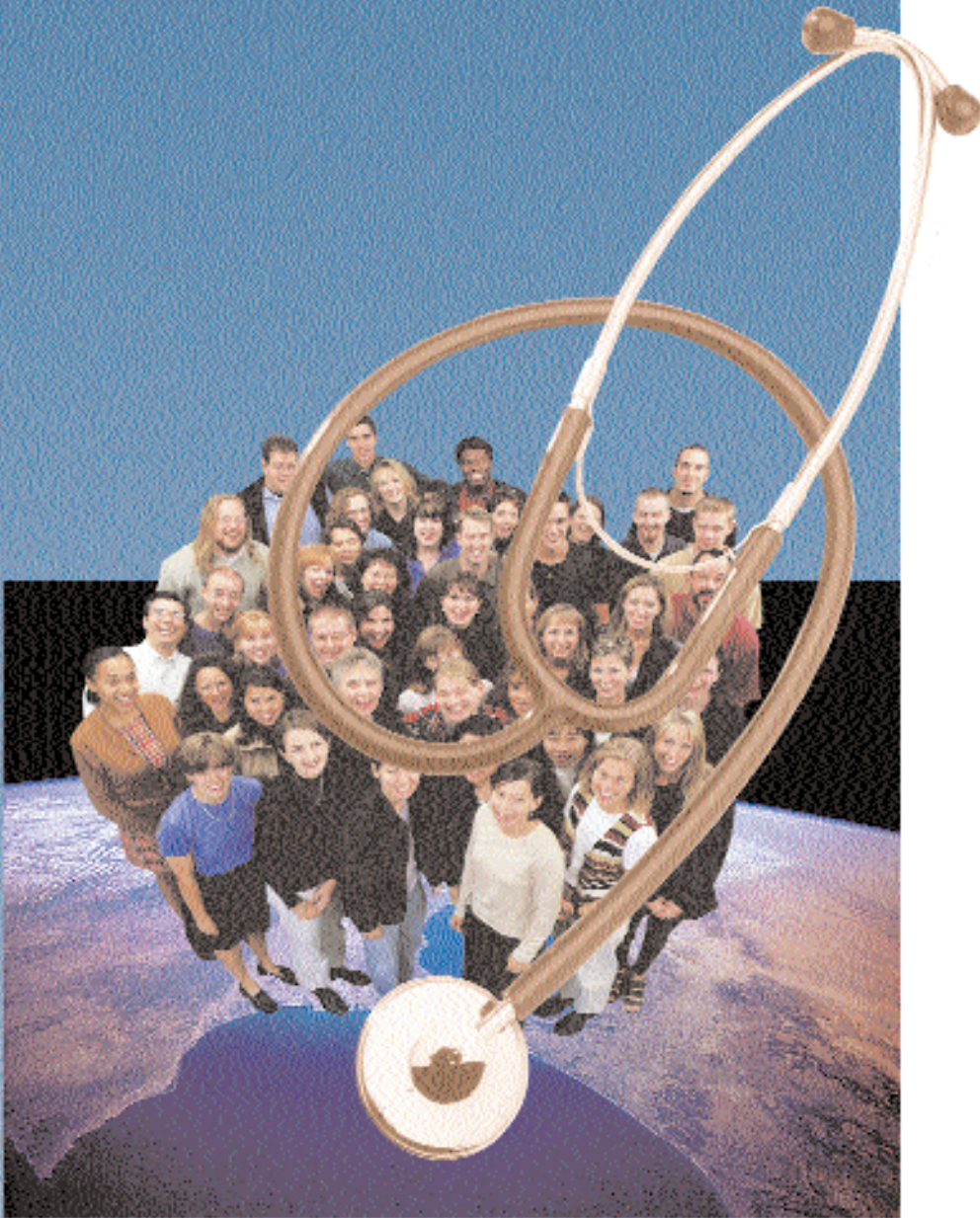


# GROUP INTERNATIONAL MAJOR MEDICAL PLANS

## *An International Major Medical Series Plan*



### **FOR**

*Foreign Nationals while  
Visiting the U.S.A.*

*U.S.A. Citizens Residing or Traveling  
outside the U.S.A.*

*Foreign Nationals who reside  
outside the U.S.A. and who  
work for a U.S.A. Firm*

### **USES**

*Business Assignments*

*Pleasure*

*Educational Pursuits*

*Religious Activities*

### **PLANS AVAILABLE FOR**

*Short Term*

*Multiple Trips*

*Long Term*



Financial Security Specialists  
95-099 Lauaki Pl.  
Mililani, HI 96789  
(808) 625-3782  
pacconltd@yahoo.com



# GROUP INTERNATIONAL MAJOR MEDICAL PLANS

The following is a description of a standard basic plan design. Alternative designs are available on a case by case basis. Each plan is designed to best fit the size and needs of the group. In some cases, provisions of the following description may be enhanced or deleted.

## DESCRIPTION OF TYPICAL BENEFITS

### DEDUCTIBLE

Choice of  
\$100, \$250, \$500,  
\$1,000, \$2,500 or Higher  
per illness or injury

### COINSURANCE

After the deductible Underwriters  
will reimburse 80% of next \$5,000 in  
eligible expenses and then 100%  
up to the Maximum Benefit

### MAXIMUM BENEFIT

\$25,000 - \$5,000,000

## SUMMARY OF BENEFITS

Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographical area will be reimbursed to you. Benefits may be assignable directly to the providers once a Claim Review has been completed.

## ELIGIBLE EXPENSES

### Hospital Expenses including:

Semi-private room and board, intensive care, other medically necessary hospital services and supplies, such as emergency room care, outpatient surgery, diagnostic services, supplies and therapy.

### Physician Services Consisting of:

Home, office, and hospital visits, diagnostic services, supplies and therapy.

### Skilled Nursing Facility including:

Room and board, provided confinement begins within 30 days following a medically necessary hospital confinement of three days or longer.

### Home Health Care:

If hospitalization would have been required if Home Health Care were not provided, and the Home health Care is provided in accordance with a written plan established and approved by a physician.

### Ambulance Services:

To and from a hospital in the geographic area.

### Prescription Drugs:

Covered during and following a period of hospitalization.

### Repatriation of Remains:

In the case of death, underwriters will reimburse the costs of delivery of your remains to a mortuary near your home.

### Common Accident Provision:

In the event that you and any additional insured family members suffer injuries from the same accident, only one deductible and coinsurance shall be applied.

### Global Medical Transportation Coverage:

Underwriters will reimburse you for the costs of medically necessary transportation to return you to the facility nearest your home which can provide appropriate care, up to \$100,000.



This is not intended to be a complete outline of coverage.

Actual wording may change without notice.



# GROUP INTERNATIONAL MAJOR MEDICAL PLANS

The following is a description of a standard basic plan design.  
Alternative designs are available on a case by case basis.

## LIMITATIONS

*Expenses which have limitations are as follows:*

- 1) The maximum Eligible Expense for room and board charges is \$450 per day.
- 2) The maximum Eligible Expense room and board charge for an intensive care unit is three times the Provider's semi-private room and board charge or \$1350 per day whichever is the least.
- 3) Insured age 70-74 are limited to \$250,000.00 maximum benefit or as shown on the Schedule of benefits page, whichever is the least. All other terms and conditions apply.
- 4) Insured age 75-79 are limited to \$100,000.00 maximum benefit or as shown on the Schedule of benefits page, whichever is the least. All other terms and conditions apply.
- 5) Insured age 80-84 are limited to \$50,000.00 maximum benefit or as shown on the Schedule of benefits page, whichever is the least. All other terms and conditions apply.

## CONDITIONS LIMITATIONS

A Preexisting Condition will not be covered until the insurance described in this certificate has been in effect for a period of 12 months. A preexisting condition is one in which an insured sought medical attention or was advised to seek medical attention during the 12 month period preceding the effective date of the policy.

## EXCLUSIONS

*Expenses which are not eligible for reimbursement are as follows:*

- 1) Any expense which You are not legally obligated to pay.
- 2) Services which are not Medically Necessary or are not furnished by and under supervision of a Physician .
- 3) Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
- 4) Expenses in excess of UCR.
- 5) Outpatient drugs, except following a hospitalization if prescribed for the same illness or injury.
- 6) Self-inflicted injuries while sane or insane.
- 7) Treatment for alcoholism, drug addiction, allergies
- 8) Mental or nervous disorders.
- 9) Rest cures, quarantine or isolation.
- 10) Cosmetic surgery unless necessitated by an injury.
- 11) Dental exams, dental x-rays and general dental care except as a result of an injury.
- 12) Eye glasses or eye examinations.
- 13) Hearing aids or hearing examinations.
- 14) General or routine examinations.
- 15) Injuries sustained from participation in Hazardous Sports or Activities
- 16) Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
- 17) Injuries or illnesses due to war or any act of war whether declared or undeclared.
- 18) Injuries or illnesses sustained while committing a criminal or felonious act.
- 19) Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
- 20) Cataract surgery
- 21) Any elective surgery.
- 22) Custodial Care.
- 23) Expenses for supplies and services that were not incurred within the specified Geographic Area.
- 24) Pre-existing conditions.

This is not intended to be a complete outline of coverage. Actual wording may change without notice.

Underwriters reserve the right to modify terms and benefits at time of underwriting.