

PREMIUMS AZPAS INTERNATIONAL DIAMOND GROUP

DECEMBER 2020





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AZPAS INTERNATIONAL DIAMOND | GROUP......2



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AZPAS INTERNATIONAL DIAMOND | GROUP

| Deductible: | |
|------------------------------|---------------|
| In country of residence | USD 1,000 |
| Outside country of residence | |
| Age | Male Female |
| 1 Child | 362 |
| 2 Children | 575 |
| 3 Children or more | 843 |
| 19-29 | 1.025 |
| 30-34 | 1.212 |
| 35-39 | 1.345 |
| 40-44 | 1.541 |
| 45-49 | 1.750 |
| 50-54 | 1.960 |
| 55-59 | 2.220 |
| 60-64 | 2.910 |
| 65-69 | 4.059 |
| 70-74 | 4.543 |
| 75-79 | 5.003 |
| 80 & up | 5.785 |
| | |

ADMINISTRATIVE NOTICE

Certificate fee (Annual): **USD 50.** Minimum five (5) employees per group. Rates are annual and in USO Dollars, effective as of April 1, 2017

- One deductible per insured, per policy year
 (Maximum two deductibles per policy, per policy year)
- For ages 60 and older, an Attending Physician Statement (APS) is required when applying for coverage. For ages below 60 an APS may be requested.
- Age limit to apply for coverage: 73 years.

COINSURANCE:

After meeting your deductible, you will be required to pay 20% of the first USO 5,000 of covered charges (maximum USO 1,000 out of pocket). This means the company will pay 80% of the first USO 5,000, and 100% of the remaining balance up to USD 2,000,000.

The coinsurance does not apply inside your country of residence when Redbridge Network and Healthcare Inc. is notified in advance.



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SCHEDULE OF BENEFITS

| Maximum coverage per insured, per policy year | USD | 2,000,000 |
|---|-----|-----------|
| | | |
| | | |

| Hospital Coverage (Room and Board) (private and semi-private) Hospital Intensive | | No limit |
|---|-----|-----------|
| Care Unit | | |
| Maternity care (no deductible or coinsurance applies) | | No limit |
| Newborn coverage (no deductible or coinsurance applies) | USD | 25,000 |
| Congenital and hereditary disorders: | | |
| Manifested before age 18 (per insured, per lifetime) | USD | 100,000 |
| Manifested on or after age 18 (per insured, per lifetime) | USD | 2,000,000 |
| Organ transplant (per insured, per lifetime) | USD | 250,000 |
| Air ambulance (per insured, per lifetime) | USD | 50,000 |
| Ground ambulance (per incident) | USD | 1,000 |
| Repatriation of mortal remains | USD | 5,000 |
| Emergency treatment outside the Preferred provider Network (per incident) | USD | 25,000 |
| Disclosed pre-existing conditions (per policy year, per insured after twenty-four | USD | 25,000 |
| (24) months continuous coverage) Temporary accidental medical coverage while application is being underwritten | USD | 25,000 |

Please refer to the policy for specific benefits and coverage.







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