

CitizenSecure

International Medical Insurance | Schedule of Benefits and Limits

Benefit	Limit per Certificate Period
Overall Maximum Limit	\$5,000,000
Coverage Area	Option 1 → Worldwide including the USA and Canada Option 2 → Worldwide excluding the USA and Canada
Hospital Room and Board - In the USA or Canada	Average Semi-Private room rate
Hospital Room and Board - Outside the USA or Canada	Average Private room rate
Intensive Care Unit	Usual, Reasonable and Customary charges
Prescription Drugs	Usual, Reasonable and Customary charges
Mental Health Disorders	\$10,000 per Certificate Period, \$25,000 Lifetime Maximum, \$50 Maximum per visit, per day, for outpatient care (after 12 months of continuous coverage)
Maternity – Normal or Complicated Delivery	After the Deductible, Underwriters will pay 50% of the next \$100,000 of Eligible Medical Expenses, then 100% to a Lifetime Maximum of \$250,000. Covered Maternity expenses include pre-natal, Delivery, and post natal delivery care after 12 months of continuous coverage)
Maximum for Maternity	\$250,000 Lifetime
Newborn Care	Included as part of Maternity Benefits for a maximum of 60 days
Pre-existing Conditions	Same as any other injury or illness disclosed on Application and not excluded or limited
Local Ambulance	Usual, Reasonable and Customary charges
Physical Therapy	\$50 Maximum per visit, per day
Wellness	All Wellness benefits are available after 12 months of continuous coverage and are not subject to Deductible. Members under age 19: \$50 per visit (including immunizations), maximum of three visits per Certificate Period. Members age 30 and over: \$250 per Member per Certificate Period. Female Members age 40 and over (or qualifying Woman at Risk as herein defined): \$100 per Member per Certificate Period for a screening mammogram
Human Organ/Tissue Transplants	Same as any other illness for Covered Transplants of the Heart, Lung, Kidney/Pancreas, Liver and Allogenic and Autologous Bone Marrow
All Other Eligible Expenses	Usual, Reasonable and Customary charges
Emergency Medical Evacuation	\$50,000 Lifetime Maximum
Repatriation of Remains	\$25,000 Limit
Emergency Reunion	\$10,000 Lifetime Maximum
Deductible Available	\$250, \$500, \$1,000, \$2,500 or \$5,000 per Member per Certificate Period
Family Deductible	Maximum of three Deductibles per Family per Certificate Period
Coinsurance Claims Incurred outside the USA or Canada	After the Deductible, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit
Coinsurance Claims Incurred in the USA or Canada	After the Deductible, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit if expenses are incurred within our extensive PPO network. If expenses are incurred outside the PPO network, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses per Member, then 100% to the Overall Maximum Limit.

Benefit	Limit per Certificate Period
Family Coinsurance	After \$3,000 of Coinsurance has been paid per Family per Certificate Period, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit
Hospital Pre-certification Penalty	50% of Eligible Medical Expenses if you don't notify us prior to being admitted to a hospital

What Is Excluded?

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

- Charges not Incurred during the Certificate Period.
- Services or treatment payable by another insurance of government.
- Substance Abuse.
- Charges which exceed Usual, Reasonable and Customary.
- Investigational or experimental Surgeries or treatment.
- Custodial, Educational or Rehabilitative Care.
- Weight modification.
- Cosmetic surgery, unless reconstructive surgery is directly related to a covered injury or illness
- Charges for use of Emergency Room for treatment of Illness unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that illness.
- Individuals HIV+ at effective date.
- Charges relating to congenital conditions.
- Drugs or treatment for sexual dysfunction.
- Drugs or treatment to promote or prevent conception.
- Devices or procedures to correct sight or hearing.
- Self-inflicted Injury or Illness
- Foot care, unless related to a covered accidental injury.
- Treatment or supplies not ordered by a Physician or not Medically Necessary, except for Wellness benefits provided under the plan.
- Organ transplants, except for Covered Transplants.
- Speech, acupuncture or sleep therapy.
- Acts of Terrorism, war, insurrection, riot or any variation thereof.
- Dental Treatment, except emergency treatment following a covered Accident, or unless Dental Rider is purchased.