

# GBG International Portfolio

## GLOBAL SECURITY

Global Security is tailored exclusively for individuals who reside in Mexico, Central America, South America (excluding Brazil) and the Caribbean. Global Security features an optimal health insurance plan with worldwide coverage.

Global Security offers a range of deductibles and coverages for an individual and dependents. The plan has coverage for inpatient care, outpatient care, emergencies, pharmacy benefits and more.

As with all GBG plans, Global Security includes the world-class services of GBG Assist for case management and evacuations, if necessary, anywhere in the world any time of day. GBG Assist includes the GBG MediConsult service, an innovative live telephonic feature that provides medical information and support from a panel of expert medical professionals.

GBG Assist services also include worldwide network medical facilities that will bill GBG directly, eliminating the need for a member to pay up-front for services. When a claim does need to be filed, GBG offers state-of-the-art claims submission and reimbursement options through its [gbg.com](http://gbg.com) website. This process makes claims reimbursement simple, fast and easy.

### Geographic Coverage Areas

Global Security provides worldwide coverage. In the U.S., you will have access to the GBG Security Network and an option for coverage out-of-network. In Brazil, use of a Preferred Provider Network is mandatory and all non-emergency treatment received in Brazil must be pre-authorized. This geographic coverage and use of provider networks allows GBG to provide excellent worldwide coverage while maintaining affordable rates.

### Key Benefits

- Policy Year Maximum of \$3,000,000
- No Lifetime Maximum
- Inpatient and outpatient coverage
- Worldwide direct-bill network
- Online claims filing
- Online and Live Customer Service, including GBG MediConsult
- Maternity and Newborn Care benefits
- Optional Transplant procedure benefit
- Life benefit
- Worldwide portability



**GLOBAL SECURITY**  
fits the needs and budgets  
of anyone seeking  
worldwide medical  
insurance.



## GLOBAL SECURITY SCHEDULE OF BENEFITS

Currency USD

MAXIMUM				ENTRY AGE		
Unlimited Lifetime Maximum Policy Year Maximum: \$3,000,000				Minimum 18, Maximum 74		
PROVIDER NETWORK						
Latin America: Open (excluding Brazil)   Brazil and U.S. In-Network: 100%   <b>U.S. Out-of-Network: 70% UCR</b>   Rest of World: 100% UCR						
ANNUAL DEDUCTIBLES						
Insured Individual	Plan	Inside Country of Residence	Outside Country of Residence	Plan	Inside Country of Residence	Outside Country of Residence
	Plan 1	N/A	N/A	Plan 4	5,000	5,000
	Plan 2	1,000	2,000	Plan 5	10,000	10,000
	Plan 3	2,000	3,000	Plan 6	20,000	20,000
Family Maximum Deductible: 2 x Individual Deductible						
HOSPITALIZATION AND INPATIENT						
Private or Semi-private room				100%		
Intensive Care Unit				100%		
Medical treatment, medicines, laboratory and diagnostic tests				100%		
Inpatient Consultation by a Physician or Specialist				100%		
Inpatient medical and nursing fees				100%		
Inpatient Rehabilitation (Must be confined to facility immediately following a hospital stay)				100% ; Policy Year Maximum: \$6,000		
Private Duty Nursing				\$150/night; Maximum 30 nights		
Accommodation charges for companion of a hospitalized child				\$100/day; Maximum 10 days		
EMERGENCY AMBULANCE						
Ground Ambulance				100%		
Air Ambulance (Requires Pre-authorization)				Per Event Maximum: \$50,000		
Repatriation of Mortal Remains				Per Insured Benefit Maximum: \$10,000		
OUTPATIENT						
Emergency Room				100%		
Emergency Medical Services				100%		
Outpatient Physician Visit				100% ; Policy Year Maximum 24 visits		
Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI, Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy), X-rays and Laboratory				100%		
Cancer Treatment (chemotherapy/radiotherapy)				100%		
Outpatient Surgery, medical and nursing fees				100%		
Outpatient Dialysis				100%		
Physical Therapy and Rehabilitation Services				100% ; Policy Year Maximum 60 visits. All therapies combined.		
Complementary Therapy: Osteopathic, Chiropractic, Psychiatric				Not Covered		
Home Health Care; Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing (Requires Pre-authorization)				100% ; Policy Year Maximum: \$6,000		
This is only a brief summary of key Plan provisions. Please refer to the Policy for complete details. Benefits are per person per policy year and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Annual Deductible.						



## GLOBAL SECURITY SCHEDULE OF BENEFITS

Currency USD

OTHER SERVICES	
Mental Health Inpatient	100%
Mental Health Outpatient	Not Covered
Hospice Care	100%
Durable Medical Equipment	100%; Policy Year Maximum: \$6,000
Prosthetic limbs	Policy Year Maximum: \$30,000 Lifetime Maximum: \$120,000
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC). Not Covered if diagnosed as a pre-existing condition.	100%; Lifetime Maximum: \$15,000; 24-Month Waiting Period
Emergency Dental Care - Limited to accidental injury of sound, natural teeth	100%
Transplant procedures	OPTIONAL RIDER 100%; \$750,000 Lifetime Maximum per diagnosis including Donor expenses and Donor procurement expenses up to \$40,000
MATERNITY BENEFITS	
Normal Delivery or Medically Necessary C-Section (Plans 2 and 3 only)	\$4,000 Benefit Maximum per Pregnancy; 10-Month Waiting Period; Deductible Waived.
Dependent Daughters up to age 18	Covered
Complications of Pregnancy and Premature birth	100%; \$100,000 Lifetime Maximum for Plans 2 and 3; Optional Rider of \$500,000 Lifetime Maximum available for Plans 4, 5 and 6
Congenital and Hereditary Conditions	Up to age 18: Lifetime Maximum \$250,000 Age 18+: Lifetime Maximum \$1,000,000
Blood Cord Storage	Not Covered
INFANT, CHILD AND ADULT EXAMINATIONS/SCREENINGS	
Infant Examinations (Immunizations & Routine Visits for infants up to age 6 months)	100%; Maximum 5 visits
Preventative Care, Annual Exams & Immunizations	Not Covered
EXCEPTIONAL RISKS	
War and Terrorism Benefit	Not Covered
PRESCRIPTION DRUGS	
Use of the GBG's U.S. Pharmacy Network is preferred for Prescription Drugs obtained in the US. Deductible applies to this benefit.	
Following Hospitalization or Outpatient Surgery	100% Maximum 6 months from date of discharge
Outpatient or Non-Hospitalization	100%; Policy Year Maximum: \$6,000
ADDITIONAL SERVICES	
GBG MediConsult - 24/7 telephone support	Included
Term Life Insurance - Coverage terminates at the end of the Policy period following attainment of age 65.	Primary: \$10,000 Spouse: \$5,000 Dependent: \$1,000 per dependent
50% Deductible Reduction - After 3 consecutive years without paid claims. Deductible reduction applies in fourth policy year to an amount equal to 50% of the deductible in the previous Policy year. Deduction shall apply to the first covered claim only per Insured.	Included in Plans 2 and 3 only
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# GLOBAL SECURITY TERMS AND CONDITIONS

## RESIDENCY

This product is for residents of Latin America and the Caribbean excluding Brazil. "Country of Residence" is defined as:

1. Where the Insured resides the majority of any calendar or policy year; or,
2. Where the Insured has resided more than 180 days during any 12-month period while the policy is in effect.

## EXCLUSIONS

The following is only a brief summary of exclusions. Please refer to the Policy for complete details or request a complete list.

- Cosmetic surgery and treatments.
- Medical conditions as a result of self-inflicted injuries, suicide, abuse of alcohol, drug addiction or abuse.
- Injuries resulting from engaging in dangerous or professional sports, or activities related to the use of a weapon or firearm (e.g. hunting).
- All vitamins, minerals, and dietary supplements prescribed or purchased over the counter, except during pregnancy or to treat diagnosed, clinically significant vitamin deficiency syndromes.
- Any experimental treatment.
- Any reproductive treatments, including abortion, contraception, infertility, sterilization, sexual dysfunction, and post/prenatal classes.
- Obesity and weight reduction treatments.
- Treatment to change the refraction of one or both eyes (laser eye correction).
- Hearing aids.
- Charges in excess of Usual, Customary and Reasonable (UCR) charges.
- Alcohol and drug abuse. Outpatient and Inpatient rehabilitation.
- Outpatient Mental health services.
- No Coverage Out-of-Network in Brazil.

## KEY PROVISIONS

This is only a brief summary of key Plan provisions. Please refer to the Policy for complete details.

- Benefits are per person per policy year and are based upon medical necessity and Usual, Customary and Reasonable (UCR) charges, after Annual Deductible.
- No provider limitations in Latin America, excluding Brazil. In Brazil, designated providers must be utilized and services must be pre-authorized unless in a life-threatening emergency. Also note that hospital restrictions exist in Brazil.
- Minimum entry age is 18; Maximum entry age is 74.
- There is no maximum renewable age for Insureds already covered.
- All applicants will submit health evidence for coverage consideration. Coverage is not guaranteed and subject to underwriting approval.
- This policy contains a 60-day waiting period, during which only illnesses or injuries caused by an accident occurring within this period, or diseases of infectious origin that first manifest themselves within this period, will be covered.
- Pre-existing Conditions: Coverage for pre-existing conditions is subject to a 12-month waiting period. If a pre-existing condition is not disclosed on the application, the Insurer may deny claims for such condition, or terminate or rescind the coverage. For some medical conditions declared on the application, the underwriter, at their discretion, may waive the pre-existing limitation for specifically named conditions.
- Maternity for Plans 2 and 3 only: Includes prenatal care, postnatal care and complications of pregnancy. Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy, complications of that pregnancy, delivery and postpartum care are excluded from coverage.
- Pre-authorization is required for some medical services. Where pre-authorization is required, the insured must obtain it in writing from the insurance company. Failure to pre-authorize will result in a 40% penalty for the entire episode of care.