CARRIBEAN RISK GROUP

OPTIMUM GLOBAL
INTERNATIONAL INSURANCE SOLUTIONS

USVI HEALTH INSURANCE PLAN

All benefits shown are per insured person, per annum (unless specified otherwise).

Plan	Essential	Standard	Superior
Annual Policy Maximum	$1,000,000	$1,500,000	$2,000,000
1. HOSPITAL AND RELATED SERVICES			
In-hospital accommodation, surgery, treatment, facilities & services	In Full	In Full	In Full
Cancer treatment (in-patient & out-patient)	In Full	In Full	In Full
Kidney dialysis (in-patient & out-patient)	In Full	In Full	In Full
In-patient physiotherapy treatment	In Full	Not Covered	In Full
Day Surgery	In Full	In Full	In Full
Psychiatric treatment (after 10 months coverage)	In Full	$5,000	In Full
Hospital accommodation for accompanying parent of insured child	In Full	Not Covered	In Full
Emergency local road ambulance services	In Full	In Full	In Full
Emergency treatment outside area of cover - not exceeding forty-five (45) days per trip	Up to $50,000 in USA & Canada (in full for all other countries)	Up to $75,000 in USA & Canada (in full for all other countries)	Up to $100,000 in USA & Canada (in full for all other countries)
Home nursing care following discharge from hospital (up to 26 weeks max per policy year)	$10,000 (Home nursing care following discharge from hospital (up to 26 weeks max per policy year))	$2,000 (Home nursing care following discharge from hospital (up to 12 weeks max per policy year))	$10,000 (Home nursing care following discharge from hospital (up to 26 weeks max per policy year))
Hospital cash per night for non-paying patient (max 30 days per disability)	$150	$150	$200
Accidental dental treatment	In Full	In Full	In Full
Chronic medical conditions	In Full	In Full	In Full
Congenital conditions	$30,000	Not Covered	$50,000
2. PRE & POST HOSPITILISATION			
Pre Hospitalisation medical expenses	In Full	In Full	In Full
Prescribed Post Hospital Treatment following an eligible In-hospital admission (up to max 30 days following discharge)	In Full	In Full	In Full

continued overleaf

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Annual Policy Maximum	$1,000,000	$1,500,000	$2,000,000
3. ORGAN TRANSPLANT			
Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining organ donor)	In Full	In Full	In Full
4. EMERGENCY MEDICAL EVACUATION AND REPATRIATION			
Medical evacuation and repatriation	In Full	In Full	In Full
Repatriation of mortal remains	In Full	In Full	In Full
Compassionate travel for family member	Cover in full for return economy class air ticket. Up to $125 per day for ancillary charges & max 14 days		
5. OUT-PATIENT BENEFITS			
Family Doctor consultations	Not Covered	$3,500	$10,000
Family Doctor prescribed drugs & dressings			
Specialist prescribed drugs & dressings			
Specialist consultations			
Prescribed medical aids			
Chronic medical conditions			
Laboratory, x-ray & diagnostic services (inc. CT, PET & MRI Scans)	$1,000		$4,000
Out-patient Psychiatric treatment – after 10 months of coverage	Not Covered		$1,500
Prescribed physiotherapy, speech & oculomotor therapy			$1,500
Accidental dental treatment		Not Covered	$1,000
Alternative medicine		$500	$1,000
Emergency room accident & emergency services	In Full	In Full	In Full
Vaccinations	Not Covered	Not Covered	$500
Well being benefit – after 12 months coverage			

continued overleaf

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6. OTHER BENEFITS			
Hearing aids - For children under the age of 18 (or under 21 if still attending high school)	Up to $2,200 per ear (Limit applicable every 36 months)		
Diagnosis & treatment for autism spectrum disorders	Included, but subject to the following limitations: Behavioural therapy treatment: • Up to max $50,000 for a child who is younger than nine years of age • Up to max $35,000 for a child who is at least nine years of age but younger than thirteen years of age • Up to max $25,000 for a child who is at least thirteen years of age but younger than twenty-six years of age • Prescription drugs are subject to the out-patient drugs and dressings allowance.		
Virtual Doctor (Telemedicine)	Included	Included	Included
7. COMPLICATIONS OF MATERNITY (SUBJECT TO 10 MONTHS WAITING PERIOD)			
Complications of maternity	In Full	In Full	In Full
OPTIONAL BENEFITS (SUBJECT TO ADDITIONAL PREMIUM)			
1. MATERNITY BENEFITS (SUBJECT TO 10 MONTHS WAITING PERIOD)			
Delivery (including anaesthetist fee, pre and post natal care, first five days checks & accommodation for newborn)	Not Covered	$7,000	$7,000
Newborn cover – (non-routine care for 30 days after birth)	Not Covered	$30,000	$30,000
2. DENTAL			
Routine dental treatment	Not Covered	$800 (20% Co-pay)	$800 (20% Co-pay)
Restorative dental treatment	Not Covered	$1,500 (20% Co-pay)	$1,500 (20% Co-pay)

For further information or to receive a personal quotation, please contact your usual adviser