

CitizenSecure vs CitizenSecure Economy

Benefit	CitizenSecure	CitizenSecure Economy
Overall Maximum Benefit	\$5 Million Lifetime	\$5 Million Lifetime~
Coverage Area	Option 1-Including the US and Canada Option 2-Excluding the US and Canada	Worldwide
Deductibles Available	\$250, \$500, \$1000, \$2500 or \$5000 per Member per Certificate Period	\$250, \$500, \$1000, \$2500 or \$5000 per person per Certificate Period
Family Deductible	Maximum of 3 Deductibles per Family per Certificate Period	Maximum of 3 Deductibles per Family per Certificate Period
Coinsurance-Claims incurred in US or Canada	After the Deductible, Underwriters will pay 80% of the next \$5000 of Eligible Expenses per Member, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider.	After the Deductible, Underwriters will pay 80% of the next \$5000 of Eligible Expenses per Member, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider.
Coinsurance-Claims incurred outside US or Canada	After the Deductible, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit.	After the Deductible, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit.
Family Coinsurance	After \$3000 of Coinsurance has been paid per Family per Certificate Period, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit.	After \$3000 of Coinsurance has been paid per Family per Certificate Period, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit.
Pre-existing Conditions	Same as any other Injury or Illness if disclosed on Application and not excluded or limited by Rider	\$5000 per Certificate Period subject to a Lifetime Maximum of \$50,000 (including Acute Onset claims) after 24 months of Continuous Coverage hereunder.
Acute Onset of Pre-existing Condition		\$1000 during the first Certificate Period and \$2500 during the second Certificate Period
Maternity-Normal or Complicated Delivery	After the Deductible, Underwriters will pay 50% of the next \$100,000 of Eligible Medical Expenses, then 100% to a Lifetime Maximum of \$250,000. Covered Maternity expenses include pre-natal, Delivery, and pos-natal care (after 12 months of Continuous Coverage).	\$5000 per Pregnancy after 12 months of Continuous Coverage hereunder, including Inpatient, Outpatient and other benefits as herein provided. Not subject to co-insurance.
Maximum for Maternity	\$250,000 Lifetime	
Newborn Care	Included as part of Maternity benefits for a maximum of 60 days	\$15,000 per covered Pregnancy, including Inpatient, Outpatient and other benefits as herein provided during the first 60 days of life.

Human Organ/Tissue Transplants	Same as any other illness for Covered Transplants (Covered Transplants include: Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver, and Allogenic and Autologous Bone Marrow.)	<u>Organ Transplants</u> : \$250,000 Lifetime Maximum for Covered Transplants. (Covered Transplants include: Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver, and Allogenic and Autologous Bone Marrow.)
Mental Health Disorders	\$10,000 per Certificate Period \$25,000 Lifetime Maximum \$50 Maximum per visit per day for outpatient care (after 12 months of Continuous Coverage)	\$60 per outpatient visit, after 12 months of continuous coverage
Inpatient Benefits (All Subject to Deductible and Coinsurance)		
Hospital Room and Board-In US or Canada	*Not available to applicants electing Option 2. Average Semi-Private Room Rate	600 per day, maximum of 240 days per Hospitalization (including ICU days).
Hospital Room and Board-Outside US or Canada	Average Private Room Rate	600 per day, maximum of 240 days per Hospitalization (including ICU days).
Intensive Care Unit-In US or Canada	*Not available to applicants electing Option 2. Usual, Reasonable, and Customary	\$1500 per day, maximum of 240 days per Hospitalization (including non-ICU days).
Intensive Care Unit-Outside US or Canada	Usual, Reasonable, and Customary	\$1500 per day, maximum of 240 days per Hospitalization (including non-ICU days).
Lab, X-Rays, and Other Covered Inpatient Services and Supplies	Usual, Reasonable, and Customary	Usual, Reasonable, and Customary (except as limited herein)
Outpatient Benefits (All Subject to Deductible and Coinsurance)		
Office Visits (Including Physician, Specialist Physician, Psychiatrist, Chiropractor, Surgical Consultant, Physical or Occupational Therapist)	Usual, Reasonable, and Customary	25 visits per Certificate Period per person as provided herein. Physician-\$70 per visit Specialist Physician-\$70 per visit Psychiatrist-\$60 per visit, after 12 months of Continuous Coverage Surgical Consultant-\$500 per Consultation prior to Surgery X-Rays-\$250 per Exam (includes Sonograms, Ultrasounds, and diagnostic Mammograms) Laboratory-\$300 per Exam (Includes

		all procedure carried out on one specimen.)
Physical Therapy	\$50 Maximum per visit per day	\$50 per visit (must be prescribed a Physician who is not affiliated with the Physical Therapy Practice)
Chiropractor	\$50 Maximum per visit per day	\$50 per visit (must be prescribed by another non-Chiropractor Physician)
Local Ambulance	Usual, Reasonable, and Customary	\$1500 per Certificate Period per Person
Inpatient and Outpatient Benefits (All Subject to Deductible and Coinsurance)		
Prescription Drugs/Medications	Usual, Reasonable, and Customary	Usual, Reasonable, and Customary
Surgery	Usual, Reasonable, and Customary	Usual, Reasonable, and Customary
Assistant Surgeon	20% of Surgeon Benefit	20% of Surgeon Benefit
Anesthesiologist	Usual, Reasonable, and Customary	20 % of Surgeon Benefit
Midwife Services	Not Covered	\$500 per covered Pregnancy
MRI, CAT Scan, Echocardiography, Colonoscopy, and Cystoscopy	Usual, Reasonable, and Customary	\$600 per exam
Chemotherapy and Radiation	Usual, Reasonable, and Customary	Usual, Reasonable, and Customary
Wellness Benefits (Not Subject to Deductible or Coinsurance)		
Wellness	<p>All Wellness benefits are available after 12 months of Continuous Coverage and are not subject to Deductible</p> <p><u>Members Under Age 19</u>: \$50 per visit (including immunizations), maximum of 3 visits per Certificate Period.</p> <p><u>Members Age 30 and Over</u>: \$250 per Member per Certificate Period</p> <p><u>Female Members Age 40 and Over (or Qualifying Woman at Risk as herein defined)</u>: \$100 per Member per Certificate Period for a screening Mammogram</p>	<p>All Wellness benefits are not subject to Deductible or Coinsurance.</p> <p><u>Well Child (Under Age 19)</u>: \$50 per visit for a maximum of 3 visits per Certificate Period (included in Office Visit Limit), after 12 months of Continuous Coverage.</p> <p><u>Wellness (Adult 19+)</u>: \$250 per Certificate Period, after 24 months of Continuous Coverage hereunder, including Office Visit for \$70 and X-Ray and Lab for \$180.</p>
Other Benefits (All Subject to Deductible and Coinsurance)		
All Other Expenses	Usual, Reasonable, and Customary	
Durable Medical Equipment	Usual, Reasonable, and Customary for wheelchair, hospital bed, and/or toilet	Usual, Reasonable, and Customary for wheelchair, hospital bed, and/or toilet
Emergency Medical Evacuation	\$50,000 Lifetime Maximum	\$50,000 per Certificate Period
Repatriation of Remains	\$25,000 Limit	\$25,000 Maximum
Emergency Reunion	\$10,000 Lifetime Maximum	\$5000 Lifetime Maximum
Pre-certification Penalty	50%	50%
Other Options Available for Both CitizenSecure and CitizenSecure Economy		

Option Dental Rider

Certificate Period	One	Two	3 and After
Preventative Dental Benefits Children Age 9 through 16 (After 3 months of Continuous Coverage)	100%	100%	100%
Basic Dental Benefits (After 6 months of Continuous Coverage)	50%	65%	80%
Major Dental Benefits	30 %	40%	50%
Dental Deductible	\$100 per Certificate Period per person	\$100 per Certificate Period per person	\$100 per Certificate Period per person
Maximum Dental Benefits	\$500 per Certificate Period per person	\$750 per Certificate Period per person	\$1000 per Certificate Period per person

Optional Term Life Insurance and Accidental Death and Dismemberment (Not available to residents of the US, regardless of Citizenship)

Term Life Insurance

Age	Option 1-Principal Sum	Option 2-Principal Sum
19 to 59	\$50,000	\$100,000
60 to 64	\$25,000	\$50,000
65 to 69	\$10,000	Not Available
Dependent Child	\$5,000	Not Available

**You may choose a different option for each family member taking Term Life Coverage.*

Accidental Death and Dismemberment

Accidental Death	Principal Sum to Beneficiary
Accidental Loss of Two Limbs	Principal Sum to Member
Accidental Loss of One Limb	50% of Principal Sum to Member

**"Limb" means hand, foot, or eye. The Benefit is based on age at the time of death or dismemberment.*

For more information, Quotes and to Apply


Please go to

www.insurance-network.com

John K Arnold

Email: john@insurance-network.com

PH: 407-592-0311



For more information including
Online quotes, application and issue

John K Arnold Insurance

5415 Lake Howell Rd #325

Winter Park, FL 32792

Ph: 407-592-0311

Ph: 888-592-0311

Skype: john.k.arnold

International website: www.insurance-network.com

Email: john@insurance-network.com

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Please let me know how I can help you