

Deductible				
In country of residence	USD 1,000	USD 5,000	USD 10,000	USD 20,000
Outside country of residence	USD 2,500	USD 5,000	USD 10,000	USD 20,000

Annual	Annual	Annual	Annual	Annual
1 child	556	369	305	228
2 children	876	565	469	328
3 children or more	1,276	821	676	493
19-25	1,380	932	678	553
26-29	1,581	1,069	779	631
30-34	1,791	1,238	902	716
35-39	1,990	1,379	1,027	794
40-44	2,251	1,565	1,150	901
45-49	2,622	1,778	1,316	1,050
50-54	2,876	2,055	1,475	1,153
55-59	3,407	2,302	1,717	1,368
60-64	4,503	3,029	2,266	1,810
65-69	7,210	4,709	3,657	3,037
70-74	10,466	6,850	5,336	4,412
75-79	13,098	8,941	6,685	5,762
80-84	18,447	12,593	9,416	8,115

Maternity complications	267
Private Pilot Rider	148

Administrative Notice

Additional policy fee (annual): USD 50

Rates are annual and in USD Dollars, effective as of March 1, 2023

- One deductible per insured, per policy year (Maximum two deductibles 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.
- Rates are subject to final evaluation for the respective insured

COINSURANCE:

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

SCHEDULE OF BENEFITS

Maximum coverage per insured, per policy year	USD	2,000,000	
Hospital Coverage (Room and Board) (private and semi-private)		No limit	
Hospital Intensive Care Unit		No limit	
If treated outside our Preferred Provider Network			
Hospital Coverage (Room and Board) (private and semi-private)	USD	800	Per day
Hospital Intensive Care Unit	USD	2,000	Per day
Maximum hospital stay: 180 days within a 365 day period (per cause)			
Maternity care (no deductible or coinsurance applies)	USD	4,000	
Newborn coverage (no deductible or coinsurance applies)	USD	25,000	
Congenital and hereditary disorders:			
Manifested before age 18 (per insured, per lifetime)	USD	250,000	
Manifested on or after age 18 (per insured, per lifetime)	USD	2,000,000	
Organ transplant (per insured, per lifetime)	USD	500,000	
Air ambulance (per insured, per lifetime)	USD	75,000	
Ground ambulance (per incident)	USD	1,000	
Repatriation of mortal remains	USD	5,000	
Temporary accidental medical coverage while application is being underwritten	USD	25,000	
Extended free coverage for eligible dependents upon death of policyholder		2 years	
Please refer to the policy for specific benefits and coverage.			