

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



# Mobile Healthcare Plan **Schedule of benefits**

*Value and Basic plan options*

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<b>Benefits</b> <i>Benefits are subject to the policy deductible and limits are per period of coverage, unless otherwise stated.</i>	<b>MHP – Value Coverage</b>			<b>MHP – Basic Coverage</b>		
	Outside USA	Inside US Network	Outside US Network	Outside USA	Inside US Network	Outside US Network
<b>General Policy Limits</b>						
<b>Area of coverage</b>	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
<b>Policy maximum</b> (per period of coverage)	\$500,000	\$500,000	\$500,000	\$250,000	\$250,000	\$250,000
<b>Plan coinsurance</b>	80%	80%	50%	70%	70%	50%
<b>Coinsurance limit</b> Maximum amount of coinsurance payable per period of coverage. Once met, benefits will be payable 100%.	\$1,500	\$1,500	\$3,000	\$2,500	\$2,500	\$5,000
<b>Hospitalization</b>						
<b>Inpatient hospital care</b> Room & board, ICU, operating room fees, surgical costs, physician and specialist physician fees, qualified nurse care, drugs and dressings, diagnostic and laboratory tests and other related services.	80%	80%	50%	70%	70%	50%
<b>Room rate</b>	Private	Semi-Private	Semi-Private	Private	Semi-Private	Semi-Private
<b>Reconstructive surgery</b> Reconstructive surgery following an accident or following surgery for an eligible medical condition	80%	80%	50%	70%	70%	50%
<b>Organ transplant</b>	80% (Up to \$250,000)	80% (Up to \$250,000)	50% (Up to \$250,000)	70% (Up to \$250,000)	70% (Up to \$250,000)	50% (Up to \$250,000)
<b>Rehabilitation</b> Per medical condition	80% (Up to 120 days)	80% (Up to 120 days)	50% (Up to 120 days)	70% (Up to 120 days)	70% (Up to 120 days)	50% (Up to 120 days)
<b>Accidental damage to teeth</b> Treatment initially received in an emergency room of a hospital within 7 days of incurring accidental damage to sound, natural teeth	80%	80%	50%	70%	70%	50%
<b>Outpatient Treatment</b>						
<b>Outpatient charges including:</b> • physician fees including consultations • specialist physician fees • diagnostic procedures • physical and occupational therapies • drugs and dressings	80%	80%	50%	70%	70%	50%
<b>Outpatient surgery</b>	80%	80%	50%	70%	70%	50%
<b>Diagnostic scans</b> CT/MRI/MRA/MRS and PET scans	80%	80%	50%	70%	70%	50%
<b>Oncology treatment</b>	80%	80%	50%	70%	70%	50%
<b>Wellness/Preventive Care</b>						
<b>Routine checkups including:</b> • adult routine examinations • child routine examinations • vaccinations • gynecological examinations & pap smear • mammogram • prostate/PSA/DRE test	80% (up to \$200; not subject to deductible)	80% (up to \$200; not subject to deductible)	50% (up to \$200; not subject to deductible)	70% (up to \$200; not subject to deductible)	70% (up to \$200; not subject to deductible)	50% (up to \$200; not subject to deductible)
<b>Colorectal screening</b> Colorectal cancer screening deemed medically necessary.	80% (up to \$1,000 per screening; not subject to deductible)	80% (up to \$1,000 per screening; not subject to deductible)	50% (up to \$1,000 per screening; not subject to deductible)	70% (up to \$1,000 per screening; not subject to deductible)	70% (up to \$1,000 per screening; not subject to deductible)	50% (up to \$1,000 per screening; not subject to deductible)

Benefits	MHP – Value Coverage			MHP – Basic Coverage		
	Outside USA	Inside US Network	Outside US Network	Outside USA	Inside US Network	Outside US Network
<b>Emergency/Evacuation Services</b>						
Ground ambulance	80%	80%	50%	70%	70%	50%
Evacuation In the event of an emergency where treatment is not readily available at the place of incident, to the nearest appropriate facility for the purpose of admission to a hospital as an in/day patient.	100%			100%		
Additional travel expenses To and from medical appointments when treatment is being received as a day patient.  For an accompanying person to travel to and from the hospital to visit the insured person following admission as an inpatient  Non-hospital accommodation for immediate pre and post hospital admission periods provided that the insured person is within their convalescence period and under the care of a specialist physician.  Economy class airline ticket to return the insured person and one other person who has traveled as an escort to your country of residence or to the country where evacuation occurred.	80% (accommodation limited to \$50 per person and subject to overall benefit maximum of \$5,000)			80% (accommodation limited to \$50 per person and subject to overall benefit maximum of \$5,000)		
Mortal remains	100% (Up to \$10,000)			100% (Up to \$10,000)		
<b>Other Covered Services</b>						
Convalescent care	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
Home health care	80% (up to 80 days)	80% (up to 80 days)	50% (up to 80 days)	70% (up to 80 days)	70% (up to 80 days)	50% (up to 80 days)
Hospice care – inpatient	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
Hospice care – outpatient	80% (up to \$5,000)	80% (up to \$5,000)	50% (up to \$5,000)	70% (up to \$5,000)	70% (up to \$5,000)	50% (up to \$5,000)
External prosthesis The costs of any artificial eyes and limbs following treatment for an eligible medical condition or as a result of an accident.	80%	80%	50%	70%	70%	50%
Ancillary expenses (durable medical equipment)	80% (up to \$2,000)	80% (up to \$2,000)	50% (up to \$2,000)	70% (up to \$2,000)	70% (up to \$2,000)	50% (up to \$2,000)

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