SUMMARY OF WRLIFE MICRO COVER ENGLISH

MODULE 1 INPATIENT	MICRO PLAN 1	MICRO PLAN 2	MICRO PLAN 3
Maximum limit/person/year **Can hace deductible from 0 USD to 5000 USD**	**1,000 USD**	**2,000 USD**	**5,000 USD**
Room and board semi-private room or private room per day	20 USD (Maximum of 180 days)	40 USD (Maximum of 180 days)	80 USD (Maximum of 180 days)
Intensive care or other specialty	50 USD	60 USD	100 USD
Hospitalization expenses	300 USD	500 USD	1,000 USD
Surgery	500 USD	1,000 USD	1,500 USD
Anesthesiologist	Included in hospitalization	Included in hospitalization	Included in hospitalization
In patient physician's visit	Included in hospitalization	Included in hospitalization	Included in hospitalization
Accompanying bed for hospitalized child under 16	Full cover	Full cover	Full cover
Emergency outpatient daycare (accident only)	90 USD	100 USD	130 USD
Emergency ground ambulance Limited to one trip to the nearest hospital	80 USD	100 USD	150 USD
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 200 USD/year	100% up to 250 USD/year	100% up to 300 USD/year
Oncology in & outpatient	800 USD	900 USD	1,000 USD
Organ transplant benefit	Included in hospitalization	Included in hospitalization	Included in hospitalization
HIV	100 USD	150 USD	200 USD
Kidney dialysis	300 USD	500 USD	1,000 USD
Extension of worldwide cover In case of an accident or accidental sickness during a trip of maximum 7 weeks (Except USA)	100% up to 70 USD /year	100% up to 80 USD /year	100% up to 90 USD /year
Extension of cover in the country of birth or origin	COVERED	COVERED	COVERED
Preexisting condition	CONSIDERED	CONSIDERED	CONSIDERED
Waiting period	Covid 14 days	Covid 14 days	Covid 14 days

SUMMARY OF WRLIFE MICRO COVER ENGLISH

MODULE 2 OPTIONAL OUTPATIENT	MICRO PLAN 1	MICRO PLAN 2	MICRO PLAN 3
Maximum limit/person/year	**400 USD**	**500 USD**	**1,000 USD**
Outpatient per visit	40 USD/visit	50 USD/visit	70 USD/visit
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)	15 USD/visit and 400 USD/year	20 USD/visit and 400 USD/year	25 USD/visit and 400 USD/year
Check Up	NOT COVERED	NOT COVERED	NOT COVERED
MODULE 3 OPTIONAL DENTAL	**MICRO PLAN 1**	**MICRO PLAN 2**	**MICRO PLAN 3**
Maximum limit/person/year	**40 USD/year**	**60 USD/year**	**100 USD/year**
Dental care only	20 USD/visit	30 USD/visit	60 USD/visit
Waiting period	10 months	10 months	10 months
OPTICAL	**MICRO PLAN 1**	**MICRO PLAN 2**	**MICRO PLAN 3**
Maximum limit/person/year	**30 USD/year**	**50 USD/year**	**100 USD/year**
Prescribed spectacle lenses, frames and contact lenses,	20 USD/visit	30 USD/visit	50 USD/visit
Cataract and macular degeneration (Inpatient or Outpatient)	NOT COVERED	NOT COVERED	NOT COVERED
Waiting period	10 months	10 months	10 months