 	100%	100%	80%

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum.

PLAN REIMBURSEMENT
Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum)

¹ Benefits will be paid on a reasonable and customary basis, subject to all Policy exclusions, limitations and conditions for charges listed if they are incurred as a result of sickness or accidental bodily injury and the benefits must also be medically necessary and given or ordered by a physician.

² All references to Annual refer to a Policy Year, not a calendar year.

³ The Deductible for "Outside U.S." and "U.S. In-Network" is combined. The Deductible for "U.S. Out-of-Network" is separate.

⁴ The Annual Out-of-Pocket Maximum for "Outside U.S." and "U.S. In-Network" is combined. The Annual Out-of-Pocket Maximum for "U.S. Out-of-Network" is separate.



	is met, the Plan reimbursement is 100%		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
Non-Emergency Use of Emergency Room			
<ul style="list-style-type: none"> Maximum Out-of-Pocket Limit per Incident \$1,000 	50%	50%	50%
Maternity Benefits			
<ul style="list-style-type: none"> Normal delivery including prenatal care, postnatal care and complications of pregnancy. Dependent Daughters are not covered. Fertility/infertility services, tests, treatments, drugs and/or procedures, complications of that pregnancy, delivery and postpartum care are excluded from coverage. Please refer to the "Maternity" section of this Policy for details. 	100%	100%	80% to \$7,500 50% thereafter
Premature Birth, Congenital Conditions, Birth Anomalies for a Newborn Baby			
Premature birth, congenital conditions, birth anomalies are covered if the child was born while effective under this plan and the pregnancy was a covered service.	100%	100%	80%
Therapeutic Services (Outpatient)			
Physical Therapy, Chiropractic, Occupational Therapy, Vocational Speech Therapy			
Annual Maximum Benefit, All Therapies Combined: \$5,000	100%	100%**	80%**
Homeopathic and Acupuncture			
<ul style="list-style-type: none"> Treatment for a covered illness **Annual Maximum Benefit: \$500	100%**	100%**	80%**
Human Organ, Bone Marrow, Stem Cell Transplants, and other Similar procedures: Pre-Authorization Required			
<ul style="list-style-type: none"> Expenses for Donor are not covered including search fees and medical expenses 	100%	100%	80%
Extended Care / Inpatient Rehabilitation: Pre-Authorization Required			
<ul style="list-style-type: none"> Must be confined to facility immediately following a Hospital stay Acute or Sub-Acute Care only for Extended Care Episode 	100%	100%	80%
Hospice			
<ul style="list-style-type: none"> Refer to Policy regarding qualifications for care ** Inpatient Lifetime Benefit Maximum: 45 Days **Outpatient Lifetime Benefit Maximum: \$5,000	100%**	100%**	80%**
Emergency Ambulance			
<ul style="list-style-type: none"> Ground Ambulance Air Ambulance: Pre-Authorization Required Refer to Policy for more specific details 	100%	100%	80%
Durable Medical Equipment: Pre-Authorization Required			
<ul style="list-style-type: none"> Reimbursement of rental up to purchase price See Policy for more specific details 	100%	100%	80%
Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing: Pre-Authorization Required			
<ul style="list-style-type: none"> Refer to Policy for specific details ** Annual Benefit Maximum: 100 Days Per Year	100%**	100%**	80%**



Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payment, and Benefit Maximum.	PLAN REIMBURSEMENT Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
Diabetic Supplies: <i>Pre-Authorization Required</i>			
<ul style="list-style-type: none"> Includes Insulin Pumps and associated supplies **Annual Maximum Benefit: \$5,000	100%**	100%**	80%**
Mental Health			
Lifetime Benefit Maximum: \$25,000 **Inpatient: Annual Benefit Maximum: 180 days; <i>Pre-Authorization Required</i> **Outpatient: Annual Benefit Maximum: 20 visits	100%	100%**	80%**
Alcohol and Drug Abuse: Out-patient & In-patient; <i>Pre-Authorization Required</i>			
<ul style="list-style-type: none"> Rehabilitative treatment only **Annual Benefit Maximum: \$2,500	100%**	100%**	80%**
HIV, AIDS, ARC and Sexually Transmitted Diseases			
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions <ul style="list-style-type: none"> Treatment available if condition is not pre-existing 	100%	100%	80%
Emergency Dental Care			
<ul style="list-style-type: none"> Limited to accidental injury of sound natural teeth sustained while covered under the policy Covered under the medical benefit and not the Optional Dental Benefit ** Annual Benefit Maximum: \$5,000	100%**	100%**	80%**
Child and Adult Examinations			
Child Wellness			
<ul style="list-style-type: none"> Includes child immunizations and routine medical exams Up to 12 months of age **Maximum 9 visits	100%**	100%**	80%**
Adult Female and Male Examinations			
<ul style="list-style-type: none"> Female: PAP Screening and baseline mammogram with office visit Male: PSA Screening with Office Visit Other routine examinations and treatments are covered if the Optional Preventive Care is included 	100%	100%	80%
Family Medical History Screenings			
<ul style="list-style-type: none"> Must be recommended by physician ** Annual Maximum Benefit: \$250	100%**	100%**	80%**
Other Benefits			
Repatriation of Remains	\$20,000 Maximum Benefit		
War and Terrorism	Included		
Medical Evacuation	Included up to Policy limits		
Prescription Drug Benefit	Member Co-Payment		
Reimbursement Plan	20%	20%	40%



Dental Coverage

Optional dental benefit package available for an additional charge.

DENTAL SCHEDULE OF BENEFITS⁵	
Annual Maximum Per Covered Person (Per policy year) (Class 1, Class 2, & Class 3 Services included)	\$1,500
Annual Dental Deductible (Class 2 and Class 3)	\$100
Orthodontic Treatments (Class 3) (Must be under age 19) 50% benefit up to Orthodontic maximum	\$1,500
Covered Services and Benefit Levels⁶	
Class 1 Dental Services – Preventive (Not subject to dental deductible) The insurance pays 100% of the allowable charge with no annual dental deductible for necessary diagnostic examinations and preventive treatment subject to the annual dental maximum	100%
Class 2 Dental Services – Basic insurance pays 80% of the allowable charge after annual dental deductible for basic restoration, periodontal treatments and oral surgery subject to the annual dental maximum	80%
Class 3 Dental Services – Major The insurance pays 50% of allowable charge after the annual dental deductible for necessary crowns, sealants, bridges, endodontic (root canals), and extraction of wisdom teeth subject to the annual dental maximum. Covered expenses include the necessary supplies and services of a Physician for installation or replacement.	50%
Class 3 Dental Services – Orthodontic (Available to insureds up to age 19) Study models (Including pan oral x-rays), impressions, removable string appliances (braces), fixed appliances (Including adjustments), extractions, re-cementing of brackets.	50%
Dental Exclusions	
<ul style="list-style-type: none"> • Cosmetic surgery or supplies or procedures • Replacement of lost, missing or stolen crown, bridge or dentures • Services or supplies which do not meet general accepted dental standards • Experimental treatment and treatment which is not medically necessary • Implantology and all related services • Treatment for temporomandibular joint disorders (TMJ) and complications thereof, except as otherwise covered under the Policy. • Inlays; dentures or false teeth • Night mouth guards or other services for teeth grinding 	

⁵ Dental Coinsurance does not apply to the Medical Out-of-Pocket Maximum

⁶ The expenses described in the Dental Schedule are reimbursed at the indicated percentage subject to the Annual Dental Deductible and Annual Dental Maximum Benefit.



GBG provides world-class services.



The essence of outstanding health insurance comes in the form of customer service, and a cornerstone of GBG is the worldwide expertise of **GBG Assist**. GBG Assist offers 24/7 assistance to answer any customer need around the world — including emergency evacuation, if necessary — no matter the day or time. GBG Assist is a member's one-stop shop for any questions concerning benefits, deductibles & co-insurance, network providers, pre-authorization and coordination of benefits. In the case of hospitalization, Case Managers and the GBG Assist Medical Director work as a team to manage all aspects of a case from the initial referral until the patient returns home. GBG Assist provides empathetic patient advocacy while monitoring costs; whenever in doubt, make your first call to GBG Assist.



International Claims Services (ICS) supports group and individual clients around the world by providing claims processing and reimbursement to both providers and individuals. All ICS services are accessible to members online at gbg.com. Of special importance, ICS has developed proprietary claims software to handle the complexities of international reimbursements whenever a member files a pay-and-claim form. ICS is staffed with experienced claims processing professionals who are fully conversant with the needs of international clients.



In the United States, GBG utilizes **Aetna**® as its Preferred Provider Network. Aetna is one of the premier PPO Networks and includes more than 5,300 hospitals and 561,000 professional providers in the United States. The network has coverage in all 50 states plus the District of Columbia. Networks are important to health insurance members because the overwhelming majority of these facilities will invoice the insurance company directly for services rendered, avoiding the need for a member to pay and claim.

In some instances, GBG utilizes the Coventry network in the U.S.



Outside of North America, GBG has built a proprietary Preferred Provider Organization called **World Medical Network (WMN)**. Facilities that participate in World Medical Network will not only provide the finest care available in the local environment, but they have been chosen for their expertise in dealing with expatriates. They maintain an English speaking staff, have many Western trained staff members, and provide high quality and professional medical care. In addition, all WMN network providers will bill GBG directly.



GBG policies offer many levels of pharmacy benefits that are available worldwide, and our health plans can be customized to fit the specific pharmacy needs of every client. For pharmacy coverage in the United States, GBG utilizes **CVS Caremark**, giving members access to one of the leading pharmaceutical service companies. Outside of the United States, pharmacy expenses are reimbursed on a pay-and-claim basis.