AZPAS INTERNATIONAL

POLICY CONDITIONS: INDIVIDUAL PLAN

ASSURIA MEDISCHE VERZEKERING N.V.
Henck Arronstraat 5-7 – Paramaribo, Suriname
Website: www.assuria.sr

AZPAS INTERNATIONAL INDIVIDUAL

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AGREEMENT

ASSURIA MEDISCHE VERZEKERING N.V. (hereinafter referred to as the "Insurer") agrees to pay you (hereinafter referred to as the "Policyholder") the benefits provided by this policy. All benefits are subject to the terms and conditions of this policy.

TEN (10) DAY RIGHT TO EXAMINE THE POLICY: This policy may be returned within ten (10) days of receipt for a refund of all premiums paid, less an administrative fee of fifty dollars ($50). The policy may be returned to the Insurer or to the Policyholder's agent. If returned, the policy is void as though no policy had been issued.

IMPORTANT NOTICE ABOUT THE APPLICATION: This policy is issued based on the application and payment of the premium. If any information shown on the application is incorrect or incomplete, or any information has been omitted, the policy may be rescinded, cancelled, or coverage may be modified, at the sole discretion of the Insurer.

ELIGIBILITY: This policy can only be issued to residents of Suriname and Guyana who are a minimum of eighteen (18) years of age (except for eligible dependents) through a maximum of seventy-three (73) years of age. There is no maximum age for coverage under the same terms and conditions of this policy for those Insureds renewing a policy.

Eligible dependents include the Policyholder's spouse, natural born children, legally adopted children, stepchildren, or children to whom the Policyholder has been appointed legal guardian by a court of competent jurisdiction, who have been identified on the application and for whom coverage is provided for under the policy.
Dependent coverage is available for the Policyholder's dependent children up to their nineteenth (19th) birthday, if single, or up to their twenty-fourth (24th) birthday, if single and full-time (minimum twelve (12) credits per semester) students of an accredited college or university at the time that the policy is issued and renewed. Coverage for such dependents continues through the next anniversary date of the policy following the attainment of nineteen (19) years of age, if single, or twenty-four (24) years of age if single and a full-time student.

If a dependent child marries, discontinues being a full-time student after the nineteenth (19th) birthday, moves to another country, or if a dependent spouse ceases to be married to the Policyholder by reason of divorce or annulment, coverage for such dependent will terminate on the next anniversary date of the policy.

Dependents who were covered under a prior policy with the Insurer and, who are otherwise eligible for coverage under their own separate policy, will be approved without underwriting for the same or higher deductible plan and with the same conditions and restrictions in existence under the prior policy which afforded them coverage with the Insurer. The application of the former dependent must be received before the end of the grace period of the policy which previously afforded the dependent coverage.

COMMENCEMENT AND ENDING OF COVERAGE

Coverage begins at 00:01 hours Eastern Standard Time (U.S.A.) on the policy's effective date and terminates at 24:00 hours Eastern Standard Time (U.S.A.):

(a) on the expiration date of the policy; or
(b) upon non-payment of the premium; or
(c) upon written request from the Policyholder to terminate the Policyholder's coverage; or
(d) upon written request from the Policyholder to terminate a dependent's coverage; or
(e) upon written notification from the Insurer, as allowed by the conditions of this policy.

REQUIREMENT TO NOTIFY THE INSURER

THE INSURED MUST CONTACT ASSURIA'S CLAIMS ADMINISTRATOR, REDBRIDGE NETWORK & HEALTHCARE, INC, AT LEAST SEVENTY-TWO (72) HOURS IN ADVANCE OF RECEIVING ANY MEDICAL CARE. EMERGENCY TREATMENT MUST BE NOTIFIED WITHIN FORTY-EIGHT (48) HOURS OF COMMENCEMENT OF SUCH TREATMENT.

IF THE INSURED FAILS TO CONTACT REDBRIDGE NETWORK & HEALTHCARE, INC AS STATED HEREIN, THE INSURED WILL BE RESPONSIBLE FOR THIRTY PERCENT (30%) OF ALL COVERED MEDICAL AND HOSPITAL CHARGES RELATED TO THE CLAIM, IN ADDITION TO THE PLAN'S DEDUCTIBLE AND COINSURANCE (IF APPLICABLE).

REDBRIDGE NETWORK & HEALTHCARE, INC can be contacted 24 hours a day, 365 days a year at the following telephone numbers:

Toll free from USA & Canada: **1.888.754.6919**
Local line in Miami, Florida, USA: **1-305.463.9696**
Email: **Service@redbridge.cc**

During the insurer's business hours the following telephone numbers can be used:

Within Suriname: 597 473400 ext. 352/351
From 7:00 am to 15:00 pm: +597 473400 ext. 352/351
From 15.00 - 20:00 pm: +597 463035
After business hours: 597 7180036 & 597 7180037
Email: medische.verzekeringen@assuria.sr

Within Guyana:
From 8:00 am to 16.00 pm: +592-226-7052, +592-226-7074

Email: guyana@assuria.sr

SCHEDULE OF BENEFITS

(SEE APPLICABLE SECTIONS OF THE POLICY FOR DETAILS, LIMITATIONS, AND RESTRICTIONS).

UNLESS OTHERWISE STATED HEREIN, INSUREDS UNDER THIS POLICY ARE NOT REQUIRED TO OBTAIN TREATMENT FROM THE PREFERRED PROVIDER NETWORK.

MAXIMUM COVERAGE IS TWO MILLION DOLLARS ($2,000,000) PER INSURED, PER POLICY YEAR FOR ALL COVERED MEDICAL AND HOSPITAL CHARGES, WHILE THE POLICY IS IN FORCE, SUBJECT TO THE LIMITATIONS HEREIN.

COVERAGE	MAXIMUM BENEFIT	
	Preferred Provider Network	Non-Preferred Provider Network
1. Private or Semi-Private Hospital room and board	No Limit	$ 800 per day
2. Intensive care Room and board	No Limit	$2,000 per day

The following maximum benefits apply to all Providers:

3. Maternity care (No deductible or coinsurance applies)	**$4,000**
4. Newborn coverage (No deductible or coinsurance applies)	**$25,000**
5. Congenital and Hereditary Disorders:	
– manifested before age 18 (per Insured, per lifetime)	**$250,000**
– manifested on or after age 18 (per Insured, per lifetime)	**$2,000,000**
6. Organ transplant (per Insured, per lifetime)	**$500,000**
7. Air ambulance transportation (per Insured, per policy year	**$75,000**
8. Ground ambulance transportation (per incident)	**$1,000**
9. Companion of hospitalized child (per admission)	**$1,000**
10. Repatriation of mortal remains	**$5,000**

DEDUCTIBLE

- One (1) deductible per Insured, per policy year up to a maximum of the out-of-country deductible.
- Maximum two (2) deductibles per policy per policy year. If an in-country deductible has been met, and services are then rendered out-of-country, the difference between the in-country and out-of-country deductible will be the Insured's responsibility.
- Any eligible charges incurred by the Insured during the last three (3) months of the policy year, which are used to satisfy that policy year's deductible, will be carried over and applied towards that Insured's deductible for the following policy year.

COINSURANCE

- The Insured is responsible for twenty percent (20%) of approved charges for the first five thousand dollars ($5,000) after satisfaction of the applicable deductible.
- One (1) coinsurance per Insured, per policy year.
- In the event of an accident involving multiple members of an insured family on the same policy, a maximum of two (2) coinsurances will be charged for this incident. Other coinsurance may be applicable for the members who were not charged coinsurance, for other illnesses or injuries not related to the

accident.

- If Redbridge Network & Healthcare, Inc is notified in accordance with the policy requirements, then coinsurance will not apply to medical services in the country of residence.

TEMPORARY EMERGENCY COVERAGE

From the time the application and total premium for this policy is received by the Insurer in Paramaribo, Suriname, through the effective date of the policy, or thirty (30) days from the date said application is received by the Insurer, whichever date comes first, the Insurer agrees to insure all the proposed Insureds (including spouse and children) for covered medical expenses resulting from accidental bodily injury incurred while this Temporary Emergency Coverage is in force, up to a maximum benefit of twenty-five thousand dollars ($25,000) per policy. This temporary accident coverage is subject to and governed by the respective policy terms, provisions, and exclusions which would have been applicable, had the policy been in effect on the date of the accident of the proposed Insured.

This benefit is subject to the deductible for the plan chosen by the proposed Insured and does not apply if the application is declined for any reason. The injuries sustained in an accident while the application is being evaluated cannot be a reason to decline an application.

DEFINITIONS

1. **ACCIDENT:** Any sudden or unforeseen event produced by an external cause resulting in injury.
2. **AIR AMBULANCE TRANSPORTATION:** Emergency air transportation from the hospital where the Insured is admitted to the nearest suitable hospital where treatment can be provided.
3. **AMENDMENT:** A document added by the Insurer to the policy that clarifies, explains or modifies the policy.
4. **ANESTHESIOLOGIST FEES:** Charges made by an anesthesiologist for the administration of anesthesia during the performance of a surgical procedure or for medically necessary services for pain control.
5. **ANNIVERSARY DATE:** Annual occurrence of the effective date of the policy.
6. **APPLICANT:** The individual who executed the application for coverage.
7. **APPLICATION:** Written statements on a form by an Applicant about themself and/or their dependents, used by the Insurer to determine acceptance or denial of the risk. Application includes any medical history, questionnaire, and other documents provided to or requested by the Insurer prior to the issuance of the policy.
8. **ASSISTING PHYSICIAN/SURGEON FEES:** Charges made by a physician or physicians who assist the principal surgeon in the performance of a surgical procedure.
9. **CALENDAR YEAR:** January 1st through December 31st of any given year.
10. **CERTIFICATE OF COVERAGE:** Document of the policy that specifies the commencement, conditions, extent and any limitations of the coverage, and lists each covered person.
11. **CLASS:** The Insureds of all policies of the same type, including but not limited to benefits, deductibles, age group, country, plan, year groups or a combination of any of these.
12. **COINSURANCE:** The portion of the covered medical bills an Insured must pay in addition to the deductible.
13. **COMPLICATION OF BIRTH:** Any disorder related to the birth of a newborn, not caused by genetic factors, manifested during the first thirty-one (31) days of life, including but not limited to hyperbilirubinemia (jaundice), cerebral hypoxia, hypoglycemia, prematurity, respiratory distress and birth trauma.
14. **CONGENITAL AND HEREDITARY DISORDERS OR ILLNESSES:** Any disorder or illness existing before birth, regardless of its cause, whether or not manifested or diagnosed at birth, after birth or years later.
15. **COUNTRY OF RESIDENCE:** The country:
    (1) where the Insured resides the majority of any calendar or policy year; or
    (2) where the Insured has resided more than one hundred and eighty (180) continuous days during any three hundred and sixty five (365) day period while the policy is in force.
16. **COVERED PREGNANCY:** Covered pregnancies are those where the actual date of delivery is at least twelve (12) months after the effective date of coverage for the respective insured mother.
17. **CUSTODIAL CARE:** Services provided that do not require the skills of a professional and are generally provided on a long term basis, that include but are not limited to room, board and personal assistance.
18. **DEDUCTIBLE:** The amount of covered charges that must be paid by the Insured before policy benefits become payable. Charges incurred in the country of residence are subject to an in-country deductible. Charges incurred outside of the country of residence are subject to an out-of-country deductible.
19. **DIAGNOSTIC MEDICAL CENTER:** Medical facility licensed to perform comprehensive medical physical examinations.
20. **DUE DATE:** The date on which the premium is due and payable.

21. **EFFECTIVE DATE:** The date on which coverage under this policy begins and which is stated in the Certificate of Coverage. This date will only be effective after delivery of the insurance policy to the Policyholder and the expiration of the Ten (10) Day Right to Examine the Policy.

22. **EMERGENCY**: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured's life or physical integrity in immediate danger, if medical attention is not provided within twenty-four (24) hours.

23. **EMERGENCY DENTAL TREATMENT:** Treatment necessary to restore or replace sound natural teeth, damaged or lost in a covered accident.

24. **EMERGENCY TREATMENT:** Medically necessary treatment due to an emergency.

25. **GRACE PERIOD:** The period of time of thirty (30) days after the policy due date during which the Insurer will allow the policy to be renewed.

26. **GROUND AMBULANCE TRANSPORTATION:** Emergency transportation to a hospital by ground ambulance.

27. **HAZARDOUS ACTIVITIES:** Any activity that exposes the participant to any foreseeable danger or risk. Examples of hazardous activities include but are not limited to: Aviation sports, rafting or canoeing involving white water rapids in excess of grade 5, tests of velocity, scuba diving at a depth of more than 30 meters, bungee jumping, participation in any extreme sport or participation in any sport for compensation or as a professional.

28. **HOME HEALTH CARE:** Care of the Insured in the Insured's home, which is prescribed and certified in writing by the Insured's attending physician, as required for the proper treatment of the illness or injury, and used in place of inpatient treatment in a hospital. Home Health Care includes the services of a skilled licensed professional (nurse, therapist, etc.) outside of the hospital and does not include Custodial Care.

29. **HOSPITAL:** Any institution which is legally licensed as a medical or surgical facility in the country in which it is located, which is a) primarily engaged in providing diagnostic and therapeutic facilities for clinical and surgical diagnosis, treatment and care of injured and sick persons by or under the supervision of a staff of physicians; and b) not a place of rest, a place for the aged or nursing or convalescent home or institution or a long term care facility.

30. **HOSPITAL SERVICES:** Medically necessary treatments or services ordered by a physician for the Insured who is admitted to a hospital.

31. **ILLNESS:** An abnormal condition of the body, manifested by signs, symptoms and/or abnormal findings in medical exams, which makes this condition different than the normal state of the body.

32. **INJURY:** Damage inflicted to the body by an external cause.

33. **INSURED:** An individual for whom an application has been completed, the premium paid, and for whom coverage has been approved by the Insurer and commenced. The term "Insured" includes the Policyholder and all dependents covered under this policy.

34. **LABORATORY AND X-RAY SERVICES:** Medically necessary X-ray services and laboratory testing used to diagnose or treat medical conditions.

35. **MEDICALLY NECESSARY:** A treatment, service or medical supply which is determined by Redbridge Network & Healthcare, Inc to be necessary and appropriate for the diagnosis and/or treatment of an illness or injury. A treatment, service or supply will not be considered medically necessary if:
    (a) It is provided only as a convenience to the Insured, the Insured's family, or the provider; or
    (b) It is not appropriate for the Insured's diagnosis or treatment; or
    (c) It exceeds the level of care which is needed to provide adequate and appropriate diagnosis or treatment.

36. **NEWBORN:** An infant from the moment of birth through the first thirty-one (31) days of life.

37. **NURSE:** An individual legally licensed to provide nursing care.

38. **ORGAN TRANSPLANT PROVIDER NETWORK:** A group of hospitals and physicians contracted on behalf of the Insurer for the purpose of providing organ transplant benefits to the Insured. The list of hospitals and physicians in the Organ Transplant Provider Network is available from Redbridge Network & Healthcare, Inc and may change at any time without prior notice.

39. **OUTPATIENT SERVICES:** Medical treatments or services provided or ordered by a physician for the Insured when the Insured is not admitted at a Hospital. Outpatient services may include services performed in a hospital or emergency room.

40. **PHYSICIAN OR DOCTOR:** A person who is legally licensed to practice medicine in the country where treatment is provided and while acting within the scope of their practice. "Physician" or "Doctor" shall also include a person legally licensed to practice as a dentist.

41. **POLICYHOLDER:** The named applicant on the application for health insurance. This individual is the person entitled to receive reimbursement for covered medical expenses and the return of any unearned premium.

42. **POLICY YEAR:** The period of twelve (12) consecutive months beginning on the effective date of the policy and

any subsequent twelve month period thereafter.

43. **PRE-EXISTING CONDITION:** A condition:
    (a) Which was diagnosed by a physician prior to the effective date of the policy or its reinstatement; or
    (b) For which medical advice or treatment was recommended by or received from a physician prior to the effective date of the policy or its reinstatement; or
    (c) For which any symptom and/or sign, if presented to a physician prior to the effective date of the policy would have resulted in the diagnosis of an illness or medical condition.

44. **PREFERRED PROVIDER NETWORK:** A group of hospitals and physicians approved and contracted to treat Insureds on behalf of the Insurer. The list of hospitals and physicians in the Preferred Provider Network is available from Redbridge Network & Healthcare, Inc and may change at any time without prior notice.

45. **PRESCRIPTION MEDICATIONS:** Medications whose sale and use are legally restricted to the order of a physician.

46. **PRIVATE AIRCRAFT:** Any aircraft in a flight that is not regularly scheduled or chartered by a commercial airline.

47. **RENEWAL DATE:** The first day of the next policy year. The renewal date occurs only on the anniversary date of the policy.

48. **RIDER:** A document added to the policy by the insurer, which adds optional coverage.

49. **SECOND SURGICAL OPINION:** The medical opinion of a physician other than the current attending physician (approved and required by Redbridge Network & Healthcare, Inc).

50. **USUAL, CUSTOMARY AND REASONABLE:** The usual, customary and reasonable charges for provided medical services in a geographical area, regardless of whether direct payment or reimbursement was used.

51. **WELL BABY CARE:** Routine medical care provided to a healthy newborn.

POLICY PROVISIONS

1. **ANESTHESIOLOGIST FEES**: Coverage for anesthesiologist fees must be approved in advance by Redbridge Network & Healthcare, Inc and is limited to the lesser of:
    (a) One hundred percent (100%) of the usual, customary and reasonable fee for the anesthesiology charges; or
    (b) Thirty percent (30%) of the usual, customary and reasonable principal surgeon's fee for the actual surgical procedure; or
    (c) Thirty percent (30%) of the fee approved for the principal surgeon for the surgical procedure; or
    (d) Special rates established for an area or country as determined by the Insurer.

2. **ASSISTING PHYSICIAN/SURGEON FEES:** Assisting physician/surgeon fees are covered only when an assisting physician/surgeon is medically necessary for that operation and approved in advance by Redbridge Network & Healthcare, Inc. Assisting physician/surgeon fees are limited to the lesser of:
    (a) Twenty percent (20%) of the usual, customary and reasonable surgeon's fee for the actual surgical procedure; or
    (b) Twenty percent (20%) of the fee approved for the principal surgeon for the surgical procedure; or
    (c) If more than one assisting physician/surgeon is necessary, the maximum coverage for all assisting physicians/surgeons shall not exceed twenty percent (20%) of the principal surgeon's fee for the actual surgical procedure; or
    (d) Special rates established for an area or country as determined by the Insurer.

3. **HOME HEALTH CARE AND OUTPATIENT PHYSICAL THERAPY:** Coverage for this care or treatment must be approved in advance by Redbridge Network & Healthcare, Inc, including any and all extensions. In all cases, evidence of medical necessity and a treatment plan must be received by Redbridge Network & Healthcare, Inc.

4. **EMERGENCY DENTAL TREATMENT:** Only emergency dental treatment that takes place within ninety (90) days of the date of a covered accident will be covered under this policy.

5. **EMERGENCY TRANSPORTATION:** Emergency transportation (by ground and air ambulance) is only covered if related to a covered condition for which treatment cannot be provided locally and transportation by any other method would result in loss of life or limb. Emergency transportation must be provided by a licensed and authorized transportation company to the nearest medical facility. The vehicle or aircraft used must be staffed by medically trained personnel and must be equipped to handle a medical emergency.

    (a) Air Ambulance Transportation:
        (1) All air ambulance transportation must be pre-approved and coordinated by Redbridge Network & Healthcare, Inc.
        (2) The maximum amount payable for this benefit is one hundred thousand dollars ($75,000) per insured, per policy year.
        (3) The Insured agrees to hold the Insurer, Redbridge Network & Healthcare, Inc, and any company affiliated with the Insurer or Redbridge Network & Healthcare, Inc by way of similar ownership or management, harmless from any negligence resulting from such services, or for delays or restrictions on flights caused by mechanical problems, by governmental restrictions, or by the pilot, due to operational

conditions, or from any negligence resulting from such services.

(b) Ground Ambulance Transportation: The maximum amount payable for this benefit is one thousand dollars ($1,000) per incident.

6. **EXTENDED COVERAGE TO ELIGIBLE DEPENDENTS UPON DEATH OF POLICYHOLDER:** In the event of the death of the Policyholder, the Insurer will provide continued coverage for the surviving dependents insured under this policy by affording two (2) years worth of coverage at no charge if the cause of the death of the Policyholder arose from a condition which would have been covered under this policy had the Policyholder survived. This benefit applies only to individuals remaining under the existing policy and will automatically terminate in the event of marriage of the remaining spouse or for surviving dependents who are not otherwise eligible for coverage under this policy and/or are issued their own separate policy. This extended coverage does not apply to any optional rider.

7. **MATERNITY CARE:**
   (a) There is a maximum benefit of four thousand dollars ($4,000) for each pregnancy with no deductible or coinsurance.
   (b) Pre and post-natal treatment, childbirth, complications of pregnancy or delivery, and well baby care are included in the maximum maternity benefit listed in this policy.
   (c) This benefit shall apply for covered pregnancies. Covered pregnancies are those where the actual date of delivery is at least twelve (12) months after the effective date of coverage for the respective insured mother.
   (d) There is no maternity coverage for dependent children.
   (e) Those Policyholders that were previously a dependent child under another policy with the Insurer must have maintained their own individual policy for a minimum of twelve (12) months to be eligible for this maternity care benefit.
   (f) The twelve (12) month waiting period for maternity coverage always applies regardless of whether or not the ninety (90) day waiting period for coverage under this policy has been waived.

   There is an optional rider available to cover newborn and maternity complications.

8. **NEWBORN COVERAGE:**
   I. If born from a Covered Pregnancy:
   (a) **Provisional coverage:** If born from a covered pregnancy, each newborn will automatically be covered for complications of birth, and any injury or illness for the first ninety (90) days after birth up to a maximum of twenty-five thousand dollars ($25,000) with no deductible or coinsurance.
   (b) **Permanent coverage**: For permanent coverage of a child born from a covered pregnancy, a "Notification of Birth" consisting of the newborn's full name, gender and date of birth must be submitted within ninety (90) days of birth. Effective as of the date of birth, coverage with applicable deductible and coinsurance will then be up to the policy limits.

   Policy limits for complications of birth relating to a newborn are limited to the maximum benefits described in provision 8.I.(a).

   The premium for the addition is due at the time of the notification of birth. If such notification is not received within 90 days of birth, then an application for insurance is required on the addition and will be subject to underwriting.
   (c) **Well baby care:** Only covered as stated in the "Maternity Care" provision of this policy.

   II. If NOT born from a Covered Pregnancy, there is no provisional coverage for the newborn. To add a newborn to the policy, payment of the premium and submission of a completed application for insurance which is subject to underwriting by the Insurer, are required.

9. **CONGENITAL AND HEREDITARY DISORDERS: Coverage under this policy for congenital and hereditary disorders is as follows:**

   (a) The maximum benefits per lifetime for any congenital and hereditary disorders that manifest themselves before the insured's eighteenth (18th) birthday are two hundred and fifty thousand dollars ($250,000) per person, including any benefits already paid on an existing policy or rider, after deductible and co-insurance (if applicable).

   (b) The maximum benefits per lifetime for any congenital and hereditary disorders that manifest themselves on or after the insured's eighteenth (18th) birthday are equal to the maximum policy limits herein, after deductible and co-insurance (if applicable).

10. **ORGAN TRANSPLANTS:** Coverage for transplantation of human organs and tissues is provided within the Insurer's Organ Transplant Provider Network. There is no coverage outside the Organ Transplant Provider Network. If the provider's network is not used, the insurer will accept no more than the contracted fees that would be paid to a participating provider of the Transplant providers network.The maximum amount payable for this benefit is five hundred thousand ($500,000) per Insured, per lifetime. This organ transplant benefit begins once the need for transplantation has been determined by a provider, has been certified by a second surgical or medical opinion and has been approved by Redbridge Network & Healthcare, Inc, and is subject to all the terms, provisions and exclusions of the policy.
    This benefit includes:
    (a) Pre-transplant care, which includes those services directly related to evaluation of the need for transplantation, evaluation of the Insured for the transplant procedure, and preparation and stabilization of the Insured for the transplant procedure.
    (b) Pre-surgical workup, including all laboratory and X-ray exams, CT scans, Magnetic Resonance Imaging

(MRI's), ultrasounds, biopsies, scans, medications and supplies.
(c) The costs of organ procurement, transportation, and harvesting up to a maximum of twenty-five thousand dollars ($25,000), which is included as part of the maximum organ transplant benefit.
(d) Post-transplant care including, but not limited to any follow-up, medically necessary treatment resulting from the transplant, and any complications that arise after the transplant procedure, whether a direct or indirect consequence of the transplant.
(e) Any medication or therapeutic measure used to ensure the viability and permanence of the transplanted organ.
(f) Any home health care, nursing care (e.g. wound care, infusion, assessment, etc.), emergency transportation, medical attention, clinic or office visits, transfusions, supplies, or medications related to the transplant.

11. **PRESCRIPTION DRUGS:** Prescription drugs are only covered if first prescribed during a hospitalization or after outpatient surgery and for a maximum period of six (6) months, unless the Insurer approves an extension. In all cases, a copy of the prescription from the attending physician must accompany the claim.

12. **SPECIAL TREATMENTS:** Prosthesis, orthotic devices, durable medical equipment, implants, radiation therapy and highly specialized drugs (e.g. Interferon, Procrit, Avonex, Embrel, etc.) will be covered, but must be approved and coordinated in advance by Redbridge Network & Healthcare, Inc. Special treatments will be provided by the Insurer or reimbursed at the cost that the Insurer would have incurred if purchased from its providers.

13. **PRE-EXISTING CONDITIONS:** Pre-existing conditions fall into two (2) categories:
(a) **DISCLOSED AT THE TIME OF THE APPLICATION:**
   i. Free of symptoms, signs and treatment during the five (5) year period prior to the effective date of the policy, are covered upon expiration of the ninety (90) days waiting period, **unless specifically excluded** by an amendment to the policy.
   ii. With symptoms, signs or treatment any time during the five (5) year period prior to the effective date of the policy, will be covered after two years from the effective date of the policy, **unless specifically excluded** by an amendment to the policy.
(b) **NOT DISCLOSED AT THE TIME OF APPLICATION:** Pre-existing conditions not disclosed at the time of the application will **NEVER** be covered during the period of the policy. Furthermore, the Insurer retains the right to rescind, cancel or modify the policy based on the Insured's failure to disclose any such conditions.

14. **ILLNESS OR INJURY IN A PRIVATE AIRCRAFT:** Any illness or injury sustained as a passenger in a Private Aircraft is covered up to a maximum of two hundred and fifty thousand dollars ($250,000) per Insured, per policy year.

There is an optional rider available to cover private pilot and crew members.

15. **REPATRIATION OF MORTAL REMAINS:** In the event an Insured dies outside of his/her country of residence, the Insurer will pay up to five thousand dollars ($5,000) toward repatriation of the deceased's remains to the deceased's country of residence if the death resulted from a condition which would have been covered under the terms of the policy had the Insured survived. Coverage is limited to only those services and supplies necessary to prepare the deceased's body and to transport the deceased to his country of residence. Arrangements must be coordinated in conjunction with Redbridge Network & Healthcare, Inc.

16. **COMPANION OF HOSPITALIZED CHILD:** Charges incurred and included in the hospital bill for overnight accommodations in the hospital for the companion of a hospitalized insured child under the age of eighteen (18) will be payable up to one hundred dollars ($100) per day up to a maximum of one thousand dollars ($1,000) per hospital admission.

17. **REQUIRED SECOND SURGICAL OPINION:** If a surgeon has recommended that an Insured undergo any non-emergency surgical procedure, the Insured must notify Redbridge Network & Healthcare, Inc at least seventy-two (72) hours prior to the scheduled procedure. If a second surgical opinion is deemed necessary by either the Insurer or Redbridge Network & Healthcare, Inc, it must be conducted by a physician chosen and arranged by Redbridge Network & Healthcare, Inc. Only those second surgical opinions required and coordinated by Redbridge Network & Healthcare, Inc are covered. In the event the second surgical opinion contradicts or does not confirm the need for surgery, the Insurer will also pay for a third surgical opinion from a physician chosen by Redbridge Network & Healthcare, Inc.
If the second or third surgical opinion confirms the need for surgery, benefits for the surgery will be paid according to this policy.

IF THE INSURED DOES NOT OBTAIN A REQUIRED SECOND SURGICAL OPINION, THE INSURED WILL BE RESPONSIBLE FOR THIRTY PERCENT (30%) OF ALL COVERED MEDICAL AND HOSPITAL CHARGES RELATED TO THE CLAIM IN ADDITION TO THE PLAN DEDUCTIBLE AND COINSURANCE (IF APPLICABLE).

18. **OUTPATIENT SERVICES:** Coverage is only provided when medically necessary.

19. **MAXIMUM HOSPITAL STAY:** The maximum hospital stay for any specific illness or injury or any related treatment is one hundred and eighty (180) days during the next three hundred and sixty five (365) days after the first admission.

20. **NOSE & NASAL SEPTUM DEFORMITY:** When nose or nasal septum deformity is induced by a trauma in a

covered accident, surgical treatment will be covered if authorized in advance by Redbridge Network & Healthcare, Inc. The evidence of trauma in the form of fracture must be confirmed radiographically (X-rays, CT scan, etc.).

21. **WAITING PERIOD: This policy contains a ninety (90) day waiting period, during which, only** illnesses or injuries caused by an accident occurring within this period, or disease of infectious origin that first manifested itself within this period will be covered.

22. **WAIVING OF WAITING PERIOD:** The Insurer will waive the waiting period only if:
    (a) Other medical expense insurance was in force with another company for the Insured for at least one (1) continuous year; and
    (b) The effective date of this policy commences within thirty (30) days of the expiration of the previous coverage; and
    (c) The prior coverage is disclosed in the application for insurance; and
    (d) We receive the prior policy and a copy of the receipt for the last year's premium payment, with the application.

    If the waiting period is waived, benefits payable for any condition incurred during the first ninety (90) days of coverage are limited, while the policy is in force, to the lesser benefit provided either by this policy or the prior policy.

ADMINISTRATION

1. **AUTHORITY:** No agent has the authority to change the policy or to waive any of its provisions. After issue, no change in the policy shall be valid unless approved in writing by an officer or the Chief Underwriter of the Insurer and such approval is endorsed by an amendment to the policy.

2. **CHANGES OF COUNTRY OF RESIDENCE:** The Insured must notify the Insurer in writing of any change of the Insured's country of residence within thirty (30) days of its occurrence. Changes of residence outside the Insured's stated country of residence will, at the Insurer's discretion, result in modification of coverage or cancellation of the policy. Changes of residence to the U.S.A. will result in non-renewal of the policy. Failure to notify the Insurer of any change of the Insured's country of residence may result in cancellation of the policy or modification of coverage on the next anniversary date, **at the Insurer's discretion. THE INSURED'S COUNTRY OF RESIDENCE CANNOT BE THE UNITED STATES OF AMERICA.**

3. **COMMENCEMENT OF INSURANCE:** Subject to the provisions of this policy, benefits begin on the Effective Date of the policy and not on the date of application for insurance.

4. **OTHER INSURANCE COVERAGE:** When another policy is in existence which provides benefits also covered by this policy, benefits will be coordinated. All claims incurred in the country of residence must be made in the first instance against the other policy. This policy shall only provide benefits when such other benefits payable under the other policy have been exhausted. Outside the country of residence, ASSURIA MEDISCHE VERZEKERING N.V. will function as the primary Insurer and retains the right to collect any payment from local or other insurers.

5. **ENTIRE CONTRACT/CONTROLLING CONTRACT:** The policy, the application, the Certificate of Coverage and any riders or amendments thereto, shall constitute the entire contract between the parties. The Dutch translation is provided for the convenience of the Insured. The English version of this policy will prevail and is the controlling contract in the event of any question or dispute regarding this policy.

6. **GRACE PERIOD:** If premium is not received by the due date, the Insurer will allow a grace period of thirty (30) days from the due date for the premium to be paid. If the premium is not received by the Insurer prior to the end of the grace period, this policy and all of its benefits will be deemed terminated as of the original due date of the premium. Benefits are not provided under the policy during the grace period unless the policy is renewed.

7. **PAYMENT OF CLAIMS:** It is the Insurer's policy to make payments directly to physicians and hospitals worldwide. When this is not possible, the Insurer will reimburse the Policyholder the contractual rate given to the Insurer by the provider involved and/or in accordance with the usual, customary, and reasonable fees for that geographical area, whichever is less. Any charges or portions of charges in excess of these amounts are the responsibility of the Insured. If a Policyholder is not living, the Insurer will pay any unpaid benefits to the estate of the deceased Policyholder.

8. **CURRENCY:** All currency values stated in this policy are in U.S. dollars.

9. **PHYSICAL EXAMINATIONS:** The Insurer, at its own expense, shall have the right and opportunity to examine any Insured whose illness or injury is the basis of a claim, when and as often as considered necessary by the Insurer during the pendency of the claim. In the case of death, the Insurer has the right to request an autopsy at a facility of its choice.

10. **DUTY TO COOPERATE:** The Insured shall make available to the Insurer all medical reports and records and, when requested by the Insurer, shall sign all authorization forms necessary for the Insurer to obtain such medical reports and records. Failure to cooperate with the Insurer or failure to authorize the release of all medical records requested by the Insurer may cause a claim to be denied.

11. **POLICY CANCELLATION OR NON-RENEWAL:** The Insurer retains the right to cancel, modify or rescind the policy if statements on the application are found to be

misrepresentations, incomplete or that fraud has been committed, leading the Insurer to approve an application when, with the correct or complete information, the Insurer would have issued a policy with restricted coverage or declined to provide insurance.
The Insurer retains the right to cancel or modify a policy in terms of rates, deductibles or benefits, generally and specifically, if the Insured changes country of residence, regardless of how many years the policy has been in force.
If an Insured resides in the U.S.A. on a continuous basis for more than one hundred and eighty (180) days during any three hundred and sixty five (365) day period regardless of the type of visa issued to the Insured for that purpose, then coverage for any condition will be limited to the Insurer's Preferred Provider Network until the policy's next renewal date at which time the policy will automatically terminate.

Submission of a fraudulent claim is also grounds for rescission or cancellation of the policy.

The Insurer retains the right to cancel, non-renew or modify a policy on a "class" basis as defined in this policy.

No individual Insured shall be independently penalized by cancellation or modification of the policy due solely to a poor claim record.

12. **POLICY ISSUANCE:** This policy cannot be issued or delivered in the U.S.A., except as may be specifically permitted under the laws of the State of Florida. The policy is deemed issued or delivered upon receipt of the policy by the Policyholder in his/her country of residence.

13. **POLICY MODE:** All policies are deemed annual policies. Premiums are to be paid annually, unless the Insurer authorizes other modes of payment.

14. **PREMIUM PAYMENT:** Payment of the premium on time is the responsibility of the Policyholder. The premium is due on the renewal date of the policy or other due dates if authorized by the Insurer. Premium notices are provided as a courtesy and the Insurer provides no guarantee of delivering premium notices. If a Policyholder has not received a premium notice thirty (30) days prior to the due date and the Policyholder does not know the amount of the premium payment, the Policyholder should contact his/her agent or the Insurer.

15. **PREMIUM RATE CHANGES:** The Insurer retains the right to change the premium at the time of each renewal date. This right will be exercised on a "class" basis only upon the renewal date of each respective policy.

16. **PROOF OF CLAIM:** The following will apply for treatment outside of Suriname: Written proof of loss must be furnished to Redbridge Network & Healthcare, Inc at 355 Alhambra Circle, suite 1150, Coral Gables, FL 33134 USA, within one hundred and twenty (120) days after the treatment or service date. Failure to do so will result in the claim being denied. **ORIGINAL** itemized bills **MUST** be submitted with the properly completed Insurer's claim form and medical records. Standard claim forms from U.S.A. providers may be accepted, but the Insurer reserves the right to have the claimant complete the Insurer's claim form. Claim forms are furnished with the policy or may be obtained by contacting your agent, ASSURIA MEDISCHE VERZEKERING N.V or Redbridge Network & Healthcare, Inc at the address shown herein. Bills received in currencies other than U.S. Dollars will be processed in accordance with the official exchange rate, as determined by the Insurer, on the date of service.

17. **REFUNDS:** If a Policyholder or the Insurer cancels the policy after it has been issued, reinstated or renewed, the Insurer will refund the unearned portion of the premium, less administrative charges and policy fees, to a maximum of sixty-five percent (65%) of the premium. The policy fee, Redbridge Network & Healthcare, Inc fee and thirty-five percent (35%) of the base premium are non-refundable. The unearned portion of the premium is based on the number of days corresponding to the payment mode, minus the number of days the policy was in force.

18. **REINSTATEMENT**: All policies reinstated after the thirty (30) day grace period are deemed new policies with no antiquity or credit being afforded to the Insured. All medical conditions existing prior to the date of reinstatement of the policy shall be deemed and treated as pre-existing conditions under this policy. No reinstatement will be authorized ninety (90) days after the date of termination of the policy.

19. **CLAIMS APPEALS:** In the event of any disagreement between the Insured and the Insurer regarding this Insurance Policy and/or its provisions, the Insured, before commencing any arbitration or legal proceedings, shall request a review of the matter by the "ASSURIA MEDISCHE VERZEKERING N.V. Appeals Committee". In order to begin such a review, the Insured must submit a written request to the Appeals Committee. This request shall include copies of all relevant information sought to be considered, as well as an explanation of what decision should be reviewed and why. Said appeals shall be sent to the attention of the ASSURIA MEDISCHE VERZEKERING N.V. Appeals Coordinator, c/o Redbridge Network & Healthcare, Inc. Upon the submission of a request for review, the Appeals Committee will determine whether any further information and/or documentation is needed and act to timely obtain such. Within thirty (30) days thereafter, the Appeals Committee will notify the Insured of its decision and the underlying rationale.

20. **ARBITRATION, LEGAL ACTIONS, AND JURY WAIVER:** Any disagreement that may persist upon completion of the claims appeal as determined herein, must first be submitted to arbitration. In such cases, the Insured and the Insurer will submit their difference to three (3) arbiters: Each party selecting an arbiter, and the third arbiter to be selected by the arbiters named by the parties herein. In the event of disagreement between the arbiters, the decision will rest with the majority.

Either the Insured or the Insurer may initiate arbitration by written notice to the other party demanding arbitration and naming its arbiter. The other party shall have twenty (20) days after receipt of said notice within which to designate its arbiter. The two (2) arbiters named by the parties, within ten (10) days thereafter, shall choose the third arbiter and the arbitration shall be held at the place hereinafter set forth ten (10) days after the appointment of the third arbiter. If the other party does not name its arbiter within twenty (20) days, the complaining party may designate the second arbiter and the other party shall not be aggrieved thereby. Arbitration shall take place in Paramaribo, Suriname or if approved by the Insurer, in the Policyholder's country of residence. The expenses of the arbitration shall be shared equally between the parties.

The Insured confers exclusive jurisdiction in Paramaribo, Suriname for determination of any rights under this policy. The Insurer and any Insured covered by this policy hereby expressly agree to trial by judge in any legal action arising directly or indirectly from this policy. The Insurer and the Insured further agree that each party will pay their own attorneys' fees and costs, including those incurred in arbitration.

21. **SUBROGATION AND INDEMNITY:** The Insurer has a right of subrogation or reimbursement from an Insured to whom it has paid any claims to or on behalf of, if such Insured has recovered all or part of such payments from a third party. Furthermore, the Insurer has the right to proceed at its own expense in the name of the Insured, against third parties who may be responsible for causing a claim under this policy or who may be responsible for providing indemnity of benefits for any claim under this policy.

22. **TERMINATION OF COVERAGE UPON TERMINATION OF POLICY:** In the event a policy terminates for any reason, coverage ceases on the effective date of the termination and the Insurer will only be responsible for treatment covered under the terms of the policy that took place before the effective date of termination of the policy. There is no coverage for any treatment that occurs after the effective date of the termination, regardless of when the condition first occurred or how much additional treatment may be required.

23. **CHANGE OF PLAN OR DEDUCTIBLE:** At any anniversary date, the Policyholder can request to change plan or deductible. Some requests are subject to underwriting evaluation. During the first ninety (90) days from the effective date of the change, benefits payable for any illness or injury not caused by accident or disease of infectious origin, will be limited to the lesser of benefits provided by the new plan or the prior plan. During the first twelve (12) months after the effective date of the change, maternity, newborn, congenital and organ transplant benefits will be limited to the lesser benefit provided by either the new plan or prior plan.

EXCLUSIONS AND LIMITATIONS

This policy **does not provide** coverage or benefits for any of the following:

1. Treatment of any illness, injury, or any charges arising from any treatment, service or supply which is:
   (a) not medically necessary; or
   (b) for an Insured who is not under the care of a physician, doctor or skilled professional; or
   (c) not authorized or prescribed by a physician or doctor; or
   (d) custodial care.

2. Any care or treatment, while sane or insane, received due to self inflicted illness or injury, suicide, failed suicide, alcohol use or abuse, drug use or abuse, or the use of illegal substances or illegal use of controlled substances. This includes any accident resulting from any of the aforementioned criteria.

3. Routine eye and ear examinations, hearing aids, eye glasses, contact lenses, radial keratotomy and/or other procedures to correct eye refraction disorders.

4. Any medical examination or diagnostic study which is part of a routine physical examination, including vaccinations and the issuance of medical certificates and examinations as to the suitability for employment or travel.

5. Chiropractic care, homeopathic treatment, acupuncture or any type of alternative medicine.

6. Any illness or injury not caused by an accident or a disease of infectious origin which first manifested within the first ninety (90) days from the effective date of the policy.

7. Elective or cosmetic surgery or medical treatment which is primarily for beautification, unless necessitated by injury, deformity or illness which first occurs while the Insured is covered under this policy. This also includes any surgical treatment for nasal or septal deformity that was not induced by trauma, except as provided for in this policy.

8. Any charges in connection with pre-existing conditions, except as defined and addressed in this policy.

9. Any treatment, service or supply that is not scientifically or medically recognized for the prescribed treatment or which is considered experimental and/or not approved for general use by the Food and Drug Administration of the U.S.A.

10. Treatment in any governmental facility or any expense if the Insured would be entitled to free care. Service or treatment for which payment would not have to be made had no insurance coverage existed.

11. Diagnostic procedures or treatment of mental illnesses and/or psychiatric, behavioral or developmental disorders, Chronic Fatigue Syndrome, sleep apnea and

any other sleep disorders.

12. Any portion of any charge that is in excess of the usual, customary and reasonable charge for the particular service or supply for the geographical area.

13. Any expense for male or female sterilization, reversal of sterilization, sex change, sexual transformation, birth control, infertility, artificial insemination, sexual dysfunction or inadequacies, disorders related to Human Papillomavirus (HPV) and/or sexually transmittable disease.

14. Treatment or service for any medical, mental or dental condition related to or arising as a complication to those medical, mental or dental services or other conditions specifically excluded by an amendment to or not covered by this policy.

15. Any expense, service or treatment for obesity, weight control or any form of food supplement (unless necessary to sustain life in a critically ill person).

16. Podiatric care to treat functional disorders of the structures of the feet,including but not limited to, corns, calluses, bunions, Hallux valgus, hammer toe, Morton's neuroma, flat feet, weak arches, weak feet or other symptomatic complaints of the feet, including pedicures, special shoes and inserts of any type or form.

17. Treatment by a bone growth stimulator, bone growth stimulation or treatment relating to growth hormone, regardless of the reason for prescription.

18. Treatment for injuries resulting from participation in any hazardous activities.

19. All treatment to a mother or to a newborn related to a non covered pregnancy.

20. Any voluntarily induced termination of pregnancy, unless imminent maternal demise is apparent.

21. Any congenital or hereditary disorder or illness, except as provided for under the provisions of this policy.

22. Any dental treatment or services not related to a covered accident or beyond 90 days from the date of such accident.

23. Treatment of injuries resulting while in service as a member of a police or military unit or from participation in war, riot, civil commotion or any illegal activity, including resultant imprisonment.

24. Acquired Immune Deficiency Syndrome (AIDS), HIV positive or AIDS related illnesses.

25. An elective admission more than twenty-three (23) hours before a planned surgery, unless authorized in writing by the Insurer.

26. Treatment of the upper maxilla, the jaw or jaw joint disorders, including but not limited to jaw anomalies, malformations, temporomandibular joint syndrome, craniomandibular disorders or other conditions of the jaw or jaw joint linking the jaw bone and the skull and complex of muscles, nerves and other tissue relating to that joint.

27. Treatment by the spouse, father, mother, brother, sister or child of any insured under this policy.

28. "Over the counter" or non-prescription drugs, prescription medications which are not first prescribed while the Insured is admitted in a hospital and prescription medications which are not prescribed as part of follow-up treatment after outpatient surgery.

29. Personal or home based artificial kidney equipment, unless authorized in writing by the Insurer.

30. Treatment for injury sustained while traveling as a pilot or crewmember in a private aircraft.

31. Cost relating to the acquisition and implantation of artificial heart, mono or bi-ventricular devices, other artificial or animal organs and all expenses of any cryopreservation of more than twenty-four (24) hours duration.

32. Injury or illness caused by, or related to ionized radiation, pollution or contamination, radioactivity from any nuclear material, nuclear waste, or the combustion of nuclear fuel or nuclear devices.