Ideal Health Insurance Policy - Q&A Document

General Policy Information

What is the maximum benefit limit for the Ideal policy? The maximum benefit limit is US$1,000,000 (US$3,000,000 when the rider has been selected).

What geographical coverage does the policy provide? The policy provides worldwide coverage.

Who issues the Ideal insurance policy? Best Meridian International Insurance Company, I.I. (referred to as "THE INSURER").

What documents comprise the complete policy? The policy consists of the Application and Medical Examination, the Certificate of Insurance, the policy document, and any amendments that may be issued.

What is the notification period for incorrect policy information? The insured has an absolute duty to notify the Insurer within ten (10) calendar days of receipt if any information in the policy is incorrect or incomplete.

Coverage and Benefits

What percentage of medical and surgical charges during hospitalization are covered? 100% of medical and surgical charges during hospitalization are covered.

What is the maximum number of hospital room days covered? Maximum 240 days for both hospital room and intensive care unit coverage.

How much is covered for a companion of a hospitalized dependent? US$150 per day, maximum 30 days for hospital room charges for a companion.

What cancer treatments are covered at 100%? Prescription drugs and chemotherapy, radiation therapy, and/or immunotherapy are covered at 100%.

What is the coverage limit for outpatient services other than physician fees? 100% up to a maximum of US$50,000, subject to a combined limit of US$6,000 for physical therapy, rehabilitation, occupational therapy, speech therapy, and sleep disorders.

Maternity Benefits

Which deductible options include maternity benefits? Maternity benefits are available for deductible options US$500 - US$2,500. Differentiated deductible options US$1,000/US$10,000 and US$2,500/US$20,000 only offer maternity benefits outside the United States.

What is the maternity benefit amount? US$3,000 for maternity.

What is covered under maternity complications? US$100,000 for maternity complications.

When does maternity coverage become effective? Coverage is limited to pregnancies where delivery occurs not less than ten (10) months after coverage is effective under this policy.

What is the newborn care benefit within the country of residence? US$100,000 per child, lifetime within the country of residence for conditions diagnosed during the first 90 days of life.

Deductibles and Coverage Provisions

How is the annual deductible applied for families? The annual deductible is applied per insured, per policy year to a maximum of two (2) deductibles per family, per policy year.

What happens to unused deductible expenses at year-end? Expenses incurred in the last 90 days of the policy year that do not exceed the deductible will be carried over to the next policy year period.

When is there a 50% reduction in the annual deductible? For hospital services provided in the country of residence for deductible options I (US$500), II (US$1,000), and III (US$2,500).

What services are exempt from the annual deductible? Emergency dental treatment following an accident, local ambulance service, maternity and maternity complications (for certain deductible options), newborn care, routine medical check-ups, and well-child checkups.

What is the coverage limitation during the first 30 days? Coverage is limited to accidents and infectious diseases during the first 30 days after the original date of commencement.

Notification Requirements and Utilization Management

What is the notification requirement for hospitalization? The insured must contact the insurer at least 72 hours prior to any hospitalization or outpatient service.

What is the penalty for failing to provide proper notification? Failure to notify within the required time results in a thirty (30%) percent reduction of benefits.

What notification period applies for accidents or emergencies? The insured must notify the insurer within 48 hours after commencement of treatment when prior notification was impossible.

What utilization management programs does the insurer maintain? Concurrent Review, Case Management, and Clinical Examinations.

Who makes the final determination on what is medically necessary? The ultimate decision regarding what is medically necessary is made considering the criteria established under the policy's rules, terms, and definitions.

Specific Benefits and Limitations

What is the organ transplantation benefit limit? US$300,000 lifetime, including donor resection

benefit of up to US$25,000.

What is the emergency medical treatment limit in the US outside the provider network? US$50,000 per incident.

What is the Alzheimer's benefit? US$25,000 per insured, per policy year.

What is the autism benefit limit? US$1,000 per insured, per policy year.

What is the hearing aid benefit? US$500 lifetime per insured, provided the insured has been continuously covered for at least one policy year.

Prescription Drug Coverage

How are prescription drugs covered during hospitalization? 100% coverage for prescription drugs administered during hospitalization.

What is the coverage for outpatient prescription drugs after hospitalization? 100% maximum 30 days immediately following discharge from hospital or ambulatory surgery.

What is the limit for outpatient prescription drugs not related to hospitalization? US$20,000 per insured, per policy year.

What special requirements apply to cancer prescription drugs? Must be prescribed for cancer treatment, recognized and approved by the National Comprehensive Cancer Network (NCCN), and pre-authorized by the insurer.

What is the HEMGENIX coverage limit? US$1,000,000 per insured, for lifetime, with specific administration requirements and eligibility criteria.

Exclusions

Are pre-existing conditions covered? Disclosed pre-existing conditions are covered after the waiting period. Non-disclosed pre-existing conditions are not covered.

What mental health treatments are excluded? Treatment of mental illnesses, psychiatric or psychological disorders, except autism as defined in the policy.

Are cosmetic procedures covered? Elective or cosmetic surgery is excluded unless necessitated by injury, deformity, or sickness that first occurs while insured.

What dental treatments are excluded? All dental treatment including false teeth, crowns, orthodontics, except emergency dental treatment following an accident.

Are professional sports injuries covered? Treatment for injuries from professional sports competitions where the insured receives monetary compensation is excluded.

Administrative Provisions

What is the claims submission deadline? Written proof of claims must be submitted within 180 days after the insured event.

What currency is used for all transactions? The US Dollar applies to all transactions unless otherwise indicated.

What is the grace period for premium payments? 30 days from the effective date of termination for policy renewal.

What is the reinstatement period? No reinstatements accepted 60 days after expiration of the due date.

What is the refund policy for cancellation? Maximum 70% of unearned premium, less claims paid, administrative charges, and policy fees.

Eligibility and Coverage Continuation

What is the minimum enrollment age? 18 years unless the individual is a dependent of the policyholder.

What is the maximum enrollment age? 74 years of age.

When does dependent coverage terminate? When a dependent child marries, ceases full-time study, or when a dependent spouse separates or divorces.

What is the waiver of premium benefit? Coverage continues for 2 years if the policyholder dies or becomes totally and permanently disabled before age 60.

What arbitration requirements apply? All disputes must be submitted to binding arbitration in Miami-Dade County, Florida, conducted in English under the Federal Arbitration Act.

Provider Networks and Geographic Considerations

What happens when using providers outside the Plan Ideal Provider Network in the US? Services provided outside the network result in a fifty (50%) percent reduction of benefits, except for emergency medical treatment.

Who is eligible for coverage geographically? Any person who resides in Latin America or the Caribbean is eligible for coverage.

What happens if an insured becomes a US resident? Coverage automatically terminates at the next renewal date if residing in the US for more than 180 days during any 365-day period.

Are there special provisions for students in the US? The insurer may extend coverage for one additional renewal period for full-time students in the United States.

How are claims paid in different currencies? Exchange rates follow the free-market exchange rate on the day of the occurrence of the event related to the claim.