SUMMARY OF WRLIFE INTERNATIONAL COVER ENGLISH

MODULE 1 : HOSPITALIZATION & OTHER COVERAGE INCLUDED IN HOSPITALIZATION		
Deductible from $ 0 USD up to $ 5,000 USD	**SERENITY**	**ELITE**
Maximum Limit / Person / Year	**$ 100,000 up to $ 1,000,000**	**$ 2,000,000**
Room and board	Normal Private Room Full Cover (Maximum of 180 days)	Normal Private Room Full Cover
Intensive care or other specialty unit	Full Cover	Full Cover
Hospitalization expenses	Full Cover	Full Cover
Accompanying bed for hospitalized child under 16 years old	Full Cover	Full Cover
Outpatient hospital facility care for ambulatory surgery or day care total anesthesia. A simple plaster or strap is not an outpatient emergency	Full Cover	Full Cover
Emergency room	Full Cover	Full Cover
Emergency ground ambulance Limited to one trip to the nearest hospital	Full cover	Full cover
Extended care or outpatient rehabilitation connected to hospitalization	Maximum of 30 days for each Medical Condition Maximum of $ 2,500 / calendar year Care must begin upon discharge from inpatient and within the last 14 days	Full Cover Care must begin upon discharge from inpatient
Organ transplant benefit	Up to $ 100,000 / visit	Full cover
Oncology in & outpatient	Full cover	Full cover
MRI in case of inpatient	Full cover	Full Cover
HIV	Full Cover	Full Cover
Kidney dialysis	Full Cover	Full Cover
Physician visits	Full Cover	Full Cover
Surgery	Full cover	Full cover
Anesthesiologist	Full cover	Full cover
Second medical opinion	Full cover	Full cover
Psychiatry connected to accident or terrorism	100% up to $ 1,500 / year	Full cover

	SERENITY	ELITE
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 $ 1,000 / year	Full Cover
Maternity Care : • Hospitalization • Normal and Cesarean section delivery • Prenatal and postnatal care • Complications of Pregnancy *Pregnancy and or any condition related to pregnancy that arises during the first ten (10) months of coverage under this policy are excluded. Any fertility or infertility services are excluded. Pregnancy is not covered if pregnant during the first 10 months of coverage.*	100% up to $ 8,000	Full Cover
Congenital birth defects connected to Maternity *Premature newborns, congenital conditions and birth anomalies for newborns enrolled within 31-days of the date of birth have a lifetime maximum.*	100% up to $ 20,000 Lifetime maximum	100% up to $ 50,000 Lifetime maximum
Newborn cover connected to Maternity	Have to be enrolled same cover than parents within 1 month and premium paid but considered with no preexisting condition	Free the first 6 months and after have to enrolled same cover than parents within 1 month and premium paid but considered with no preexisting condition
Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 7 weeks except USA	100% up to $ 15,000 / year	Full Cover
Extension of cover in the country of birth or origin except USA	Up to a period of maximum 3 months	Up to a period of maximum 3 months
Preexisting condition	To be considered	Possible full cover after 2 years moratorium in case there is no event (in or outpatient) connected to the preexisting condition
Waiting period	Maternity 10 months Covid 14 days	Maternity 10 months Covid 14 days

MODULE 2: OPTIONAL OUTPATIENT		
	SERENITY	**ELITE**
Maximum limit/person/year	**$ 6,000**	**$ 1,000,000**
Hospice care outpatient	$ 10,000 lifetime maximum	$ 20,000 lifetime maximum
Emergency ground ambulance Limited to one trip to the nearest hospital	Full Cover	Full Cover
Physician office visits and treatment	Full Cover	Full Cover
Diagnosis Services • Diagnostic laboratory test and x-rays • MRI, CAT, PET scans and other diagnostic machine test • Pathology • Radiation therapy and chemotherapy • Inhalation therapy	Full Cover	Full Cover
HIV	100% Up to $ 10,000 lifetime	Full Cover
Prescribed vaccines 6 months waiting period	Full Cover	Full Cover
Prescribed durable medical equipment	Rental up to Purchase Price	Rental up to Purchase Price
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist With prior consent	100% up to $ 50 / session and $ 1,000 / year	Full Cover
Prescribed speech therapy and orthotics With prior consent	100% up to $ 50 / session and $ 1,000 / year	Full Cover
Prescribed medical prostheses With prior consent	100% up to $ 2,000 / year	Full Cover
Spa treatments With prior consent	Up to 20 days & $25 / day	Full Cover
Infusion therapy Refer to Comprehensive Medical Coverage	100% up to $ 50 / session and $ 1,000 / year	Full Cover
Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 7 weeks except USA	Full Cover	Full Cover
Extension of cover in the country of birth or origin except USA	100% up to a period of maximum 3 months	100% up to a period of maximum 3 months
Preventive check up	100% up to $300 (After 3 years / every 3 years)	100% up to $ 2,000 (After 3 years / every 3 years)
Gynecologist visit	100% (After 3 years / every 3 years)	100% (After 3 years / every 3 years)

MODULE 3: OPTIONAL DENTAL & OPTICAL		
DENTAL	**SERENITY**	**ELITE**
Maximum limit/person/year	**$ 1,000**	**$ 5,000**
Dental care	Full Cover	Full Cover
Orthodontics Child under 16 and with prior consent	Not Covered	Full Cover up to $ 200
Dental prostheses, inlays, on lays, implants With prior consent and 10 months waiting period	100% up to $ 150 / tooth (max. 4 teeth)	Full Cover once a year up to $ 500 / tooth
Extension of cover in the country of birth or origin except USA	Same condition than previously	Same condition than previously
Waiting period	10 months	10 months
OPTICAL	**SERENITY**	**ELITE**
Maximum limit/person/year	**$ 1,000**	**$ 5,000**
Prescribed spectacle lenses, frames and contact lenses	100% up to $ 150 / year	100% up to $ 1,000 / year
Laser surgery or surgery for vision 10 months waiting period	Not Covered	100%
Cataract and macular degeneration Inpatient or Outpatient	$ 1,000 / year	$ 5,000 / year
Extension of cover in the country of birth or origin except USA	Same condition than previously	Same condition than previously
Waiting period	10 months	10 months

MODULE 4: OPTIONAL LIFE AND PERSONAL ACCIDENT COVER	
Maximum Limit / Person / Year : $ 10,000 up to $ 200,000 *This policy pays a monthly payroll in the event of death or total and irreversible disability of the Insured.*	
Life insurance *In case of death by sickness*	$ 10,000 up to $ 200,000
Life insurance *In case of total disability by sickness*	$ 10,000 up to $ 200,000
Personal accident *In case of death by accident*	$ 10,000 up to $ 200,000
Personal accident *In case of total disability by accident*	$ 10,000 up to $ 200,000

MODULE 5: OPTIONAL PERSONAL LIABILITY	
Maximum Limit / Person / Year: $ 1,000,000	
Physical injury	$ 1,000,000
Material and consequential loss	$ 200,000
Legal fees	$ 2,000 / year
Deductible per claim	$ 200

MODULE 6 : OPTIONAL TRAVEL INSURANCE INCLUDING SCHENGEN VISA	
Maximum Limit / Person / Trip : $ 30,000 up to $ 100,000	
Hospitalization expenses: Inpatient and daycare surgery	$ 30,000 / trip can be extended to $ 100,000
Small outpatient	$ 200 / trip
Dental emergency	$ 100 / trip
Bail bond cover	$ 500
Lawyer's fees	$ 2,000
Assistance in case of theft, loss, destruction of identity papers	$ 100
Enforced Stay Abroad Deductible	$ 50 € / night (max 2 nights)
Enforced early return due to a family member's hospitalization, a childminder, a family member's death, a terrorist attack, an emergency at home: loading for modified return ticket and taxi fares.	$ 150
Accommodation following an emergency during the Insured's trip in his residence home Deductible.	$ 50 / night (max 2 nights)
Sea and mountain rescue	$ 10,000
Diving accident	$ 10,000
Theft, destruction of personal belongings during a transport	$ 1,000
Deductible	$ 150
Over 12 hours delay for the luggage delivery	$ 100
Missed Flight	$ 200
Flight Cancellation	$ 200
Flight delay over 7 hours	$ 100
MODULE 5 : PERSONAL LIABILITY	Included
MODULE 7 : ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN	Included

MODULE 7: OPTIONAL ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN	
Emergency Assistance Repatriation to place of origin or residence Pre-certification must be coordinated as defined. Failure to pre-certify and gain approval will result in no benefit ($0) being paid. Transportation for the covered member will be provided to the nearest hospital or medical facility equipped to treat the injury, illness or medical emergency.	
Emergency air ambulance *Medical evacuation*	Full Cover $ 50,000 / occurrence $ 75,000 lifetime maximum
Repatriation of the body in case of death	$ 5,000
Emergency transportation of a family Member	$ 2,000
Repatriation of mortal remains to country of origin	$ 1,500
Repatriation to place of origin or residence	Full Cover
Repatriation of other family members	$ 2,000
Returning the Insured to the country of expatriation after "consolidation"	$ 2,000