

Boomers in Paradise Health Plan

Medical Plan 2018–2019



General	Coverage
Area of Coverage	Worldwide excluding U.S. Coverage
Policy Lifetime Maximum per Insured	\$2,000,000
Policy Year Deductible (Certificate of Coverage defines your selection) <ul style="list-style-type: none">• Individual• Family <i>Deductible for Family is a maximum of two (2) individually met deductibles per policy year.</i>	\$5,000
Co-Insurance Limit (Out-of-Pocket)	No co-insurance applies
Policy Waiting Period	30 days
Yearly Premium (pro-rated if joining mid-year)	<u>2018-2019 Rate</u>
Ages 40-62	\$1,512.00 per member
Age 63+	\$2,160.00 per member



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Inpatient Benefits	
Hospital Room and Board 60 days per hospital admission. 60 days per policy year.	100% Up to \$600 per day
Intensive Care Unit (ICU) 45 days per confinement. 180 days per policy year.	100% Up to \$1,500 per day
Inpatient Ancillary Hospital Services Including, but not limited to X-rays, drugs, bandages, operating room fees, surgical implants	100%
Inpatient Physician/Specialist Visits Limited to one visit per day per specialty	100%
Inpatient Surgery	100%
Surgeon's Fees	100%
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees
Pre-Admission Testing Must be performed before non-emergency hospitalization	100%
Extended Care Facility 15 days per policy year	100%
Outpatient Benefits	
Outpatient Surgery	100%
Surgeon's Fees	100%
Assistant's Surgeon's Fees	20% of the Primary Surgeon approved fees
Anesthesiologist's Fees	30% of the Primary Surgeon approved fees
Chiropractic Services	25 visits per policy year Benefit combined with Physician/Specialist Visits and Mental Nervous Health
Diagnostic Testing MRI, CT Scan, PET Scan, and other diagnostic machine tests	100%
Dialysis	100%
Emergency Room Services If not admitted to the hospital, a co-payment of \$250 per visit will apply	100%

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Home Health Care 30 days per policy year	100%
Hospice Care 30 days per policy year	100%
Outpatient Physician/Specialist Visits Limited to one visit per day	25 visits per policy year Benefit combined with Physician/Specialist Visits and Mental Nervous Health
Oncology / Cancer Treatment	100%
Reconstructive Surgery Due to covered injury or illness	100%
Outpatient Rehabilitation / Therapeutic Services Physical, Speech, Occupational Therapy	\$40 up 30 visits per policy year
Outpatient Mental/Nervous Health Subject to 12-month waiting period	25 visits per policy year Benefit combined with Physician/Specialist Visits and Mental Nervous Health
Wellness Benefit for Children under the age of 19 Subject to 6-month waiting period	100% Up to \$150 per policy year Deductible waived
Wellness Benefit for Adults Subject to 6-month waiting period Skin cancer testing included	100% Up to \$150 per policy year Deductible waived
Prescription Medication	100% Up to \$2,500 per policy year
Maternity Care (Optional Rider)	
Lifetime maximum of \$50,000; Subject to 10-month waiting period. 100% coverage up to the limits below for the insured female policyholder or insured dependent spouse only.	
Normal Delivery Prenatal and postnatal care	Not covered
Cesarean Section	Not covered
Complications of Pregnancy and Birth	Not covered

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Additional Benefits

Durable Medical Equipment	100%
Emergency Dental Treatment To restore natural teeth damaged in a covered accident	100% Up to \$250 per policy year
Non-Professional Sports	\$50,000 lifetime maximum
Emergency Medical Evacuation / Air Ambulance	100% up to \$50,000 per policy year Deductible waived
Emergency Ground Ambulance	100% Up to \$1,500 per event Deductible Waived
Repatriation of Mortal Remains or Local Burial (In lieu of repatriation)	\$25,000 lifetime maximum Deductible waived
Deductible Reduction	50% after 2 years

All amounts are in USD.

