



MIAMI SPECIALTY
RISK



MIAMI SPECIALTY RISK

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WHY CHOOSE LLOYD'S FOR WORLDWIDE HEALTH COVERAGE

Miami Specialty Risk Medic**Guard** Health Insurance is 100% underwritten by certain underwriters at Lloyd's. This means that our coverage is backed by the financial strength of Lloyd's £2 billion solvency position which has been given top ratings by A.M. Best, Fitch, and Standard & Poor's. Lloyd's is the world's leading specialist insurance market and is a trusted name in more than 200 countries and territories.

Medic**Guard** Health Insurance is built around the idea of getting you the best medical care. We provide immediate impact from initial diagnosis, regardless of the level of coverage you choose for your company. Not only do we help you navigate the healthcare system - we negotiate denials of claims, hospital & medical bills with added Dental & Vision Advocacy.

We give you the confidence to articulate wishes, concerns and questions with your own treating physician. Essentially, we become your employee's healthcare advocate.



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IT'S OUR SPECIALTY TO PROTECT YOU AND YOUR FAMILY



WHY CHOOSE LLOYD'S FOR WORLDWIDE HEALTH COVERAGE

1) Renewable Coverage: The coverage issued by certain underwriters at Lloyd's cannot be individually canceled by the insurer.

2) Guaranteed Premium: The Table of Premium cannot be increased individually for any reason.

3) Your Choice of Provider: The insured member can select the physician, hospital, or any other medical service, facility of their choice in any part of the world. This coverage includes in and out hospital expenses.



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MEMBER ID CARD

The insured member and his dependents each receive identification cards which are used for admission in hospitals worldwide, doctor's office visits, out patient surgeries and other covered services. A Pharmacy Card is also imbedded to provide prescription medication coverage on a copay basis in the U.S (Scrip World Network Pharmacies).



REIMBURSEMENT OF MEDICAL EXPENSES

Insured will submit our company claim form or one readily accepted by AMA Council, duly completed and signed by the insured and the provider of service. Attached to the claim form, the insured must submit copies of all itemized bills showing description of charges, dates incurred, and name of patient.

You may submit your claim form and receipts to us via Fax, Mail or E-Mail. All submissions must be in English or any other language accepted by the insurer.

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Type of Plan:	Option I	Option II	Option III
MAXIMUM LIFE TIME COVERAGE PER MEMBER & TRANSPLANT MAXIMUM (IN NETWORK ONLY)	\$1,000,000	\$3,000,000	\$5,000,000
Coverage in the U.S.		Coverage outside the U.S.	
In Network In Hospital..... 100% Outpatient..... 80% Emergency Room..... 80% Doctor Office Visits..... 80% Lab and other tests..... 80% Prescription Medication..... 80% Out of Network In Hospital..... 60% Outpatient..... 48% Emergency Room..... 48% Doctor Office Visits..... 48% Lab and other tests..... 48% Prescription Medication..... 48%		Out of Network In Hospital 100% • Intensive Care Room Maximum Daily \$900 • Semi-Private Room & Board Max. Daily \$600 Outpatient 80% Emergency Room 80% Doctor Office Visits 80% Lab and other tests 80% Prescription Medication 80% Rider Coverage Against War and Terror (\$150 per member and \$300 per family)	
General Limitations \$6,000.... Normal Child Birth Reimbursement (after a 12 month waiting period and spouse insured) \$8,000.... Caesarian Child Birth Reimbursement (after a 12 month waiting period and spouse insured) \$600..... Ambulance Service Maximum per case *U.S. Out of Network In Hospital ICU and Semi-Private room limits are the same as Out of the U.S.			

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Physical Therapy
Limit of 40 Visits



Air Ambulance
\$50,000 Limit



Repatriation of Remains
\$10,000 per Insured



HIV Lifetime
\$15,000 Limit



Additional Benefits (in and out of the hospital)

- Any Medical Treatment, Medical Equipment, or Medical Supplies Recognized By The American Medical Association.
- Private duty nursing 24 hours when ordered by attending physician.
- Physician, assistant surgeon up to 20% of surgeon`s fee, medication, x-ray and laboratory services.
- Blood & Blood Plasma.
- Physiotherapy & Hydrotherapy.

Calendar

Premiums are based on the elder of the household, and are prorated according to the date of birth. Premiums increase due to:

1. Age advance
2. Inflation
3. General claims experience adjustments

Fee In Addition To The First Premium Period

The fee will be \$100.00 per individual to be covered under the plan. This amount is to cover the cost of medical exams and retail credit investigation. In the event the coverage applied for is denied, the applicant forfeits this underwriting fee.

Payment Method

Premiums are payable in advance for the remainder of the calendar year premium period in which coverage is issued.

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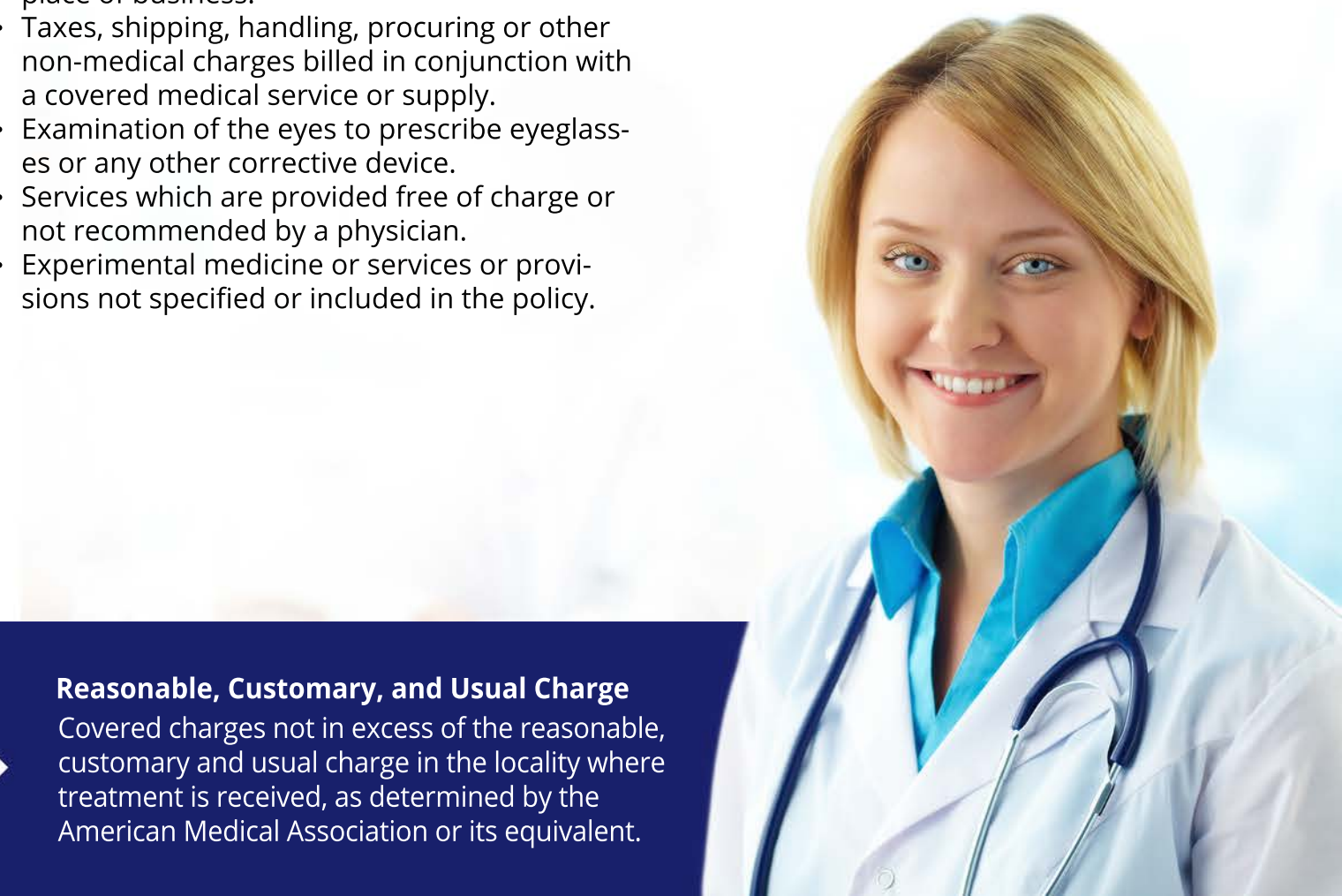
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EXCLUSIONS

- PRE-EXISTING or congenital conditions.
- Fertility Treatments
- Routine physical check ups.
- Cosmetic surgery for any reason.
- Psychological or psychiatric treatment and its medications.
- Non prescription or over the counter medication.
- Hearing aids.
- Acupuncture.
- Alcohol or drug addiction.
- Acts of war - declared or undeclared.
- Self inflicted injuries or suicide.
- Expenses incurred after termination of coverage.
- Dental
- Purchase or rental of: Air conditioners, Air purifiers, motorized transportation equipment, escalators or elevators, general exercise equipment, swimming pools or supplies and attachments therefore in private homes or place of business.
- Taxes, shipping, handling, procuring or other non-medical charges billed in conjunction with a covered medical service or supply.
- Examination of the eyes to prescribe eyeglasses or any other corrective device.
- Services which are provided free of charge or not recommended by a physician.
- Experimental medicine or services or provisions not specified or included in the policy.
- Long term medical care (person unable to manage personal hygiene or feed themselves)
- Epidemics & natural disasters.
- Preventive care or treatment.
- Childbirth by subscriber's dependent child or by subscriber if under individual plan 12 months prior to childbirth.
- Hazardous sports, i.e. professional or semi-professional sports competitions, skydiving, scuba diving, racing with equipment of any kind, etc.
- Refer to policy for complete list of exclusions.



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Reasonable, Customary, and Usual Charge

Covered charges not in excess of the reasonable, customary and usual charge in the locality where treatment is received, as determined by the American Medical Association or its equivalent.



Eligibility:

- Non U.S. Citizen or Non Green Card Holder at the time of application.
- Must not be older than 52 at the time of application
- Excellent Health Status- No Chronic or Major Illness will be considered.

Three easy ways to find out more:

- Inside the U.S. Call us at 1 (866) 729-1274
- Outside the U.S. Call 001-561-479-4377
- Log on to www.miamispecialtyrisk.com
Contact one of our licensed professional agents in the U.S.

How to obtain coverage

1. Complete an application.
2. Submit to a medical examination for all dependents to be insured (dependents include your spouse and unmarried children under the age of 25 who are full time students and financially dependent on you for their support).

How to obtain coverage

At Miami Specialty Risk we strive to provide U.S. based medical benefits and coverage to foreign nationals, including worldwide coverage. This distinguishes us from other international plans.

We provide pharmacy and network cards to insured without having to pay for lion share of benefits out of pocket and wait to be reimbursed in the U.S. for such expenses as doctor visits, prescription medication, outpatient procedures, and more.



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The Medic-Guard Plan
Marketed & Administered by
Miami Specialty Risk

Underwritten by
Certain Underwriters at
Lloyd's