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)