



Global Care
International

GCI Plans Compared

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Under the Terms and conditions of the Policy, we will pay necessary, customary and reasonable expenses up to an overall maximum, per Insured Person per Period of Insurance

	Care +	Comfort +	Executive +	Elite +
Lump sum in case of death	\$5,000	\$8,000	\$12,000	15'000
OVERALL MAXIMUM LIMIT	\$1,000,000	\$1,000,000	\$1,500,000	\$2,500,000
IN-PATIENT AND DAY-PATIENT BENEFIT				
Hospital Accommodation (single room) including Nursing, Theatre charges and HDU	100%	100%	100%	100%
Surgeons, Consultants, Anaesthesiologists, and Medical Practitioners	100%	100%	100%	100%
Surgical Appliances where used as an integral part of Surgical Procedure	100%	100%	100%	100%
Prescription Drugs and Medicines	100%	100%	100%	100%
Diagnostic Test including MRI/CT/PET Scans, Pathology and X-rays	100%	100%	100%	100%
Hospital Accommodation for One Insured Person to stay with an Insured Child under age 19	100%	100%	100%	100%
Medical Treatment during the first 2 months following birth	Not Included	Within limit of \$50,000 for 1 st 90 days	Within limit of \$50,000 for 1 st 90 days	Within limit of \$50,000 for 1 st 90 days
Home Nursing	\$200 per day for 10 days	\$200 per day for 10 days	\$200 per day for 10 days	\$200 per day for 10 days
Hospital Cash Benefits, daily allowance only when room, board and treatment are not paid by the insurer	\$50 per day up to 50 nights	\$60 per day up to 50 nights	\$100 per day up to 50 nights	\$200 per day up to 50 nights
Emergency Dental Treatment (Received within first 48 hours following an accident)	100%	100%	100%	100%

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Rehabilitation received on an In-patient basis	30 days in/out patient	30 days in/out patient	30 days in/out patient	30 days in/out patient
Physiotherapy	100%	100%	100%	100%
In-Patient Psychiatric Treatment	100%, Maximum 100 days per lifetime membership	100%, Maximum 100 days per lifetime membership	100%, Maximum 100 days per lifetime membership	100%, Maximum 100 days per lifetime membership
Palliative Care	Not Included	Not Included	Up to 30 days	Up to 30 days
ORGAN TRANSPLANT				
Medically necessary implantations We do not pay for the costs associated with the donor or the donor organ	100%	100%	100%	100%
EVACUATION & REPATRIATION (Excess does not apply)				
Evacuation to the nearest suitable Medical Facility and Return to Country of Residence after Treatment	100%	100%	100%	100%
Local Ambulance	100%	100%	100%	100%
Cost of a Medical Escort	100%	100%	100%	100%
Travelling Costs for a Relative to stay with or near Insured Person	100%	100%	100%	100%
Overnight Accommodation Costs incurred by the Insured Person or the Relative travelling with him/her (Maximum 10 Nights per Event)	100%, Maximum \$100 per night	100% Maximum \$150 per night	100% Maximum \$200 per night	100% Maximum \$250 per night

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Medical Referral/Assistance Services including Medical advice and help on replacing essential Prescription Medication	100%	100%	100%	100%
Following Emergency Medical Transfer, arrangement to transport any children under age 19 to a destination of the Insured Person's choice or an Economy Class Air Ticket for someone to travel to the Children	100%	100%	100%	100%
Transportation of Deceased to their Home Country; OR	100%	100%	100%	100%
Contribution Towards a Coffin; OR	100%, Maximum \$250	100%, Maximum \$300	100%, Maximum \$350	100%, Maximum \$400
Cremation Costs in Country where death occurred and transportation of the Urn to either the Home Country or Country of Residence; OR	100%, Maximum \$250	100%, Maximum \$300	100%, Maximum \$350	100%, Maximum \$400
Local Burial in the Country where death occurred (other than Home Country)	100%, Maximum \$750	100%, Maximum \$1,000	100%, Maximum \$1,500	100%, Maximum \$2,000
CANCER TREATMENT				
In-Patient, Out-Patient, and Day -Patient	100%	100%	100%	100%
OUT-PATIENT BENEFIT				
Surgical procedures	100%	100%	100%	100%
Doctors 'fees (general practitioners', family doctors', paediatricians', specialists'), medical personnel care	Not included	100%, Maximum \$2,000	100%, Maximum \$5,000	100%

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Diagnostic tests: Diagnostic laboratory and instrumental tests including pathology tests, electrocardiograms, Medical Imaging (including X-Ray, CT, MRI, PET...)	100%, Maximum \$500	100%	100%	100%
Out-Patient treatment in direct connection with a hospitalisation related to Inpatient treatments within 15 days prior to admission and up to 30 days following hospital release	100%, Maximum \$1,000	100%	100%	100%
Out-Patient drugs and dressings prescribed by a doctor and that are not available without prescription	Not Included	100%, Maximum \$350	100%, Maximum \$800	100%, Maximum \$1,500
Chiropractic, Homeopathy, Osteopathy, Acupuncture, Ayurveda and Herbal and Chinese Medicines, including Prescribed Drugs and Medicines	Not Included	100%, Maximum 5 visits with \$100 max per session but included within the annual limit for Doctors'fees	100%, Maximum 10 visits with \$100 max per session but included within the annual limit for Doctors 'fees	100%, 15 Visits with \$100 max per session
Physiotherapy	Not Included	10 visits but included within the annual limit for Doctors 'fees	15 visits but included within the annual limit for Doctors'fees	30 visits
Out-Patient Psychiatric (12-month waiting period and subject to primary physician referral)	Not Included	100%, Maximum 10 Visits after one year but included within the annual limit for Doctors'fees	100%, Maximum 15 Visits after one year but included within the annual limit for Doctors'fees	100%, Maximum 30 Visits after 1 year

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CHRONIC TREATMENT BENEFIT (90 Day Exclusion.)				
If any investigation or treatment occurs in the first 90 days the condition is regarded as a Pre-Existing Condition				
In-Patient, Day-Care and Out-Patient Treatment for Acute Treatment and Diagnosis of a Chronic Condition	100%,	100%	100%	100%
In-Patient, Day-Care and Out-Patient Treatment for Routine Management and Palliative Treatment for each Chronic Condition	Not Included	Not Included	Not Included	Within Outpatient Physician and Drugs Limit
Hospice Accommodation (Maximum 14 Nights)	100%, Maximum \$100 per night	100%, Maximum \$150 per night	100%, Maximum \$200 per night	100%, Maximum \$250 per night
HIV/Aids (Where contracted as a result of a Blood Transfusion – Cover available after 2 consecutive years cover – Maximum Lifetime Limit \$37,500)	Not Included	100%, Maximum \$2,500	100%, Maximum \$5,000	100%, Maximum \$7,500
CONGENITAL BENEFIT				
Congenital abnormalities not discovered at Birth but which can subsequently be corrected with Surgery (Lifetime Maximum Limit of \$50,000 per congenital condition)	Not Included	Not Included	Not Included	100%, Maximum \$20,000
WELLNESS BENEFIT (6-month waiting period applies)				
Wellness Screening including Cancer Screening and Routine Health Tests	Not Included	100%, Maximum \$200	100%, Maximum \$500	100%, Maximum \$750
Vaccinations	Not Included	100%, Maximum \$200	100%, Maximum \$300	100%, Maximum \$500

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One Annual Eye Exam	Not Included	100%, Maximum \$150	100%, Maximum \$150	100%, Maximum \$320
DENTAL BENEFIT (6-month waiting period applies)				
ROUTINE DENTAL TREATMENT:	Not Included	Not Included	50% maximum \$1000	80% maximum \$3000
Routine Exam (2 per Policy Year)	Not Included	Not Included	Covered but included within the Routine Dental annual limit	Covered but included within the Routine Dental annual limit
Cleaning & Polishing (2 per Policy Year)	Not Included	Not Included		
Fillings (each tooth) and Extractions (each tooth)	50% Maximum \$500	50% Maximum \$500		
EXTRACTION OF WISDOM TEETH AS AN IN-PATIENT, OUT-PATIENT OR DAY-CARE	Not Included	Not Included		
MATERNITY BENEFIT (10-month waiting period applies)				
Complications of Pregnancy and Childbirth	Not Included	100%, Maximum \$10,000	100%, Maximum \$15,000	100%
Routine Pregnancy and Child Birth	Not Included	Not Included	100%, Maximum \$7,500	100%, Maximum \$19,200
Initial Paediatric Check Up	Not Included	Not Included	100%, Maximum \$150	100%, Maximum \$300

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CASH BENEFIT				
Hospital Cash Benefit for In-Patient Treatment received Free of Charge in a Public Hospital where the treatment is a covered benefit under the policy (Maximum 30 Nights)	100%, Maximum \$100 per night	100%, Maximum \$100 per night	100%, Maximum \$200 per night	100%, Maximum \$200 per night
Convalescence Cash Benefit for each complete week of confinement to Home (excluding the first week) (Maximum 4 Weeks)	Not Included	Not Included	Not Included	100%, Maximum \$500
ITEM 14: OUT OF AREA EMERGENCY COVER				
Emergency Treatment outside Area of Cover (Maximum 30 days) only In-patient and day-patient treatment and Ambulance transport to or between hospitals which arises suddenly. We not cover Emergency out-patient treatment whilst you are in the USA	100%, Maximum \$35,000	100%, Maximum \$35,000	100%, Maximum \$35,000	100%, Maximum \$ 50,000

* Total medical expenses charged to the insured person

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