

Blackpoint



Dominus

Schedule of Benefits

Underwritten by:


NATIONAL
group
Nalco Life Insurance Company

This Schedule of Benefits is a brief outline of the benefits payable under this Policy. All benefits are subject to the definitions, conditions, limitations, exclusions, and other provisions of this Policy. All benefit limits and percentages payable are limited to Reasonable and Customary Charges, as defined in this Policy.

POLICY TERMS & COVERED EXPENSES	BENEFIT LIMIT & PERCENTAGE PAYABLE
I. MAXIMUM BENEFIT AMOUNT:	
Maximum Benefit Amount payable per Covered Person, per Contract Year	US\$ 1,000,000
II. DEDUCTIBLE:	
As indicated in the Coverage Summary. Maximum number of deductibles per Contract Year: one per Covered Person and two per family.	
III. COINSURANCE:	
After the Deductible is satisfied, Covered Expenses incurred :	
<ul style="list-style-type: none"> • In Latin America and the Caribbean (except Puerto Rico): No Coinsurance applies. • Outside Latin America and the Caribbean: Covered Expenses are subject to a ten percent (10%) Coinsurance, up to a maximum disbursement of \$2,500, Per Covered Person, per Contract Year. 	
IV. MEDICAL SERVICES:	
Coverage is provided for Inpatient and Outpatient Medical Services, subject to network requirements as indicated in this Schedule of Benefits.	
INPATIENT SERVICES:	
<ul style="list-style-type: none"> • Hospital Room and Board – Outside Latin America and the Caribbean: Benefits payable per day, limited to a Semi-Private room, and to a maximum of 180 days in any 365 days period 	100% up to \$900
<ul style="list-style-type: none"> • Hospital Room and Board – In Latin America and the Caribbean: Benefits payable per day, limited to a Private or Semi-Private room, and to a maximum of 180 days in any 365 days period 	100% up to \$400
<ul style="list-style-type: none"> • Intensive Care Unit and other specialty care units: Benefits payable per day, limited to a maximum of 180 days in any 365 days period 	100%
<ul style="list-style-type: none"> • Surgical Procedures: Limited to Reasonable and Customary Charges incurred for the Medically Necessary treatment of a covered Illness or Accident; including but not limited to operating room, and medical and surgical supplies 	100%

• **Physician / Surgeon Fees:** Limited to Reasonable and Customary Charges incurred for the Medically Necessary treatment of a covered Illness or Accident

(When multiple surgical procedures are performed during the same incision, the secondary procedure will be paid at a maximum of twenty-five percent (25%) of the primary procedure)

100%

• **Assistant Physician / Surgeon Fees:** Only covered when the presence of one or more assistant Physicians/surgeons is considered Medically Necessary for that surgery, and it is approved in advance by The Company's Claims Administrator. Benefits are limited to a maximum of twenty percent (20%) of the fees approved for the principal surgeon

20% of the Surgeon's fees

• **Anesthesiologist Fees / Assistant Anesthesiologist Fees:** Only covered when Medically Necessary for a surgery, and are approved in advance by the Company's Claims Administrator. Total benefits are limited to the lesser of: Reasonable and Customary Charges, or thirty percent (30%) of the fees approved for the principal surgeon

30% of the Surgeon's fees

Other Hospital Services and Supplies: (except personal or comfort items) Including, but not limited to Reasonable and Customary Charges incurred for general nursing care, inpatient inhalation, diagnostic laboratory tests, x-rays, electrocardiograms, electroencephalograms, MRI, CAT scans and other machine diagnostic tests, pre-admission testing, oxygen, prescribed drugs, injections and intravenous solutions

100%

Special Treatments: Coverage is provided only if approved in advance by The Company's Claims Administrator, for Medically Necessary:

- internal prosthesis and implants;.
- dialysis;
- radiation therapy and chemotherapy, therapy services for therapeutic treatment of benign or malignant conditions including charges for X-rays, radium and radioactive isotopes, nuclear medicine procedures, and specialized drugs.

Limited to Reasonable and Customary Charges, benefits are payable at

100%

V. MATERNITY CARE:

Coverage is only provided for the Principal Insured, or for his Dependent spouse, for Reasonable and Customary Charges incurred for normal delivery, including prenatal and postnatal care, complications of pregnancy, cesarean section and newborn routine care (limited to two well baby routine inpatient visits). **The Deductible and Coinsurance are not applicable to Maternity Care benefits.**

- Benefits payable In Latin America, up to a maximum limit of US\$ 7,000

- Benefits payable outside of Latin America, up to a maximum limit of US\$ 7,000

VI. COMPLICATIONS OF BIRTH AND CONGENITAL DEFECTS OF A CHILD BORN UNDER A COVERED PREGNANCY:

A child born to the Principal Insured, or to his Dependent Spouse under a covered maternity, while coverage under this Policy is in force, will be covered for complications of birth and Congenital Defects, including hereditary conditions and/or their consequences. Subject to all terms, provisions and exclusions of the Policy, benefits will be limited to **Reasonable and Customary Charges up to a Maximum Lifetime Benefit Amount of:**

- Before attainment of age 18 US\$ 150,000

- After attainment of age 18 US\$ 1,000,000

(If more than one child is born from the same pregnancy, the total lifetime benefit amount payable will be proportionately distributed between all newborns).

VII. CONGENITAL DEFECTS OF AN INSURED NOT BORN UNDER A COVERED PREGNANCY:

An Insured not born under a covered pregnancy, will be covered for a Congenital Defect, including any surgical or medical treatment required for the treatment of such condition, but only if such Congenital Defect manifests itself after twelve (12) months from the Effective Date of this Policy, and before the Insured's eighteenth (18th) birthday.

Benefits payable (including any benefits already paid under an existing policy or rider), will be limited to Reasonable and Customary Charges, up to a Maximum Lifetime Benefit Amount of

- Before attainment of age 18 US\$ 150,000

- After attainment of age 18 Not Covered

VIII. ORGAN TRANSPLANTS:

Coverage for transplant of human organs and tissues is provided only if all covered services and treatments are provided through the Insurer's Organ Transplant Provider Network. Unless approved by the Company, there is no coverage for organ transplants outside the Organ Transplant Network. The Insured must notify

The Company as soon as he/she, or a Dependent, has been identified as a candidate for a Transplant. The Medical Necessity of an organ transplant shall be determined first by the patient's attending physician, certified by a second surgical or medical opinion, and approved by The Company.

Subject to all terms, provisions and exclusions of the Policy, benefits payable for organ transplants are limited to Reasonable and Customary Charges, up to a Maximum Lifetime Benefit Amount of

US\$ 500,000

This benefit includes physician's services, Inpatient hospital or transplant medical center expenses, surgical procedures for live donors, ancillary costs, Inpatient medications and take-home supplies, outpatient evaluation, and follow-up care.

The only organ transplants covered under this Policy, are the following:

- Heart, Heart and Lung, Single Lung, Double Lung, Kidney, Kidney and Pancreas, Liver, Cornea, Bone and Skin Grafts, Small Intestine.
- Allogenic and Autologous Bone Marrow, except those performed for the treatment of a Congenital Defect (s), including a genetic disease or defect.

IX. RECONSTRUCTIVE SURGERY:

Coverage is provided for Reconstructive Surgery that takes place immediately after or within 90 days from a covered surgical procedure or accident, and is Medically Necessary in order to maintain or restore normal bodily function. Reconstructive surgery is not covered for congenital, hereditary or birth abnormalities for adults covered under this Policy. Benefits payable are limited to Reasonable and Customary Charges, up to a maximum amount, per Covered Person, per Contract Year, of

100%

X. EMERGENCY ASSISTANCE TRANSPORTATION SERVICES:

Coverage is provided for:

- GROUND AMBULANCE:

Emergency transportation on ground ambulance to the nearest suitable medical facility for treatment of a covered condition provided that transportation by any other method would result in loss of life or limb. Benefits are payable per Covered Person, per incident, up to a maximum of

US\$ 1,500

- AIR AMBULANCE:

Emergency transportation on air ambulance to the nearest suitable medical facility, for treatment of a covered condition for which treatment cannot be provided locally, and the attending Physician considers the situation to be life threatening, provided that trans-

portation by any other method would result in loss of life or limb. Air Ambulance transportation must be pre-approved and coordinated by The Company for this coverage to take effect. Benefits are payable up to a Maximum Lifetime Benefit Amount of

US\$ 50,000

- REPATRIATION OF MORTAL REMAINS:

In the event a Covered Person dies outside of his/her Country of Residence, Covered Expenses will include the costs of legal procedures and the necessary preparations for the transportation, as well as for the transportation of the body or ashes to the nearest airport in his/her Country of Residence. All arrangements must be pre-approved and coordinated by The Company for this coverage to take effect. Benefits are payable, per Covered Person, up to a maximum amount of

US\$ 5,000

XI. OUTPATIENT BENEFITS (Benefits are limited to Reasonable and Customary Charges incurred for):

- Annual Checkup after first Policy renewal, payable up to a maximum of US\$ 150
- Medical Visits 100%
- X-Rays and Laboratory 100%
- Radioactive Therapy Services 100%
- Prescribed Medications, per Covered Person, per Contract Year 100% up to US\$25,000

XII. OTHER MEDICAL BENEFITS (Benefits per Covered Person, Per contract year, are limited to Reasonable and Customary Charges incurred for)

- Dental Emergency Treatment due to an Accident covered under the Policy US\$ 25,000
- Special Services that are Medically Necessary (must be pre-approved by The Company) 100%

XIII. TRAVEL ASSISTANCE OUTSIDE COUNTRY OF RESIDENCE

- Emergency Medical Assistance US\$ 10,000
 - Compensation for Loss of Baggage US\$ 1,200
 - Legal assistance for any traffic Violation US\$ 1,000
 - Emergency dental services up to US\$ 200
 - Assistance for locating baggage Service Call
- Claims would be settled on a reimbursement basis to our Insured.

XIV. ADDITIONAL BENEFITS (Both Principal Insured and Spouse)

- Coverage for Natural Death US\$ 10,000
- Additional Benefit for Accidental Death US\$ 10,000

SPECIAL CONDITIONS:

1. Maximum enrollment age under the Policy: 69 years
2. The Maximum Annual Benefit Amount includes any and all other maximum benefit amounts shown in this Schedule of Benefits or added by Policy Rider.
3. The Deductible amount applies to all Covered Expenses, unless otherwise noted. The following will not be used to satisfy the Deductible amount: (a) amounts which are greater than Reasonable and Customary Charges; (b) charges incurred for treatment, services, or supplies which are not covered under this Policy; (c) charges which are in excess of benefit limitations (e.g. number of days, months, visits, or dollar amounts).
4. Coinsurance means the portion of the cost of any medical services that the Insured must pay after the Deductible has been satisfied.
5. The following Waiting Periods apply:
 - a) covered Injury and Infectious Disease become payable on the Effective Date of coverage under this Policy;
 - b) covered Illness other than Injury or Infectious Disease, becomes payable with the exception of newborn children on or after the sixtieth (60th) days following the Effective Date of coverage under this Policy;
 - c) tonsillectomies and/or Adenoidectomies, including complications resulting there from, will be covered after the Covered Person has been continuously insured under this Policy for six (6) consecutive months;
 - d) organ Transplant will be covered after the Covered Person has been continuously insured under this Policy for a period of twelve (12) consecutive months;
 - e) congenital conditions, including complications resulting there from, will be covered if manifest itself after the Covered Person has been continuously insured under this policy for a period of twelve (12) consecutive months.
6. **PRE-CERTIFICATION REQUIREMENTS:** You must contact Our Claims Administrator indicated in the ID card, not less than three (3) business days prior to receiving Hospitalization Medical Care Benefits, /or Surgery and other procedures (see details in the policy) to obtain approval for the Medical Care needed. Emergency Treatment must be notified within forty-eight (48) hours of such treatment. Penalties under this Policy apply for failure to Pre-Certify.

Failure to follow Pre-Certification Requirements. Effect on benefits: The benefits payable for Covered Expenses incurred for all treatments, services, and supplies, whether or not any co-insurance has been met, and after any deductible amount has been applied, will be subject to an additional 30% co-insurance for failure to follow the Pre-Certification requirement.

Blackpoint

Tel: 305.961.1673
Fax: 305.447.9245
info@black-point.net
238 Palermo Ave,
Coral Gables, FL 33134
