



THE SILVER PLAN (The Expat Silver Plan)

SCHEDULE OF BENEFITS

Coverage	Worldwide - based on Usual, Reasonable and Customary charges for the country where treatment occurred.
Eligibility	Acceptance up to age 85. Renewal for life
Insured Amount	Up to US \$2,000,000 per Insured for life with up to a maximum of US \$100,000 of incurred charges per person, per Certificate Year.
Annual Deductible per Insured	In Country: US \$ 5,000
Co-Insurance	20% of the first US\$ 5,000 per Insured An increase in the Co-Insurance will apply to any Insured who is NOT admitted to an Optima Network Hospital. The amount the Insured will be responsible for will be 50.00% of covered charges after the Deductible and Co-Insurance have been applied.
Waiting Period	120 days; immediate coverage given for accidents and infectious diseases 120-day wait is waived if an international policy existed for a period of at least 12 months prior to this coverage and the international policy did not expire before a period of 30 days or more prior to the effective date of this insurance. Coverage for this waiver will be limited to the lesser of benefits provided by this certificate or the prior policy.

Hospitalization Coverage: Covered Charges & Covered Services

Limits

Cost of private room and board (maximum 120 days per Certificate Year, not to exceed US\$ 400 per day)	US\$ 48,000* per Insured
Cost of private room and board (maximum 120 days per Certificate Year) NO DAILY LIMIT if admitted to a SUPER SPECIAL HOSPITAL plus REDUCTION in Deductible.	NO DAILY LIMIT per Insured if in a Super Special Hospital
Cost of intensive care inclusive of all Physicians' fees, medications, tests, supplies and any other costs incurred (maximum 15 days per Certificate Year, not to exceed US\$ 2,000 per day) NO DAILY LIMIT IF ADMITTED TO A SUPER SPECIAL HOSPITAL.	US\$ 30,000 per Insured NO DAILY LIMIT per Insured if in a Super Special Hospital
* These sums are the maximum benefit that will be paid if the Insured IS NOT admitted to an Optima Network Hospital. This benefit will be subject to the Deductible and Co-Insurance.	

Miscellaneous Hospital Expenses: Covered Charges & Covered Services

Cost of prescription medications, Laboratory Tests, X-Rays and other miscellaneous covered Hospital expenses while admitted as an Inpatient in a Hospital. (Maximum of 120 days per Certificate Year, not to exceed US\$ 900 per day)	US\$ 100,000 Maximum per Insured per certificate, per year
Cost of Hospital fees, Physician fees, Surgeon fees and Anesthesiologist Fees for a covered surgery. (Maximum of US\$ 30,000 per surgery, All Inclusive. Maximum of two covered surgeries per Certificate Year.) The US\$30,000 includes all expenses incurred related to a covered surgery.	US\$ 60,000 per policy, per year
Cost of special nurses during a covered Hospitalization. (Maximum of 60 days per Certificate Year, not to exceed US\$ 200 per day).	US\$ 12,000 Maximum per Insured per certificate, per year

Human Organ Transplants: Covered Charges & Covered Services

Cost of procedures performed for Organ Transplant. Does not cover cost of maintenance or transport of the organ.	US\$ 100,000 Maximum per Insured All Inclusive
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Home Nursing: Covered Charges & Covered Services

The cost of medically prescribed home nursing by a registered nurse. Home nursing must be approved by American Medical Services prior to any services received – not to exceed US\$70 per day all costs included (Maximum of 15 days per year)	US\$ 1,050 Maximum per Insured
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Outpatient Services: Covered Charges & Covered Services

All fees incurred including Outpatient Surgery. (Maximum per person, per Certificate Year for whatever service has been rendered). Please note "Other Outpatient Benefits" overleaf, which are included as part of this benefit, except for Radiation and Chemotherapy.	US\$ 5,000 per Insured / US\$ 10,000 per Certificate Year
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Other Outpatient Benefits:

Cost of office visit to a Physician	US\$ 50 per visit
The cost of CAT scans, MRI scans, PET scans, TAC and Echocardiogram	US\$ 400 per exam, per Insured
The cost of Endoscopy, i.e. Gastroscopy, Colonoscopy & Cystoscopy	US\$ 300 per exam, per Insured
The cost of one Mammogram per Certificate Year for female Insureds (This benefit is not available until after the first annual anniversary)	US\$ 100 No Deductible
The cost of one PSA test per Certificate Year for male Insureds (This benefit is not available until after the first annual anniversary)	US\$ 100 No Deductible
The cost of X-Rays	US\$ 100 per exam, per Insured
Laboratory tests	US\$ 100 per exam, per Insured
Special diagnostic tests, i.e. Sleep Apnea study, Stress Test	US\$ 400 per exam, per Insured
Radiation or Chemotherapy administered as an Inpatient or Outpatient	US\$ 400 per day, per Insured US\$ 10,000 Maximum per certificate, per year
Prescription drugs or appliances, as prescribed by a Physician for an Insured person. (Maximum US\$ 30 per prescription/appliance).	US\$ 240 Maximum per certificate, per year
Rehabilitation at a facility approved in advance by the Underwriters and prescribed by a Physician after Hospitalization – US \$100 per visit. (Maximum 20 visits per certificate, per year)	US\$ 2,000 Maximum per certificate, per year

Emergency Transportation:

Cost of emergency Ground Transportation incurred necessarily in connection with the events covered by this insurance in the country where the event occurs.	100%
Cost of emergency Air Transportation and related expenses (as below) for the transfer to the nearest center where adequate medical facilities exist. Maximum per person, per year. (Must be medically necessary) The Underwriters retain the right to dictate the Hospital to which the Insured person shall be transported. See Provisions and Definitions for full details.	US\$ 10,000 Maximum per Insured, per year
Cost of transporting the body or ashes of a deceased Insured person to the usual Country of Residence or country of nationality.	100%

Temporary Emergency Coverage:

During the process of issuance of this insurance, all proposed Insureds are entitled to this coverage for all medical expenses caused by accidental physical injury. This benefit is subject to the selected Deductible and Co-Insurance. See Provisions and Definitions for full details.	US\$ 25,000 Maximum per certificate, per year
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Deductibles and Co-Insurance:

<ol style="list-style-type: none"> Deductible: The selected Deductible will be applied on a Certificate Year, per Insured basis. The selected Deductible will be applied two times if the claim occurs outside Latin America or the Caribbean and not in an Optima Network Hospital. Co-Insurance: Co-Insurance of 20% will be applied to the first US\$ 5,000 of covered charges. Co-Insurance of 50% will be applied to covered charges outside Latin America or the Caribbean and not in an Super Special Hospital Network after the Deductible and Co-Insurance have been applied.
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Additional Benefits:

<ol style="list-style-type: none"> For care in an Optima Network Hospital a Discount of up to 50% for treatment of declared Pre-Existing Conditions excluded in this insurance is granted. Accidental dental treatment within 30 days of its occurrence. Specific medications or treatment used as an alternative to Inpatient care will be covered when approved in advance in writing by the Underwriters. To be approved, a copy of the prescription or type of care must be submitted to the Underwriters in advance. Original itemized receipts must accompany any claims submitted.
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Emergency Air Transportation:

<p>Daily lodging cost of one companion during treatment of the Insured US \$100 per day for a maximum of 5 days. Cost of economy airfare of one companion accompanying the Insured.</p> <p>Cost of return journey by economy airfare for the Insured only, not a family member, if certified as being fully recovered. The Underwriters, or its designee, will retain the right to decide the place for the treatment.</p> <p>This coverage is subject to:</p> <ol style="list-style-type: none"> The Insured complies with the Underwriters instructions or its designee. The treatment necessary is not available in the country where the event occurred.
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