

<b>Deductible</b>				
In country of residence	USD 1,000	USD 5,000	USD 10,000	USD 20,000
Outside country of residence	USD 2,500	USD 5,000	USD 10,000	USD 20,000

<b>Annual</b>	<b>Annual</b>	<b>Annual</b>	<b>Annual</b>	<b>Annual</b>
1 child	572	379	314	235
2 children	902	582	483	338
3 children or more	1,314	846	696	508
19-25	1,422	960	698	569
26-29	1,628	1,101	803	649
30-34	1,844	1,276	929	738
35-39	2,049	1,421	1,058	818
40-44	2,319	1,612	1,185	927
45-49	2,701	1,831	1,355	1,082
50-54	2,962	2,117	1,519	1,188
55-59	3,509	2,370	1,768	1,409
60-64	4,638	3,120	2,334	1,864
65-69	7,426	4,850	3,767	3,128
70-74	10,780	7,056	5,497	4,544
75-79	13,491	9,209	6,886	5,935
80 & up	19,000	12,970	9,698	8,359

Maternity complications	275
Private Pilot Rider	153

**Administrative Notice**

Additional policy fee (annual): USD 50

Rates are annual and in USD Dollars, effective as of March 1, 2026

- One deductible per insured, per policy year (Maximum two deductibles 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.
- Rates are subject to final evaluation for the respective insured

**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 (Room and Board) (private and semi-private)		No limit	
Hospital Intensive Care Unit		No limit	
<b>If treated outside our Preferred Provider Network</b>			
Hospital Coverage (Room and Board) (private and semi-private)	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 (no deductible or coinsurance applies)	USD	4,000	
Newborn coverage (no deductible or coinsurance applies)	USD	25,000	
<b>Congenital and hereditary disorders:</b>			
Manifested before age 18 (per insured, per lifetime)	USD	250,000	
Manifested on or after age 18 (per insured, per lifetime)	USD	2,000,000	
Organ transplant (per insured, per lifetime)	USD	500,000	
Air ambulance (per insured, per lifetime)	USD	75,000	
Ground ambulance (per incident)	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	
<b>Please refer to the policy for specific benefits and coverage.</b>			