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# **PREMIUMS AZPAS INTERNATIONAL DIAMOND INDIVIDUAL**

DECEMBER 2020

***ZEKER IS ZEKER***

## INHOUDSOPGAVE

AZPAS INTERNATIONAL DIAMOND   INDIVIDUAL .....	2
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## AZPAS INTERNATIONAL DIAMOND | INDIVIDUAL

### 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	517	343	284	212
2 Children	815	526	436	305
3 Children or more	1.187	764	629	459
19-25	1.284	867	631	514
26-29	1.471	994	725	587
30-34	1.666	1.152	839	666
35-39	1.851	1.283	955	739
40-44	2.094	1.456	1.070	838
45-49	2.439	1.654	1.224	977
50-54	2.675	1.912	1.372	1.073
55-59	3.169	2.141	1.597	1.273
60-64	4.189	2.818	2.108	1.684
65-69	6.707	4.380	3.402	2.825
70-74	9.736	6.372	4.964	4.104
75-79	12.184	8.317	6.219	5.360
80-84	17.160	11.714	8.759	7.549
Maternity complications	248			
Private Pilot Ride	138			

### ADMINISTRATIVE NOTICE

Additional policy fee (Annual): **USD 50**

Rates are annual and in USD Dollars, effective as of April 1st 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
- Rates are subject to final evaluation of 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
<b>If treated outside our Preferred Provider Network</b>		
Hospital Coverage (Room and Board) (private and semi-private)	USD	800 per day
Hospital Intensive Care Unit	USD	2,000 per day
<b>Maximum hospital stay: 180 days within a 365 day period (per cause)</b>		
Maternity care (no deductible or coinsurance applies)	USD	4,000
Newborn coverage (no deductible or coinsurance applies)	USD	25,000
<b>Congenital and hereditary disorders:</b>		
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.*