

Group Plans Comparison - 2024/2025



DESCRIPTION	GLOBAL FLEX VIP TOTAL	GLOBAL FLEX VIP ULTRA	GLOBAL FLEX VIP SUPERIOR	GLOBAL FLEX VIP STANDARD	GLOBAL FLEX VIP BASIC
GENERAL PLAN INFORMATION					
Maximum cover per person, per policy year	US\$3,000,000	US\$1,500,000	US\$1,000,000	US\$3,500,000	US\$3,000,000
Age limit to apply			Up to 74 years		
Geographical cover options	Any treatment received outside the geographic area of coverage is limited to the emergency non-elective treatment benefit. • Worldwide including USA elective treatment • Africa area of cover restriction For insureds residing in Africa, the area of cover will be restricted to Africa, India, Pakistan, Sri Lanka, Bangladesh, Jordan, Lebanon, Mainland China and the Philippines. • S.E. Asia area of cover restriction For insureds residing in Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Thailand, Timor-Leste (East Timor) and Vietnam, the S.E. area of cover restriction will include Singapore, but exclude Mainland China, Hong Kong, Japan and South Korea.				
INPATIENT BENEFITS	Standard private room (room and board) Up to policy maximum				
OUTPATIENT BENEFITS	Complementary therapy including physiotherapy, traditional Chinese medicine (TCM) and Ayurvedic treatment Up to policy maximum, pre-authorization required after 10 sessions				
	Up to policy maximum, pre-authorization required after 10 sessions	Up to policy maximum, pre-authorization required after 10 sessions	Up to policy maximum, pre-authorization required after 10 sessions	Up to policy maximum, pre-authorization required after 10 sessions	No cover



GROUP PLANS COMPARISON



DESCRIPTION

GLOBAL FLEX VIPTOTAL

GLOBAL FLEX VIP ULTRA

GLOBAL FLEX VIP SUPERIOR

GLOBAL FLEX VIP STANDARD

GLOBAL FLEX VIP BASIC

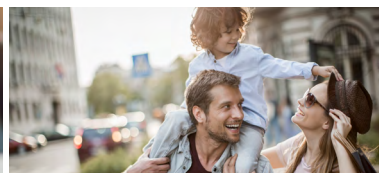
GENERAL PLAN INFORMATION

Maximum cover per person, per policy year	US\$5,000,000	US\$4,500,000	US\$4,000,000	US\$3,500,000	US\$3,000,000
Maximum age to apply for coverage	Up to 74 years				
Geographical cover options	<p>The Policyholder can choose geographical area of cover restrictions as follows: Any treatment received outside the geographic area of coverage is limited to the Emergency non-elective treatment benefit.</p> <ul style="list-style-type: none"> • Worldwide including USA elective treatment • Worldwide excluding USA • Africa area of cover restriction <p>For insureds residing in Africa, the area of cover will be restricted to: Africa, India, Pakistan, Sri Lanka, Bangladesh, Jordan, Lebanon, Mainland China and the Philippines.</p> <ul style="list-style-type: none"> • Asia area of cover restriction <p>For insureds residing in Armenia, Azerbaijan, Brunei, Cambodia, Georgia, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Malaysia, Myanmar, Mongolia, the Philippines, Tajikistan, Thailand, Timor-Leste (East Timor), Turkey, Turkmenistan, Uzbekistan and Vietnam, the Asia area of cover restriction will include Singapore but exclude Mainland China, Hong Kong, Japan, and South Korea.</p> <ul style="list-style-type: none"> • Indian sub-continent area of cover restriction <p>For insureds residing in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka, the Indian sub-continent area of cover restriction will include all named countries and Singapore.</p>				

INPATIENT BENEFITS

Adult companion accommodation (related to a covered hospitalisation of an insured child under age 18)	Up to the maximum benefit
Psychiatric treatment	Up to the maximum benefit, max. of 30 days
Standard private room (room and board)	100% UCR, up to the maximum benefit

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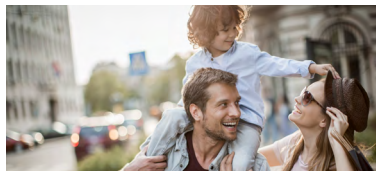
GLOBAL FLEX VIP STANDARD

GLOBAL FLEX VIP BASIC

OUTPATIENT BENEFITS

Complementary therapy including physiotherapy, traditional Chinese medicine (TCM) and Ayurvedic treatment	Up to the maximum benefit, pre-authorisation required after 10 sessions	Up to the maximum benefit, pre-authorisation required after 10 sessions	Up to the maximum benefit, pre-authorisation required after 10 sessions	Up to the maximum benefit, pre-authorisation required after 10 sessions	Physiotherapy: Up to the maximum benefit, 30 days after in-patient / Surgery treatment (covered under physical therapy and rehabilitation)
Day-care treatment	Up to the maximum benefit				
General practitioner and specialist fees	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit, pre and post-operative only, up to 15 days prior to and 30 days after in-patient treatment
Hormone replacement therapy to relieve the symptoms of menopause	Up to US\$500	Up to US\$350	Up to US\$250	No cover	No cover
Nursing care at home	Up to the maximum benefit, max. of 120 days	Up to the maximum benefit, max. of 120 days	Up to the maximum benefit, max. of 90 days	Up to the maximum benefit, max. of 60 days	Up to the maximum benefit, max. of 30 days
Out-patient surgery	Up to the maximum benefit				
Out-patient prescription drugs	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit, pre and post-operative only, up to 15 days prior to and 30 days after in-patient treatment
Psychiatric treatment	Up to US\$10,000	Up to US\$7,500	Up to US\$5,000	Up to US\$2,500	No cover
Travel vaccinations and preventive medication, e.g. against malaria	Up to US\$500	Up to US\$350	Up to US\$250	Up to US\$150	No cover

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MATERNITY BENEFITS

IVF (fertility treatment)	Up to US\$10,000 per lifetime, up to US\$2,500 per attempt and subject to a 25% co-insurance	No cover	No cover	No cover	No cover
Maternity and birth complications	Up to the maximum benefit				
Maternity care	Up to US\$20,000	Up to US\$15,000	Up to US\$12,500	No cover	No cover
Newborn cover	Up to US\$150,000	Up to US\$125,000	Up to US\$100,000	Up to US\$75,000	Up to US\$50,000

MEDICAL EVACUATION BENEFITS

Emergency transportation by air ambulance & emergency medical evacuation	Up to the maximum benefit				
Repatriation of mortal remains	Up to the maximum benefit, US\$20,000 for burial or cremation costs	Up to the maximum benefit, US\$15,000 for burial or cremation costs	Up to the maximum benefit, US\$10,000 for burial or cremation costs	Up to the maximum benefit, US\$7,500 for burial or cremation costs	Up to the maximum benefit, US\$5,000 for burial or cremation costs

GENERAL BENEFITS

Congenital and/or hereditary conditions after 30 days from birth	Up to US\$150,000	Up to US\$125,000	Up to US\$100,000	Up to US\$75,000	Up to US\$50,000
Congenital and/or hereditary conditions from birth up to 30 days	Covered under the newborn benefit				
Diagnostic study services (laboratory tests, X-rays, CT, PET and MRI scans)	Up to the maximum benefit				
External prostheses	Up to US\$3,000 per policy year	Up to US\$2,500 per policy year	Up to US\$2,000 per policy year	Up to US\$1,500 per policy year	Up to US\$1,000 per policy year

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GENERAL BENEFITS

(continued)

HIV- AIDS treatment	Up to US\$50,000				
Oncology (tests, drugs and treatments approved by the FDA or equivalent domestic/international regulatory body)	Up to the maximum benefit				
Organ transplant (per organ/tissue, per lifetime)	Full refund including US\$50,000 for donor costs				
Prescribed physical therapy and rehabilitation	Up to the maximum benefit, max. of 120 days per medical condition	Up to the maximum benefit, max. of 120 days per medical condition	Up to the maximum benefit, max. of 90 days per medical condition	Up to the maximum benefit, max. of 60 days per medical condition	Up to the maximum benefit, max. of 30 days per medical condition
Reconstructive surgery	Up to the maximum benefit				
Renal failure and dialysis	Up to the maximum benefit				
Routine management of chronic conditions	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit	Up to the maximum benefit	No cover
Surgical procedures	Up to the maximum benefit				
Terminal illness / palliative care	Up to US\$150,000 per lifetime	Up to US\$125,000 per lifetime	Up to US\$100,000 per lifetime	Up to US\$75,000 per lifetime	Up to US\$50,000 per lifetime

OTHER BENEFITS

Emergency dental treatment	Up to the maximum benefit
Emergency non-elective treatment outside the geographical area of coverage	<p>Up to the maximum benefit for injuries</p> <ul style="list-style-type: none"> • Up to US\$50,000 for illnesses • Up to US\$500 for out-patient hospital visits

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OTHER BENEFITS

(continued)

Emergency transportation by ground ambulance	Up to the maximum benefit				
Hospital cash benefit	Up to US\$450 per night, max. of 30 nights	Up to US\$400 per night, max. of 30 nights	Up to US\$350 per night, max. of 30 nights	Up to US\$300 per night, max. of 30 nights	Up to US\$250 per night, max. of 30 nights
Passive war and terrorism	Up to the maximum benefit				
Refractive eye surgery (laser)	Up to US\$1,000 (per lifetime)	No cover	No cover	No cover	No cover
Routine and major dental treatment cover	Up to US\$1,500 for routine and up to US\$3,000 for complex, subject to a 20% co-insurance	Up to US\$1,000 for routine and up to US\$2,000 for complex, subject to a 20% co-insurance	No cover	No cover	No cover
Second Medical Opinion VIP®	Access to the medical opinion of internationally renowned experts regarding a condition (no deductible applies)				
USA elective treatment (only available for Insureds who chose the worldwide including USA elective treatment geographical area of cover)	Up to US\$3,000,000				

OPTIONAL ADDITIONAL BENEFITS

Evacuation to country of choice, country of residence or home country	Up to the maximum benefit				
Non-emergency evacuation	Up to US\$2,000				
Wellness and optical	<ul style="list-style-type: none"> Option I - US\$500 Option II - US\$1,000 	<ul style="list-style-type: none"> Option I - US\$500 Option II - US\$1,000 	<ul style="list-style-type: none"> Option I - US\$500 Option II - US\$1,000 	<ul style="list-style-type: none"> Option I - US\$500 Option II - US\$1,000 	N/A
Medical History Disregarded (MHD)	For compulsory group policies of 10 or more employees				

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OPTIONAL ADDITIONAL BENEFITS

(continued)

Maternity care (for compulsory group policies of 5 employees or more)	Included in the policy benefits	Included in the policy benefits	Included in the policy benefits	<ul style="list-style-type: none"> Option I - Up to US\$5,000 Option II - Up to US\$7,500 With and without 20% coinsurance	N/A
Routine and major dental treatment cover (for compulsory group policies of 5 employees or more)	Included in the policy benefits	Included in the policy benefits	<ul style="list-style-type: none"> Option I - Up to US\$500 for routine and up to US\$1,000 for complex Option II - Up to US\$750 for routine and up to US\$1,500 for complex Subject to a 20% co-insurance	<ul style="list-style-type: none"> Option I - Up to US\$500 for routine and up to US\$1,000 for complex Option II - Up to US\$750 for routine and up to US\$1,500 for complex Subject to a 20% co-insurance	N/A
Out-patient treatment	Included in the policy benefits	Included in the policy benefits	Included in the policy benefits	Included in the policy benefits	<ul style="list-style-type: none"> Option I - Up to US\$5,000 for out-patient treatment Option II - Up to US\$5,000 for out-patient treatment including routine management of chronic conditions

WAITING PERIODS

Dental	9 months	9 months	N/A	N/A	N/A
HIV-AIDS	36 months				

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WAITING PERIODS (continued)					
IVF (fertility treatment)	24 months	N/A	N/A	N/A	N/A
Refractive eye surgery	12 months	N/A	N/A	N/A	N/A
Maternity and newborn complications	12 months				
Maternity care	12 months	12 months	12 months	N/A	N/A

If Medical History Disregarded is selected, the waiting periods will still apply to the HIV-Aids and IVF (fertility treatment) benefits, should they be included within the benefits of your Group Policy.

Effective **July 2024**

All contents of this comparative are only for informational purposes. The benefits are governed by the terms described in the conditions of coverage of each policy.

VUMI® GROUP

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