

HTH Worldwide Global Citizen Plan Comparison

Comparison Highlights	Global Citizen Plan	Competing Plan
Expatriate Health Insurance	Health Insurance	Surplus Lines Insurance
Underwriting & Policy Information		
Insurance Company Location	U.S.A	Offshore
Insurance Company Status	Admitted in the U.S.	Not Admitted in the U.S
A.M. Best Rating	A- (Excellent)	A- (Excellent)
Creditable Coverage?	Yes	No
Maximum time allowed in the U.S.	Unlimited	6 months
Can policy be kept upon return to U.S.?	Yes	First 6 months only
Benefit Information		
Medical Maximum	Unlimited	\$5,000,000
Overseas co-insurance	100%	100%
U.S. in network co-insurance	80% to coinsurance maximum (100% thereafter)	80% to \$5,000 (100% thereafter)
U.S. out of network co-insurance	60% to coinsurance maximum (100% thereafter)	75% with no coinsurance maximum
Pre-existing condition exclusion period	180 days- exclusion waived if prior creditable coverage	2 years
Pre-existing condition look back period	180 days	2 years
Pre-existing annual maximum once covered	Unlimited	\$5,000
Pre-existing lifetime maximum once covered	Unlimited	\$50,000
Deductible waiver	Waived for all physician office visits and preventive care	Waived for preventative; Up to \$300 for an accident
Deductible Discount	Reduced by half if you access treatment outside U.S.	Reduced 50% if using preferred provider network
Wellness Benefits	Unlimited policy maximum; no waiting period	12 month waiting period; covered to a sublimit
Chiropractic and Acupuncture	Covered up to \$2,000 annually no waiting period	Covered when referred by a physician
Transplants	Unlimited Policy Maximum	Covered up to \$1,000,000
Mental Health Availability	No waiting period	12 month waiting period
Mental Health Benefit	Inpatient: Subject to coinsurance up to 60 days Outpatient: 75% up to 40 visits/60% thereafter	\$10,000 per period/\$50,000 Lifetime
Anesthesiologist charges	Unlimited policy maximum	Covered to policy maximum

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Benefit Information Continued

Substance Abuse Availability	No waiting period	Not Available
Prescription Drugs Covered	All RX drugs including maintenance medications	RX drugs excluding maintenance medications
Outpatient Drug Rider	\$5,000 maximum-\$15/25 copay in U.S. (copay waived outside U.S.)	Not Applicable
Evacuation and Repatriation of Remains	\$250,000 Annually	To Policy Maximum
AD&D	\$50,000	Available as a Rider
Emergency Dental	\$1,000	\$100
Medical pre-certification requirement	Not required except transplants	Required or 50% reduction in benefits

Conditional Waiting Period

Excluded Illnesses or injuries manifesting in the first 180 days	No specified conditions excluded	asthma, allergies, tonsillectomy, back conditions, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, hysterectomy, hernia, gall stones or kidney stones, any condition of the breast, and any condition of the prostate.
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Claims and Premium Payment

Claims Notice	60 days. All claims submitted will be considered at anytime	Claim must be submitted within 30 days of incident
Claims Complaints	Submitted to third party-State Department of Insurance	Submitted to the Insurer. Located in Europe.
Payment Schedule Loading Rate	No surcharge applied to any payment period	Surcharge applies to semiannual, quarterly and monthly payment schedules