SUMMARY OF WRLIFE ECONOMY COVER ENGLISH

MODULE 1 INPATIENT	ECONOMY PLAN 1	ECONOMY PLAN 2	ECONOMY PLAN 3	ECONOMY PLAN 4
Maximum limit/person/year Can have deductible from 0 USD to 5000 USD	**10,000 USD**	**20,000 USD**	**40,000 USD**	**80,000 USD**
Room and board semi-private room or private room per day	90 USD/days (Maximum of 180 days)	120 USD/days (Maximum of 180 days)	180 USD/days (Maximum of 180 days)	300 USD/days (Maximum of 180 days)
Intensive care or other specialty	150 USD/days	220 USD/days	300 USD/days	600 USD/days
Hospitalization expenses	1,500 USD/event	2,000 USD/event	2,500 USD/event	3,000 USD/event
Surgery	2,5000 USD/event	3,000 USD/event	3,500 USD/event	4,000 USD/event
Anesthesiologist	Included in hospitalization	Included in hospitalization	Included in hospitalization	Included in hospitalization
In patient physician's visit	Included in hospitalization	Included in hospitalization	Included in hospitalization	Included in hospitalization
Accompanying bed for hospitalized child under 16	Full cover	Full cover	Full cover	Full cover
Emergency outpatient daycare (a simple plaster or strap is not an outpatient emergency)	250 USD/event	300 USD/event	350 USD/event	400 USD/event
Emergency ground ambulance Limited to one trip to the nearest hospital	150 USD/event	200 USD/event	250 USD/event	300 USD/event
Home health care services Care must start upon discharge from the hospital and must be accompanied by attending Physician orders up to 30 days	100% up to 350 USD/year	100% up to 400 USD/year	100% up to 450 USD/year	100% up to 500 USD/year
Oncology in & outpatient	1,500 USD/visit	2,000 USD/visit	3,000 USD/visit	4,000 USD/visit
Organ transplant benefit	Included in hospitalization	Included in hospitalization	Included in hospitalization	Included in hospitalization
HIV	250 USD/visit	300 USD/visit	350 USD/visit	400 USD/visit
Kidney dialysis	1,200 USD/visit	1,500 USD/visit	1,700 USD/visit	2,000 USD/visit

Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 7 weeks (Except USA)	100% up to 100 USD /year	100% up to 120 USD /year	100% up to 150 USD /year	100% up to 200 USD /year
Extension of cover in the country of birth or origin	350 USD up to a period of 3 months	400 USD up to a period of 3 months	450 USD up to a period of 3 months	500 USD up to a period of 3 months
Preexisting condition	CONSIDERED	CONSIDERED	CONSIDERED	CONSIDERED
Waiting period	Covid 14 days	Covid 14 days	Covid 14 days	Covid 14 days

SUMMARY OF WRLIFE ECONOMY COVER ENGLISH

MODULE 2 OPTIONAL OUTPATIENT	ECONOMY PLAN 1	ECONOMY PLAN 2	ECONOMY PLAN 3	ECONOMY PLAN 4
Maximum limit/person/year	1,400 USD	1,500 USD	1,600 USD	1,700 USD
Outpatient per visit	80 USD/visit	90 USD/visit	95 USD/visit	100 USD/visit
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)	25 USD/visit and 400 USD/year	30 USD/visit and 400 USD/year	35 USD/visit and 400 USD/year	40 USD/visit and 600 USD/year
Prescribed vaccines (6 months waiting period)	80 USD/visit	90 USD/visit	95 USD/visit	100 USD/visit
Check Up	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED
MODULE 3 OPTIONAL DENTAL	**ECONOMY PLAN 1**	**ECONOMY PLAN 2**	**ECONOMY PLAN 3**	**ECONOMY PLAN 4**
Maximum limit/person/year	150 USD/year	200 USD/year	350 USD/year	400 USD/year
Dental care only	80 USD/visit	90 USD/visit	100 USD/visit	120 USD/visit
Waiting period	10 months	10 months	10 months	10 months
OPTICAL	**ECONOMY PLAN 1**	**ECONOMY PLAN 2**	**ECONOMY PLAN 3**	**ECONOMY PLAN 4**
Maximum limit/person/year	150 USD/year	200 USD/year	250 USD/year	300 USD/year
Prescribed spectacle lenses, frames and contact lenses,	90 USD/visit	100 USD/visit	120 USD/visit	130 USD/visit
Cataract and macular degeneration (Inpatient or Outpatient)	150 USD/year	200 USD/year	250 USD/year	300 USD/year
Waiting period	10 months	10 months	10 months	10 months