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USER GUIDE







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ABOUT MY VIP CARETM

My VIP Care[™] is an innovative product that features a comprehensive basic plan with extensive benefits. It also allows the insured to customize the scope of coverage and other benefits according to their specific needs. Once the scope of coverage has been selected, the insured can add other benefits they may need, including outpatient coverage, newborn and maternity complications, and more.





HOW TO ACCESS MY VIP CARE™?

Access the My VIP Care[™] quoting tool through the Agent Portal. You can also find My VIP Care[™] in the VUMI[®] Agent Central app, in the quotes section. To make personalized quotes you need the login credentials for the Agent Portal.



STEP 1



Personal Information

HOW TO STAR A QUOTE?

When starting a My VIP Care[™] quote, the first step is to fill in the personal information fields. If necessary, you can include any dependents during this step.

Interesting fact: When you enter your client's name in the "Name" field, you will see how it will be reflected in the name of the customized plan. When you get the plan summary, the cover page will also be customized. For example, if your customer's name is "John," the plan summary and quote will be titled **"John VIP Care."**







Dependents' Information

DO YOU WANT TO ADD A DEPENDENT?

If you want to add one or more dependents, click the "**Add Dependent**" button. Fill in all the information, then click "**Add**." You can repeat the same step for as many dependents as your client needs. Once the dependents have been entered, click on "**Next**."

Important: Under the same policy, it is only possible to add a spouse, domestic partner or children up to age 23. After reaching the age of 24, a person is no longer eligible for dependent child coverage.

Welcome back!	My VIP Care		MY//PCARE VUMI
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MY / PCARE



Coverage Options

CHOOSING COVERAGE

In the Coverage Options section, you'll begin to choose the main benefits of the plan, such as maximum coverage per insured, per policy year; geographic coverage; provider network; deductible outside and inside the U.S.; coinsurance and maximum coinsurance out-of-pocket.

In all fields from here on, you will find the icon (i). Hovering over this icon will bring up the explanation or reference of the benefit so you can learn more about it. Once you have completed your choices, press Next.

From this screen, you will be able to see how the Estimated Annual Cost changes, and adjust the options taking into account your client's budget.

Welcome back!	My VIP Care			
Start over with quote	Choose coverage that we select the options for the plan you'd like to I	orks best for you and you	r family	
Personal Information Coverage Options Data Dependent	Maximum coverage per insured, per policy year \$3,000.000.00	Geographical coverage © Worldwide ~	Provider network © Global Open	
Outpatient Benefits Obductible Reduction	Deductible outside U.S.* 0 \$2,000.00 ~	Deductible inside U.S.* © \$5,000.00 ~	Coinstance Select	•
O Riders Summary	Maximum out-of-pocket coinsurance © \$50,000.00 ~		\$5,000,000.0	0
Place the cursor over the information icon for further explanation about each one of the fields.	*Only one (1) Deductible per person, per Poli Policy, per Policy Year will be applied.	licy Year applies. For family Policies, a maxim of conditions	um of tw (2) 0 \$2,000,000.0 \$1,000,000.0	0 10 0
	Free choice of hospitals and doctors worldwide.		✓ Unlimited	

Important: Depending on what the customer selects in the **Geographic Coverage** option, different alternatives will be enabled within the **Provider Network** option. You can consult the restrictions of each option in the yellow information box that will appear at the bottom of the screen. It's important to read and understand these messages about the acceptance of choices that will appear according to what has been selected.

COMBINATION 1

graphie corerage	Providers Network
elect	Select
atin America	Global Limited
Norldwide Limited	✓ Global Open
Vorldwide	





COMBINATION 2

Geographic Coverage

Select

Latin America

Worldwide Limited

✓ Worldwide

Providers Network

Select	
✓ Global Limited	
Global Open	

Free choice of physicians and hospitals worldwide, except for the following U.S. hospitals:

- Dana Farber Cancer Institute
- Memorial Sloan Kettering Cancer Center
- MD Anderson Cancer Center
- Presbyterian Hospital of New York
- The Johns Hopkins Hospital
- Baptist Health Systems
- · Cedars-Sinai Medical Center
- Mayo Clinic (FL, MN, AZ)

- HCA Healthcare
- Memorial Health Systems (S. FL)
- Aspen Valley Hospital
- Mount Sinai Medical Center
- Naples Comprehensive Health
- Orlando Health
- Hospital for Special Surgery

Important message and acceptance of conditions

Free choice of hospitals and doctors worldwide, except the following hospitals in the United States: Dana Farber Cancer Institute, Memorial Sloan Kettering Cancer Center, MD Anderson Cancer Center, New York Presbyterian Hospital, Johns Hopkins Hospital, Baptist Health Systems, Cedars-Sinai Medical Center, Mayo Clinic (FL MN, AZ), HCA Healthcare, Memorial Health Systems (S FL), Aspen Valley Hospital, Mount Sinai Medical Center, Naples Comprehensive Health, Orlando Health, Hospital for Special Surgery.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.

COMBINATION 3

Geographic Coverage \sim

Select

Latin America

Vorldwide Limited

Worldwide

Excludes coverages in the following countries:

Brasil, China, Hong Kong, Germany, Japan, Singapore, Switzerland, United Kingdom and United States

Important message and acceptance of conditions

Excludes coverage in the following countries: Brazil, China, Hong Kong, Germany, Japan, Singapore, Switzerland, United States.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.





COMBINATION 4

Geographic Coverage 🚿

Providers Network 🗸

Providers Network

Select	Select
 Latin America 	Latam Limited
Worldwide Limited	✓ Latam Open
Worldwide	

Free choice of physicians and hospitals in Latin America.

Important message and acceptance of conditions	

Free choice of hospitals and doctors in Latin America.

I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.

COMBINATION 5

Geographic Coverage

Select	Select
/ Latin America	✓ Latam Limited
Worldwide Limited	Latam Open
Worldwide	

Free choice of physicians and hospitals in Latin America, except the following hospitals:

- Hospital Israelita Albert Einstein, São Paulo
- Hospital Sirio-Libanés, São Paulo
- · Centro Médico ABC, México
- Hospital Ángeles, México
- CMH-Hospital Galenia, Cancun, Mexico
- Saint Luke's Hospitals, Cabo San Lucas, México
- Hospital Joya, Puerto Vallarta, México
- Hospital CIMA, Costa Rica

- Hospital La Católica, Guadalupe, Costa Rica
- · Clínica Las Condes, Estoril, Chile
- · Clínica Alemana, Vitacura, Chile
- Hospital del Diagnóstico Colonia Escalón, San Salvador, El Salvador
- Hospital El Pilar, Guatemala

Important message and acceptance of conditions
Free choice of hospitals and doctors in Latin America, except the following hospitals: Hospital Israelita Albert Einstein, São Paulo; Hospital Sirio-Libanês, São Paulo; Centro Médico ABC, Mexico; Hospital Angeles, México; CMH-Hospital Galenia, Cancún, México; Saint Luke's Hospitals, Cabo San Lucas, México; Hospital Joya, Puerto Vallarta, México; Hospital CIMA, Costa Rica; Hospital La Católica, Guadalupe, Costa Rica; Clínica Las Condes, Estoril, Chile; Clínica Alemana, Vitacura, Chile; Hospital del Diagnóstico Colonia Escalón, San Salvador, El Salvador; Hospital El Pilar, Guatemala.
I understand that I have selected a coverage option limited to a geographic area and/or provider network, and I accept that this carries restrictions regarding these regions and/or the providers where my plan has coverage.





Plan Benefits

MORE PERSONALIZED BENEFITS

On this screen, the insured can select the scope of benefits including:

- Congenital conditions
- Injuries during the training or practice of non-professional hazardous hobbies and sports
- Free extended coverage for eligible dependents after policyholder's death
- Organ and tissue transplant
- Inpatient mental health treatment

hn VIP Care 6+	My VIP Care			MY PCARE V	JMI.
Start over with quote	Let's continue customizi	ng based on your exact needs	(Ded	uctible applies)	
sonal information wrage Options n Banetts	Congenital conditions, per lifetime © \$1,000.000.00	Injuries during the training or practice of non- professional hazardous hobbles and sports	•	Free extended coverage for eligible dependents after policyholder's death 1 yetar	0 >
patient Benefits Suctible Reduction	Organ and tissue transplant © \$1,000,000.00	Inpatient mental health treatment S150,000,00	•		
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Outpatient Benefits

CUSTOMIZATION ACCORDING TO THE SPECIFIC NEEDS OF THE CLIENT

By selecting to add outpatient benefits, options such as **Maximum Outpatient Coverage and Complementary Therapies** will be activated.

After choosing the desired coverage, it's important to read the information that will be displayed in the yellow box before pressing the **Next** button.







Deductible Reduction

BENEFIT TO REDUCE THE PLAN DEDUCTIBLE

The insured has the option of adding a benefit that reduces the deductible up to US\$5,000 for the first outpatient treatment or hospitalization in the event of a serious accident, as defined by the policy.



Riders

NEWBORN AND MATERNITY COMPLICATIONS BENEFITS

For the Newborn and Maternity Complications benefit, the selected deductible and a 10-month waiting period will apply. Remember that eligibility for this benefit is for female policyholders or spouses between the ages of 18 and 43 and it doesn't apply to dependent daughters.

It's also important to remember this plan or the rider do not offer maternity care benefits, including childbirth and pre- and postnatal care. This information will appear in a yellow box that you will need to accept before you can continue.







Riders

PREVENTIVE COVERAGE

My VIP Care[™] has the option to include the **Preventive Check-up benefit**, after a 3-month waiting period and with no deductible or coinsurance, if applicable.

In addition, within the options, you can also choose to add **Refractive Surgery** coverage after satisfying the corresponding deductible and coinsurance, if applicable.







Quote

PLAN'S SUMMARY AND CUSTOMIZED OPTIONS

In the drop-down menu, you'll be able to see the plan's coverage and benefits, including your selected options for the personalized benefits. You can still make changes to coverage on this step. The benefits with gray backgrounds are the ones you'll be able to modify. The other benefits (with white backgrounds) are the ones already included by default in the customized plan.

In addition, you can return to any of the previous screens by clicking on the titles in the blue menu on the left.

ohn VIP Care 🕞	My VIP Care		
Start over with quote	Here's your customized	VUMI* My VIP Care	
	You've designed a plan that will provide y family. Based on your specific selections, My VP Care plan	rou with tailor-made coverage to protect yo here is the annual estimate cost of your cu	bur itom
rsonal information	my var cute prote		
verage Options	Do you want to make changes? You can arrows and adjust your plan to your nee	n make the changes from the dropdown ds.	Summary
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national Domofile	Geographical coverage	LaisAraria v	01-29-2025
Jane i Deniano	Maximum age to apply for coverage	75	Download quote
luctible Reduction	Waiting period Provider network	30 days	Estimated annual
мs			cost:
Imary	Plan Benefits	v	\$4,077.95
	Outpatient Benefits	÷	2
	Deductible Reduction	~	
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about each			J
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DOWNLOAD QUOTE

In this step, you'll find the **Download Quote** button above the **Estimated Annual Cost** detail.

In this PDF plan summary, you'll find the applicant's general information, the dependents, and the detailed quote with different payment options. The following pages detail the plan benefits with the customized benefits shaded in gray.

It's important your client agrees with the selections and accepts the terms and conditions in the yellow box before proceeding by clicking **Next**.

Welcome back!	My VIP Care MY //PCAR	e VUMI
Start over with quote	Here's your customized VUMI* My VIP Care	
Personal Information	You've designed a plan that will provide you with tollor-made coverage to protect your family. Based on your specific selections, here is the annual estimate cost of your custom My VIP Care plan.	
Coverage Options	Do you want to make changes? You can make the changes from the dropdown arrows and adjust your plan to your needs.	
Plan Benefits	Coverage Options John Doe Coverage Start	Date
Outpatient Benefits	Plan Benefits D) country	d ourse
Deductible Reduction	Outpatient Benefits	
Riders	Deductible Reduction	aninual
Summary	Riders \$4.374.1	8
Race the cursor over the information icon for further income and the information icon each one of the fields.	Important message and acceptance of conditions 	<text></text>





Quote Result

SAVE YOUR QUOTE OR APPLY NOW

By clicking **Save**, the quote you created will be saved directly to the **My Quotes** section of the Agent Portal. You can access the quote from there to make any necessary changes and/or start the application process.

Clicking the **Apply Now** button will redirect you to the Application Process step.

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Files the case of on the interview too too the file executions and ach now if the tests.	resources	





STEP 2

START TO COMPLETE THE APPLICATION FORM

Remember to have the client answer each question with honest, accurate information to avoid any issues.



Important: If the applicant and their dependents are under 65 years of age, didn't declare any pre-existing medical conditions, and their body mass index parameters (weight and height) are within normal parameters, a standard policy will be issued after each applicant has been verified against the OFAC sanctions list.





Application Form

MEDICAL QUESTIONS AND FAMILY MEDICAL BACKGROUND

Continue completing the information for your client and dependents until you reach the **Medical Exams, Medical Conditions, Medications, Habits and Family Medical Background** sections. If the answer to any of these questions is **Yes**, additional fields will appear for more questions that must be answered honestly. All relevant information must be provided for an expedited evaluation.

Remember that failing to provide this information will be considered a sign of bad faith in accepting the policy's contractual obligations. VUMI[®] Group, I.I. reserves the right to refuse the application.

Lat's Begin 夕辺 Jhon VIP Care	
Application:	Ma diast Former
20957	Medical Exams
	Have any of the applicants had any exam other than a routine examination in the past 5 years? If yes, please indicate:
	• No OYes
Main Applicant Information	
Prior Coverage Information	Have any or the applicants had any medical consultations in the past ormonors rin yes, please indicate: ■ No ○Yes
Medical Examp	
Medical Conditions	
b Medication	Have any of the applicants suffered an accident in the last 5 years? If yes, please indicate:
O Hans	• No OYes
Family Hatory	
Acknowledgement and Authorizations	Have any of the applicants had a pediatric, gynecological or routine examination in the last five (5) years?)
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V V V V C V V V V V V V V V V V V V V V	Applicant Condition A bissis, vision, are or thread disorders





Application Form

ACKNOWLEDGMENT AND AUTHORIZATIONS

It is important that your client reads, understands, acknowledges, validates and agrees to all the contents of the application and grants authorization to collect and disclose his/hers and their dependents' health information.

By checking the **I Agree** box, the client is signing this application electronically. The client further agrees to be legally bound by the terms and conditions of this application and agrees that their electronic signature ("E-Signature") is the legal equivalent of their manual signature on this application.







Payment Information STEP 3

PAYMENT INFORMATION

The **Payment Information** section contains payment details according to the chosen payment frequency. Your client's premium may change based on the underwriting process.

Choose the payment option that best suits your client's preferences, including the option **to pay once the application has been approved**.

pplication: 20957	Annualized premium	\$ 3,489.74 This amount does not include the administration fee			
	Annual Administration Fee	\$ 75.00			
	Total to pay	\$ 3,564.74			
Main Applicant Information	Method of payment				
Prior Coverage Information	First payment	\$ 3,564.74			
Medical Conditions					
Medication Habits	Method of payment				
Family History Acknowledgement and Authorizations Payment Information	For payment via bank transfer or Beneficiary VUMI [®] GROUF 2350 Lakeside Bank: Texas Capital Address: Richardson, Te	check, use the following information ? II. 8 Bivd #105, Richardson, Texas 75082 Bark N.A was 75002	Account Number: ABA: SWIFT code:	1511025379 111017979 TXCBUS44	
	Check Wire transfer Credit C	Card O Electronic Check (ACH) O Pay once the application has been	pproved		
		_			
	e- Previous Neut	→			







Payment Process

REIMBURSEMENT INFORMATION

As a final step, select your customer's preferred method of reimbursement. Complete the required information and click **Submit Application**.

The application may be approved immediately (pending the OFAC verification) based on the answers to the medical questions, or sent for a review to the Underwriting department.

C 1 agentsportalall testvaosgroup.com/index.pl	hp/vip_care/refund_modular		
's Begin B Jhon VIP Care plication:	Application number 20957		NY/PCARE VUMI
0957	Claims Reimbursement metho	bd	
	Please indicate how you would like to receive of this purpose: Method	claim reimbursement payments. We remin	d you that bank transfers are the fastest and safest method for
dain Applicant Information	Checking OWire transfer ON	А	
tain Applicant Coverage vior Coverage Information	Name of the beneficiary	Phone number	Country
fedical Exams			Select an option v
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Policy Issuance

STEP 4

APPLICATION REVIEW

Upon application, you will receive an email detailing the Underwriting department's application review. It can take up to 3 business days to receive a response. If there are no issues, the policy will be issued.

If the information in the application is not complete, you should contact the VUMI[®] team through the email <u>applications@vumigroup.com</u> or follow the instructions in the email received.







Policy Issuance

Once approved by the Underwriting team and payment of the policy has been received, you and your client will receive a welcome email with the different documents of the policy. In addition, the insured will receive the welcome email from the MyVUMI[™] Insured Portal with their login credentials.

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	Password. USgbi2x	
	If you have any questions, contact us at info@myvumiportal.com.	
	Best regards,	
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