

<b>Deductible</b>	<b>USD 1,000</b>	<b>USD 5,000</b>	<b>USD 10,000</b>	<b>USD 20,000</b>
<b>In country of residence</b>	<b>USD 1,000</b>	<b>USD 5,000</b>	<b>USD 10,000</b>	<b>USD 20,000</b>
<b>Outside country of residence</b>	<b>USD 2,500</b>	<b>USD 5,000</b>	<b>USD 10,000</b>	<b>USD 20,000</b>
	Annual	Annual	Annual	Annual
1 Child	517	343	284	212
2 Children	815	526	436	305
3 Children or more	1.187	764	629	459
19-25	1.284	867	631	514
26-29	1.471	994	725	587
30-34	1.666	1.152	839	666
35-39	1.851	1.283	955	739
40-44	2.094	1.456	1.070	838
45-49	2.439	1.654	1.224	977
50-54	2.675	1.912	1.372	1.073
55-59	3.169	2.141	1.597	1.273
60-64	4.189	2.818	2.108	1.684
65-69	6.707	4.380	3.402	2.825
70-74	9.736	6.372	4.964	4.104
75-79	12.184	8.317	6.219	5.360
80-84	17.160	11.714	8.759	7.549
Maternity complications	248			
Private Pilot Ride	138			

### ADMINISTRATIVE NOTICE

Additional policy fee (Annual): USD 50  
Rates are annual and in USD. Dollars, effective as of April 1, 2017.

- One deductible per insured, per policy year (Maximum two deductibles per policy, per policy year).
- For ages 60 and older, an Attending Physician Statement (APS) is required when applying for coverage. For ages below 60 an APS may be requested.
- Age limit to apply for coverage: 73 years.



### COINSURANCE:

After meeting your deductible, you will be required to pay 20% of the first USD 5,000 of covered charges (maximum USD 1,000 out of pocket). This means the company will pay 80% of the first USD 5,000, and 100% of the remaining balance up to USD 2,000,000. The coinsurance does not apply inside your country of residence when Redbridge Network and Healthcare Inc. is notified in advance.

## SCHEDULE OF BENEFITS

<b>Maximum coverage per insured, per policy year</b>	<b>USD</b>	<b>2,000,000</b>
Hospital Coverage ( <i>Room and Board</i> ) ( <i>private and semi-private</i> )		No Limit
Hospital Intensive Care Unit		No Limit
<b>If treated outside our Preferred Provider Network</b>		
Hospital Coverage ( <i>Room and Board</i> ) ( <i>private and semi-private</i> )	USD	800 per day
Hospital Intensive Care Unit	USD	2,000 per day
<b>Maximum hospital stay: 180 days within a 365 day period (per cause)</b>		
Maternity care ( <i>no deductible or coinsurance applies</i> )	USD	4,000
Newborn coverage ( <i>no deductible or coinsurance applies</i> )	USD	25,000
<b>Congenital and hereditary disorders:</b>		
Manifested before age 18 ( <i>per insured, per lifetime</i> )	USD	250,000
Manifested on or after age 18 ( <i>per insured, per lifetime</i> )	USD	2,000,000
Organ transplant ( <i>per insured, per lifetime</i> )	USD	500,000
Air ambulance ( <i>per insured, per lifetime</i> )	USD	75,000
Ground ambulance ( <i>per incident</i> )	USD	1,000
Repatriation of mortal remains	USD	5,000
Temporary accidental medical coverage while application is being underwritten	USD	25,000
Extended free coverage for eligible dependents upon death of policyholder		2 years

Please refer to the policy for specific benefits and coverage.