

# ABSOLUTE VIP CHOICE

## PLAN OVERVIEW



VUMI®

## ABOUT VUMI®

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 additional offices across the United States, Canada, United Arab Emirates and Latin America, VUMI® is privately owned and part of a global healthcare management group with 35 years of experience in the healthcare industry.

## ABSOLUTE VIP CHOICE

**Absolute VIP Choice** is our most innovative and comprehensive plan for all your health needs, giving you unlimited coverage, free choice of doctors and hospitals worldwide, plus superior benefits for maternity, free coverage for dependents born in the policy, organ and tissue transplant, cancer, podiatric treatments, bariatric surgery and more.

**Absolute VIP Choice** 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
- Management and medical teams who fully understand your culture and speak your language
- Second Medical Opinion VIP® and Home Medical Visits\* 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
- Renewal guaranteed for life

**\*Where available.**

## TABLE OF BENEFITS

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 U.S. 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.

### DEDUCTIBLE OPTIONS\*

| OPTION I  | OPTION II | OPTION III | OPTION IV  | OPTION V   |
|-----------|-----------|------------|------------|------------|
| US\$2,000 | US\$5,000 | US\$10,000 | US\$20,000 | US\$50,000 |

\*Only one (1) deductible per person, per policy year applies. For family policies, a maximum of two (2) deductibles accumulated per policy, per policy year will be applied. For more information, please refer to the Conditions of Coverage of the policy.

### GENERAL PLAN INFORMATION

| BENEFIT                                      | COVERAGE  |
|----------------------------------------------|-----------|
| Lifetime coverage                            | Unlimited |
| Maximum coverage per person, per policy year | Unlimited |

## GENERAL PLAN INFORMATION

| BENEFIT               | COVERAGE                                                 |
|-----------------------|----------------------------------------------------------|
| Age limit to apply    | Up to 75 years old                                       |
| Waiting period        | 30 days                                                  |
| Geographical coverage | Worldwide, without restrictions of doctors and hospitals |

## INPATIENT BENEFITS

| BENEFIT                                                                                         | COVERAGE                                                |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Standard private hospital room                                                                  | 100% UCR                                                |
| Special benefit for suite accommodation (subject to availability)                               | Up to US\$3,000 per day within the USA Special Network® |
| Intensive care unit                                                                             | 100% UCR                                                |
| Companion accommodation expenses of a hospitalized insured                                      | 100% UCR, max. of 21 nights                             |
| Prescribed medications while hospitalized and following a hospitalization or outpatient surgery | 100% UCR                                                |
| Inpatient mental health treatment                                                               | US\$10,000                                              |

## OUTPATIENT BENEFITS

| BENEFIT                                                                                        | COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency room care                                                                            | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Physician and specialist visits                                                                | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Physician and specialist home visits                                                           | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Outpatient or non-hospitalization prescription medication                                      | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Complementary therapy: chiropractic, psychiatry, speech therapy, osteopathy and/or acupuncture | 100% UCR up to 100 visits, all therapies combined                                                                                                                                                                                                                                                                                                                                                                                           |
| Nurse or therapist care at home                                                                | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Preventive health checkup, per insured, no deductible applies (options I, II, III & IV)        | <ul style="list-style-type: none"> <li>• 100% UCR for insureds from 0 to 6 months of age, up to 6 visits</li> <li>• US\$600 per policy year for insureds from 6 months to 17 years of age, including up to US\$75 for preventive dental checkup in options I &amp; II</li> <li>• US\$800 per policy year for insureds from 18 years of age and older, including up to US\$75 for preventive dental checkup in options I &amp; II</li> </ul> |
| Hearing aids                                                                                   | US\$3,000 per lifetime                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Specialized treatments (sleep apnea and other sleep disorders)                                 | US\$4,000                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Alzheimer's disease                                                                            | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Autism treatment                                                                               | <ul style="list-style-type: none"> <li>• 100% UCR if the insured was born under a covered maternity</li> <li>• US\$10,000 for insureds not born under a covered maternity, and who developed the condition while they were insured</li> </ul>                                                                                                                                                                                               |
| Allergy treatment                                                                              | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## GENERAL BENEFITS

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

| BENEFIT                    | COVERAGE |
|----------------------------|----------|
| Emergency medical services | 100% UCR |

## GENERAL BENEFITS

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

| BENEFIT                                                                             |                         | COVERAGE                                                                                 |
|-------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------|
| Surgeon and anesthesiologist fees                                                   |                         | 100% UCR                                                                                 |
| Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/PET scans)   |                         | 100% UCR                                                                                 |
| Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy) and medication |                         | 100% UCR                                                                                 |
| Surgery to reduce the risk of cancer or prophylactic surgery                        |                         | US\$30,000 per lifetime (after a 12-month waiting period)                                |
| Dialysis services                                                                   |                         | 100% UCR                                                                                 |
| Prostheses and medical appliances implanted during surgery                          |                         | 100% UCR                                                                                 |
| Organ transplant (per organ/tissue)                                                 |                         | US\$3,000,000 per lifetime<br>Includes US\$80,000 benefit for expenses of the live donor |
| Durable medical equipment                                                           |                         | 100% UCR                                                                                 |
| Physical therapy and rehabilitation                                                 |                         | 100% UCR                                                                                 |
| Congenital conditions                                                               | Diagnosed before age 18 | US\$2,000,000 per lifetime                                                               |
|                                                                                     | Diagnosed after age 18  | 100% UCR                                                                                 |
| HIV-AIDS                                                                            |                         | US\$1,000,000 per lifetime (after a 24-month waiting period)                             |
| Bariatric surgery                                                                   |                         | US\$15,000 per lifetime (after a 24-month waiting period)                                |
| Surgical treatment of symptomatic foot disorders                                    |                         | 100% UCR (after a 24-month waiting period)                                               |
| Reconstructive surgery after an accident or illness (covered by this plan)          |                         | Up to the benefit limit                                                                  |
| Psychology                                                                          |                         | US\$5,000                                                                                |
| Mental health prescription medication (inpatient and/or outpatient)                 |                         | US\$5,000                                                                                |

## MATERNITY BENEFITS

10-month waiting period.

| BENEFIT                                                                  |  | COVERAGE                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maternity                                                                |  | Option I:<br>US\$10,000, no deductible applies<br>Option II:<br>US\$10,000, after deductible                                                                                                                                                          |
| Extraction and storage of stem cells (option I)                          |  | US\$2,000 per covered pregnancy                                                                                                                                                                                                                       |
| Maternity and newborn complications                                      |  | Option I:<br>US\$1,000,000 per lifetime, no deductible applies<br>Option II:<br>US\$500,000 per lifetime, after deductible (with rider)                                                                                                               |
| Inclusion of the newborn within 90 days after the birth (options I & II) |  | Without underwriting, if born from a covered maternity                                                                                                                                                                                                |
| Free coverage for dependents up to 10 years old (option I)               |  | <ul style="list-style-type: none"> <li>• Max. of 2 children born from a covered maternity, if both parents are insured in the policy</li> <li>• Max. of 1 child born from a covered maternity, if only the mother is insured in the policy</li> </ul> |
| Fertility treatment (option I)                                           |  | US\$5,000 per lifetime, after deductible (after a 24-month waiting period)                                                                                                                                                                            |



## MEDICAL EVACUATION BENEFITS

| BENEFIT                                                                                      |                  | COVERAGE                        |
|----------------------------------------------------------------------------------------------|------------------|---------------------------------|
| Emergency transportation                                                                     | Ground ambulance | 100% UCR, no deductible applies |
|                                                                                              | Air ambulance    | 100% UCR, no deductible applies |
| Cost of return ticket for the insured and one companion after an evacuation by air ambulance |                  | US\$2,000 per person            |
| Repatriation or cremation of mortal remains                                                  |                  | 100% UCR                        |

## OTHER BENEFITS

| BENEFIT                                                                                  |  | COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Injuries during the training or practice of hazardous hobbies and/or professional sports |  | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                          |
| Emergency dental coverage                                                                |  | 100% UCR for treatment within the first 180 days of the covered accident                                                                                                                                                                                                                                                                                                                                          |
| Refractive eye surgery                                                                   |  | US\$500 per eye, per lifetime (after a 24-month waiting period)                                                                                                                                                                                                                                                                                                                                                   |
| Palliative care                                                                          |  | 100% UCR                                                                                                                                                                                                                                                                                                                                                                                                          |
| Temporary coverage for accidents while application is being underwritten                 |  | US\$30,000                                                                                                                                                                                                                                                                                                                                                                                                        |
| Free extended coverage for eligible dependents after policyholder's death                |  | 2 years                                                                                                                                                                                                                                                                                                                                                                                                           |
| Deductible elimination/reduction for no claims made for 3 years                          |  | Options I & II: <ul style="list-style-type: none"> <li>• Elimination for 1 year after the 3rd year without claims</li> <li>• Reduction of 50% of the deductible for 1 year after the 3rd year, if the deductible was not met in any of the years</li> </ul> Options III & IV: <ul style="list-style-type: none"> <li>• Reduction of 50% of the deductible for 1 year after the 3rd year without claims</li> </ul> |
| Travel VIP Light                                                                         |  | Up to US\$5,000 for emergency medical treatment while traveling abroad (with rider)                                                                                                                                                                                                                                                                                                                               |
| Second Medical Opinion VIP®                                                              |  | Access to a second medical opinion of renowned experts from around the world, without deductible                                                                                                                                                                                                                                                                                                                  |

### VIP Universal Medical Insurance Group, Ltd.

Insurance company registered in Turks & Caicos Islands, a British Overseas Territory.  
Administration services provided by VIP Administration Services, LLC  
incorporated in Dallas, Texas, USA.

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