

HTH Global HealthGuard

Long-term worldwide major medical
Group Plans

SAMPLE Association

HTH Worldwide

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Photo of tallship BOUNTY by Thad Koza, 2008.

SAMPLE Global HealthGuard Benefit Summary

OVERVIEW MATRIX

	Limits Outside the U.S.	Limits In Network, U.S.	Limits Out-of-Network, U.S.
MEDICAL EXPENSES			
Lifetime Maximum Benefit	\$1,000,000		
Deductible Any deductible paid for one column will be applied towards a deductible in another column; All deductibles are per Insured Person per Policy Year; All Family deductibles are 2.5 times the individual deductible	\$250	\$250	\$500
Payment Level One	The Insurer will pay 100% of Covered Expenses.	Until the Coinsurance Maximum is satisfied, the Insurer will pay 80% of Covered Expenses.	Until the Coinsurance Maximum is satisfied, the Insurer will pay 60% of Covered Expenses.
Payment Level Two	n/a	After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses.
Maximum Coinsurance Limit Coinsurance limits are per Insured Person per Policy Year; All Family coinsurance amounts are 2.5 times the individual amounts	\$2,000		
Accidental Death and Dismemberment	Maximum Benefit: Principal Sum up to \$10,000		
Repatriation of Remains	Maximum Benefit up to \$25,000		
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$250,000		
Bedside Visit	Up to a maximum benefit of \$2,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person		

SCHEDULE OF BENEFITS
 (Subject to Maximums, Coinsurance, and Deductibles in Overview Matrix)

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Preventative and Primary Care – Deductible is not applicable			
Preventative Care for Babies/Children: (Birth to Age 18) 1. Office Visits/examination 2. Immunizations, Lab work & X-rays	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Preventative Care for Adults: (Age 19 and Older) a. Routine Pap Smears, annual mammogram b. PSA For Men c. Diagnostic lab work & X-rays	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Annual Physical Examination/Health Screening	100%, up to \$250 per Policy year	80%, up to \$250 per Policy year	60%, up to \$250 per Policy year
Primary Care Office Visits for Adults and Children	100%, as many as 3 visits per Policy Year	All except a \$30 Copayment, and as many as 3 visits per Policy Year	60%, After the Coinsurance Maximum is satisfied, as many as 3 visits per Policy Year. After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses.
Outpatient Services – Insurer pays after the Deductible is satisfied			
Outpatient Medical Care ¹	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Inpatient Hospital Services – Insurer pays after the Deductible is satisfied			
Surgery, X-rays, In-hospital doctor visits, Organ/Tissue Transplant.	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
In-patient medical emergency	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Other Services – Insurer pays after the Deductible is satisfied, unless specifically noted			
Maternity	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Ambulatory Surgical Center	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Physical/Occupational Therapy/Medicine	Deductible is not Applicable. Covered Expenses up to \$50 per visit, and as many as 12 visits per Policy Year.	Deductible is not Applicable. Covered Expenses up to \$50 per visit, and as many as 12 visits per Policy Year.	Deductible is not Applicable. Covered Expenses up to \$50 per visit, and as many as 12 visits per Policy Year.
Treatment of specified therapies, including Acupuncture and Chiropractic Care	Covered Expenses up to \$2,000 Maximum per Policy Year under the care of a licensed Physician	Covered Expenses up to \$2,000 Maximum per Policy Year under the care of a licensed Physician	Covered Expenses up to \$2,000 Maximum per Policy Year under the care of a licensed Physician
Ambulance Service	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Durable Medical Equipment	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Infusion Therapy (Administration of Drugs and other substances in ways other than oral; such as chemotherapy through a vein.)	100%	80%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses	60%, After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of Covered Expenses
Home Health Care	100% up to a maximum of 30 visits per Policy Year	80% up to a maximum of 30 visits per Policy Year	60% up to a maximum of 30 visits per Policy Year
Skilled Nursing Facilities	100% up to a maximum Covered Expense of \$250 per day, as many as 50 days per Policy Year	80% up to a maximum Covered Expense of \$250 per day, as many as 50 days per Policy Year	60% up to a maximum Covered Expense of \$250 per day, as many as 50 days per Policy Year
Hospice	100% up to a maximum of \$10,000 per lifetime	80% up to a maximum of \$10,000 per lifetime	60% up to a maximum of \$10,000 per lifetime
Dental Care required due to an Injury	100% up to \$1,000 per Calendar Year maximum of \$200 per tooth	100% up to \$1,000 per Calendar Year maximum of \$200 per tooth	100% up to \$1,000 per Calendar Year maximum of \$200 per tooth
Mental, Emotional or Functional Nervous Disorders, Alcoholism or Drug Abuse	All benefits paid to the Insured participant of any Insured Dependent for Mental, Emotional or Functional Nervous Disorders, Alcoholism or Drug Abuse during each Insured Person's Lifetime is limited to a maximum equal to one third of the lifetime maximum for a physical illness, but not less than \$80,000.		
Mental, Emotional or Functional Nervous Disorders – Inpatient: Up to 20 days of inpatient confinement per Policy Year	100%	80% of Covered Expenses	60% of Covered Expenses
Mental, Emotional or Functional Nervous Disorders – Outpatient: First 30 visits per Policy Year	100%	80% of Covered Expenses	60% of Covered Expenses
Alcoholism or Drug Abuse – Inpatient in a Hospital, Non-hospital Residential Treatment Center or Day Care Center: Up to 30 days per Policy Year	100%	80% of Covered Expenses	60% of Covered Expenses
Alcoholism or Drug Abuse – Outpatient: Up to 30 visits per Policy Year	100%	80% of Covered Expenses	60% of Covered Expenses

Benefits		
Pharmacy Benefits	Maximum Amount for Inside and Outside the US - \$25,000 per year	
Pharmacy – Outside the US Maximum 180-day supply		
1. Generic Drugs	All except a \$10 Copayment per prescription, per 30 day supply	
2. Brand name Drugs	All except a \$25 Copayment per prescription, per 30 day supply	
3. Injectables	All except a 30% Copayment per prescription, per 30 day supply	
Pharmacy – Inside the US Maximum 180-day supply	Participating Pharmacy Paid based on Negotiated Rate	Non-Participating Pharmacy Paid based on Reasonable Charges
1. Generic Drugs	All except a \$10 Copayment per prescription, per 30 day supply	80% of Actual Cost after Out of Network Deductible is met
2. Brand name Drugs	All except a \$25 Copayment per prescription, per 30 day supply	80% of Actual Cost after Out of Network Deductible is met
3. Injectables	All except a 30% Copayment per prescription, per 30 day supply	All except a 30% Copayment per prescription, per 30 day supply

1 Emergency room visits that do not result in inpatient admissions will be subject to a \$50 penalty.

Benefits may vary based on state mandates.

HTH Worldwide Insurance Services

SAMPLE Quote for: HTH Global HealthGuard Group Expatriate Plan

Name of Sponsoring Organization: SAMPLE Association

Covered population(s): Long term Assignees

Under this policy, the coverage and benefits listed in the proposal will be effective on _____. The premium rates provided are valid for one year from the effective date, as long as both parties sign this proposal within 90 days of the date on which it was created.

The SAMPLE premium rate for this plan is:

Medical

Participant only	\$98 per month
Participant & Spouse	\$493 per month
Participant & Children	\$264 per month
Family	\$616 per month

Pricing Assumptions and Conditions

All rates quoted are fully-insured non-refunding and are quoted on a monthly basis. Participation by employees and families is 100%. HTH Worldwide reserves the right to re-evaluate our underwriting position for rates and/or offer of coverage immediately if the projected group characteristics change or enrollment changes by more than 10% in total in a given policy period. This proposal assumes that the current contribution strategy will not change. If the strategy does change, HTH Worldwide reserves the right to re-evaluate our underwriting position.

If any of the above assumptions are incorrect, the proposal may be subject to rate modification or it may be withdrawn.

SAMPLE Association hereby accepts the above quote and requests coverage through HTH Worldwide Insurance Services.

Company Name: _____

Name: _____ Title: _____

Signature: _____ Date: _____

HTH Worldwide Insurance Services

Name: _____ Title: _____

Signature: _____ Date: _____

HTH Worldwide Insurance Services

Thank you for choosing HTH Worldwide as your provider of international health plans and services.



HTH Global HealthGuard Application

INSTRUCTIONS

Please Type or Print – Must be completed in full. Indicate "N/A" or "none" if item does not apply This application must be accompanied by the proposal for coverage requested.

When completed return to:

HTH Worldwide Insurance Services
One Radnor Corporate Center, Suite 100
Radnor, Pennsylvania 19087

APPLICANT INFORMATION

Full Legal Name of Group (*to appear on Policy*)

Contact Name

Business Telephone Number

Fax Number

Address

City

State

Zip Code + 4

Delivery Address (*if different than above*)

City

State

Zip Code + 4

E-mail

Internet

APPLICANT AGREES THAT

The insurance coverage requested and requested effective date must be approved by **HTH Worldwide Insurance Services** under its current rules and practices, including Evidence of Insurability and Pre-Existing Condition provisions. In accordance with the terms and conditions of the Policy, either party shall have the right to cancel the policy with at least 31 days written notice. All materials describing this coverage must be approved in writing by **HTH Worldwide Insurance Services** prior to distribution. Note: Premium rates quoted were based on the data submitted to **HTH Worldwide Insurance Services**. Final premium rates may be determined on the basis of the actual composition of the group of persons who become insured. I represent that the statements contained in this application are true and complete to the best of my knowledge and belief, and I understand that they form the basis for **HTH Worldwide Insurance Services** approval of the coverage requested. Premium will be invoiced monthly and payable within ten days of receipt of invoice.

Applicant hereby accepts the above quote and requests coverage designated by HTH Worldwide and appoints HTH Worldwide Insurance Services as its representative for the placement of health insurance.

Printed Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Date

Title

FRAUD NOTICE (Please read carefully)

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an insurance application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma, **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Insurance Company:
HM Life Insurance Company
P.O. Box 535061
Pittsburgh, PA 15253-3099
(800) 328-5433

Underwritten and Administered by:
HTH Worldwide Insurance Services
One Radnor Corporate Center
Suite 100
Radnor, Pennsylvania 19087