

ABOUT US

VIP Universal Medical Insurance Group, LTD (VUMI) is an international health insurance company offering exclusive major medical insurance plans and VIP medical services to individuals, corporate clients and expatriates residing across Latin America, the Caribbean and around the globe.

With a variety of plans to choose from, VUMI helps protect both your physical and financial health by offering high quality medical insurance tailored to your needs. More importantly, VUMI's extensive global coverage gives you the peace of mind that comes with knowing you and your loved ones are covered at all times – anywhere in the world.

Headquartered in Dallas, Texas and with six additional offices across the U.S. and Latin America, VUMI is privately owned and part of a global healthcare management group with more than 30 years of experience in the healthcare industry.

GLOBAL PEACE OF MIND

A medical insurance plan from VUMI comes with these distinct advantages:

- A comprehensive network of domestic and international hospitals and healthcare providers across five continents
- Expertise in U.S. and international claims management
- A management and medical team that fully understands your culture and speaks your language
- Second Medical Opinion VIP included in all plans
- In-house administration of benefits and cost control measures
- A strong, stable and well-managed company that cares for your health

UNIVERSAL VIP

Universal VIP is our most complete plan with an annual coverage of US\$5 million and free choice of medical providers worldwide. Enjoy extensive benefits for inpatient and outpatient procedures, maternity, organ and tissue transplant, HIV/AIDS, preventive check-ups and more.

UNIVERSAL VIP

INFORMATIVE BOOKLET

2018 / 2019



VUMI

VIP Universal Medical Insurance Group, Ltd.

Insurance company registered in Turks & Caicos Islands, a British Overseas Territory.
Administration services provided by VIP Universal Medical Insurance Group, LLC,
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VUMI

TABLE OF BENEFITS

DEDUCTIBLE OPTIONS*

| | OPTION I | OPTION II | OPTION III | OPTION IV | OPTION V | OPTION VI | OPTION VII |
|-------------|-----------|-----------|------------|-----------|------------|------------|--------------|
| Outside USA | US\$500 | US\$2,000 | US\$3,000 | US\$5,000 | US\$10,000 | US\$20,000 | US\$50,000** |
| Inside USA | US\$1,000 | | | | | | |

*Only one deductible per person, per policy year applies. For family policies, a maximum of two deductibles accumulated per policy, per policy year will be applied. For more information, please refer to the Conditions of Coverage of the policy.

**Excludes Venezuela.

GENERAL PLAN INFORMATION

| DESCRIPTION | COVERAGE |
|--|---|
| Maximum coverage per person, per policy year | US\$5,000,000 |
| Age limit to apply | 75 |
| Waiting period | 30 days |
| Geographical coverage | Worldwide without restrictions of doctors and hospitals |

INPATIENT BENEFITS

| DESCRIPTION | COVERAGE |
|---|--|
| Standard private/semi-private hospital room | 100% |
| Special benefit for suite | Up to US\$2,000 per day within the “USA Special Network” |
| Intensive care unit | 100% |
| Adult companion accommodation (related to a hospitalization of a child under age 18) | US\$350 per night, max. of 30 nights |
| Adult companion accommodation (related to a hospitalization of an insured 18 years and older) | 100%, max. of 21 nights |
| Prescribed medications while in a hospital | 100% |

OUTPATIENT BENEFITS

| DESCRIPTION | COVERAGE |
|--|--|
| Emergency room | 100% |
| Physician and specialist visits | 100% |
| Physician and specialist home visits | 100% |
| Prescription medication | 100% |
| Complementary therapy: chiropractor, psychologist, psychiatrist, osteopathy and/or acupuncture | US\$2,500 |
| Nurse care at home | 100% |
| Preventive health checkup per insured, no deductible (after a 10-month waiting period) | Options I, II & III: <ul style="list-style-type: none"> US\$150 up to 17 years old US\$350 at 18 years and older |

OUTPATIENT BENEFITS

(continued)

| DESCRIPTION | COVERAGE |
|--|---|
| Preventive health checkup per insured, no deductible (after a 10-month waiting period) (continued) | Options IV, V & VI: <ul style="list-style-type: none"> US\$100, all ages |
| Hearing aids (per lifetime) | US\$2,000 |
| Specialized treatments (occupational therapist, speech therapist, autism, sleep apnea and other sleep disorders) | US\$3,000 |
| Alzheimer’s | 100% |
| Allergy treatment | 100% |

GENERAL BENEFITS

(The following benefits offer the same coverage for both inpatient and outpatient procedures)

| DESCRIPTION | COVERAGE |
|---|---|
| Surgeon and anesthesiologist fees | 100% |
| Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans) | 100% |
| Cancer tests, medication and treatment (chemotherapy and/or radiotherapy) | 100% |
| Surgery to reduce the risk of cancer or prophylactic surgery (per lifetime) | US\$25,000 (after a 12-month waiting period) |
| Dialysis | 100% |
| Prostheses and medical appliances implanted during surgery | 100% |
| Organ transplant (per organ/tissue, per lifetime) | US\$1,100,000 |
| Benefits for live donors | US\$60,000 |
| Durable medical equipment | 100% |
| Physical therapy and rehabilitation | 100% |
| Congenital conditions diagnosed before age 18 (per lifetime) | US\$2,000,000 |
| Congenital conditions diagnosed after age 18 | 100% |
| HIV-AIDS (per lifetime) | US\$700,000 (after a 24-month waiting period) |
| Bariatric surgery (per lifetime) | US\$10,000 (after a 24-month waiting period) |
| Surgical treatment of symptomatic foot disorders | 100% (after a 24-month waiting period) |

MATERNITY BENEFITS

(10-month waiting period, no deductible applies)

| DESCRIPTION | COVERAGE |
|--|---------------------------------|
| Maternity (options I, II & III) | US\$7,000 |
| Extension of the maternity coverage* | US\$1,500 |
| Extraction and storage of stem cells (options I, II & III) | US\$1,000 per covered pregnancy |
| Maternity and newborn complications (options I, II & III) | US\$1,000,000 per lifetime |

MATERNITY BENEFITS

(10-month waiting period, no deductible applies)

(continued)

| DESCRIPTION | COVERAGE |
|--|---|
| Inclusion of the newborn (options I, II & III) | Without underwriting if born from a covered maternity |
| *When the insured selects a hospital from the “Special Maternity Network.” | |

MEDICAL EVACUATION BENEFITS

| DESCRIPTION | COVERAGE |
|--|-----------------------------|
| Emergency transportation by ground ambulance | 100%, no deductible applies |
| Emergency transportation by air ambulance | 100%, no deductible applies |
| Insured’s and companion’s return ticket after an evacuation by air ambulance | US\$1,000 per person |
| Repatriation of mortal remains | 100% |

OTHER BENEFITS

| DESCRIPTION | COVERAGE |
|---|---|
| Hazardous hobbies and professional sports | 100% |
| Emergency dental coverage | 100% for the first 180 days |
| Palliative care for terminal cases | 100% |
| Temporary coverage for accidents while application is being underwritten | US\$30,000 |
| Free extended coverage for eligible dependents after policyholder’s death | 2 years |
| Free coverage for dependents (options I & II) | Up to 5 years old, max. of 2 children born in the policy from a covered maternity |
| Deductible elimination/reduction for no claims made | <ul style="list-style-type: none"> Elimination for 1 year, after the 3rd year without claims (options I, II, III & IV) Reduction of up to 50% for 1 year after the 3rd year without claims (options V & VI) |
| Second Medical Opinion VIP | Access to the medical opinion of internationally renowned experts from around the world regarding a condition, without deductible |

All benefits with 100% coverage are up to the policy limit.

All contents of this book are for informative purposes only. The benefits are governed by the terms described in the Conditions of Coverage of the policy. Unless otherwise stated, the benefits are offered on a per insured / per policy year basis in which the chosen deductible applies. All amounts are in US Dollars (USD). The benefits are limited to the medical expenses covered under the policy and are subject to the usual, customary and reasonable expenses (UCR) for the geographic area where the expenses were incurred.