

SPECIAL U.S.A.



# HYPHEN PROTECT

## International Private Medical Insurance Summary of Benefits



**HYPHEN INSURANCE**

[www.hyphen-insurance.com](http://www.hyphen-insurance.com)

“We are on your side to protect your health worldwide



Developed to protect your health, and that of your family, worldwide, including in your home country, **Hyphen Protect** is a comprehensive self-paid international medical health insurance plan specifically designed for people of any nationality who reside or are settling in the United States of America.

Through its three levels of coverage (Silver, Gold, and Platinum) the **Hyphen Protect** plan offers extensive protection that best meets your requirements and is in line with your budget.

Although you are a Self-Payer for Routine Health Care, we offer you a cashless experience in case of Hospitalization and Critical Illness to ensure continued peace of mind despite the hazards.

## ABOUT US

Hyphen Insurance is a company committed to developing and providing innovative international health insurance solutions for expatriates and locals.


Thanks to our expertise and partnerships with leading companies in the insurance industry, we can offer comprehensive cover all over the world that is tailored to location and context, as well as to group or individual requirements.


Through our combined accumulated experience, we at Hyphen Insurance have come to the conclusion that **emotions are all that matter**. That is why, drawing on our knowledge of risk management and international living, our ambition is for you to feel complete peace of mind about one of the most essential elements of a stress-free life: your Health.


# Summary of Benefits in USD




All benefits contained in this Summary of Benefits are per insured member and per twelve (12) month period of coverage.

BASIC COVERAGE



 <b>OVERALL MAXIMUM LIMIT</b>			
BENEFITS	SILVER	GOLD	PLATINUM
Overall Maximum Limit	\$1,500,000	\$2,500,000	\$5,000,000

 <b>MEDICAL TRANSPORTATION</b>			
BENEFITS	SILVER	GOLD	PLATINUM
<b>Emergency Ground Ambulance Transportation</b> (Limited to one-way trip. Only for hospitalization and hospital services in compliance with the Policy Terms & Conditions)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Medical Evacuation</b> (Mandatory pre-authorization required)	Up to \$150,000	Up to \$150,000	Up to \$150,000
<b>Medical Repatriation Air Ambulance Service</b> (Mandatory pre-authorization required)	Up to \$50,000	Up to \$50,000	Up to \$50,000
<b>Commercial Airline Repatriation</b> (Economy/Coach/Premium economy class and Business class only one-way trip. Mandatory pre-authorization required)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)

 <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>			
BENEFITS	SILVER	GOLD	PLATINUM
Up to \$ 50,000	Included	Included	Included

 <b>INPATIENT AND OUTPATIENT HOSPITALIZATION INCLUDING OUTPATIENT HOSPITAL SERVICES</b>			
Mandatory pre-authorization required except for emergency hospitalization			
BENEFITS	SILVER	GOLD	PLATINUM
\$1,500 deductible applied per insured member and per twelve (12) month period of coverage.			
<b>Hospital Accommodation</b>	Paid in full Semi-private room. Television and Internet not included (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full Private room. Television and Internet included (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full Private room. Television and Internet included (According to Usual and Reasonable Charges as defined in this Policy)
<b>Visitor Bed</b> (According to the hospital's regulations and availability, for parents or legal tutor accompanying a child under 21 years old)	Up to \$1,500	Up to \$2,500	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)

BENEFITS	SILVER	GOLD	PLATINUM
<b>Charge For:</b> ✓ Pre-Admission Testing (PAT) ✓ Consultation with Specialist ✓ Operating Room and Recovery Room ✓ Surgeon or Attending Physician(s) Fee ✓ Anesthesiologist Fee ✓ Tests <ul style="list-style-type: none"> <li>• Laboratory Test</li> <li>• Basic Diagnostic Services</li> <li>• Advanced Diagnostic Imaging</li> </ul> ✓ Prescribed Drugs (During the hospitalization) and Dressings	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Reconstructive Surgery: Breast, Facial and Dental</b> (Directly related to and following an accident, a hospitalization, or a critical illness in compliance with the Policy Terms & Conditions)	Up to \$5,000	Up to \$15,000	Up to \$20,000
<b>Intensive Care Unit (ICU) and Coronary Care Unit (CCU)</b>	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Medical Implant</b> (Device and tissue)	Up to \$15,000	Up to \$30,000	Up to \$50,000
<b>External Prosthetic Device</b>	Up to \$5,000	Up to \$10,000	Up to \$15,000
<b>Inpatient Rehabilitation</b> (Up to 30 consecutive days. Directly related to and following an accident, a hospitalization, or a critical illness in compliance with the Policy Terms & Conditions)	Up to \$4,000	Up to \$6,000	Up to \$8,000
<b>Durable Medical Equipment (DME)</b>	Up to \$2,500	Up to \$2,500	Up to \$2,500
<b>Inpatient Mental Health Condition</b> (Subject to a 10-month waiting period)	Not covered	Up to \$8,000	Up to \$15,000
<b>Home Health Care</b> (Directly related to and following an accident, a hospitalization, or a critical illness in compliance with the Policy Terms & Conditions)	Up to \$5,000	Up to \$10,000	Up to \$15,000
<b>Palliative Care</b>	Up to \$15,000	Up to \$25,000	Up to \$35,000

 <b>CRITICAL ILLNESS</b> Mandatory pre-authorization required			
BENEFITS	SILVER	GOLD	PLATINUM
<b>Cancer</b> (Includes: surgical oncology, radiation therapy, chemotherapy, immunotherapy, hormone therapy, tests and prescribed drugs)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Kidney Dialysis</b>			
<b>Organ, Bone Marrow and Stem Cell Transplants</b>			
<b>Heart Disease and Stroke</b>			

# MEDICAL SERVICES TO BE PAID UPFRONT

(Except for Inpatient Hospitalization for Normal Labor and Delivery)



## MEDICAL EMERGENCY


BENEFITS	SILVER	GOLD	PLATINUM
<b>Emergency Room (ER)</b> (Only covered in case of medical emergency as defined in the Policy Terms and Conditions. Section 1 – Glossary)	Paid in full after \$250 copayment (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full after \$250 copayment (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full after \$250 copayment (According to Usual and Reasonable Charges as defined in this Policy)
<b>Urgent Care</b>	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Emergency Dental Care</b> (Directly related to and following an accident during the period of coverage and in compliance with the Policy Terms & Conditions)	Up to \$400	Up to \$700	Up to \$1,000



## ROUTINE HEALTH CARE


BENEFITS	SILVER	GOLD	PLATINUM
<b>Consultation:</b> <ul style="list-style-type: none"> <li>• General Practitioner (GP)</li> <li>• Specialist (Including medical procedures during a consultation)</li> <li>• Ophthalmologist (Ophthalmic emergency only)</li> </ul>	5 consultations covered up to \$300. From the 6th consultation covered up to \$100 per consultation	10 consultations covered up to \$500. From the 11th consultation covered up to \$200 per consultation	15 consultations covered up to \$700. From the 16th consultation covered up to \$300 per consultation
<b>Insertion or Removal of a Contraception Device by a General Practitioner (GP) or Specialist</b> (Contraceptive implant, ring diaphragm and IUD)	Up to \$150	Up to \$250	Up to \$350
<b>TELADOC® Teleconsultation</b>	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Psychiatrist and Psychologist Session</b> (Subject to a 6-month waiting period. Mandatory pre-authorization required)	Not covered	Up to \$1,000	Up to \$2,500
<b>Speech Therapy Session</b> (Subject to a 6-month waiting period. Mandatory pre-authorization required)	Not covered	Up to \$1,500	Up to \$2,500
<b>Basic Diagnostic Services</b> (Mandatory prescription required) <b>For example but not limited to:</b> Electrocardiogram (ECG), X-Ray, ultrasound and laboratory tests	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)

BENEFITS	SILVER	GOLD	PLATINUM
<b>Advanced Diagnostic Imaging</b> (Mandatory prescription and pre-authorization required) <b>For example but not limited to:</b> CT scan, mammogram, MRA, MRI, nuclear cardiology scan, PET scan, endoscopy and colonoscopy	Up to \$4,000 (Only approved for Hyphen Insurance designated facilities)	Up to \$8,000 (Only approved for Hyphen Insurance designated facilities)	Up to \$10,000 (Only approved for Hyphen Insurance designated facilities)
<b>Outpatient Rehabilitation and Physiotherapy Session*</b> (Mandatory prescription and pre-authorization required for more than one session) *Not related to inpatient or outpatient hospitalization rehabilitation	Up to \$2,000	Up to \$4,000	Up to \$8,000
<b>Chiropractic and Osteopathy Session</b>	Up to \$500	Up to \$1,000	Up to \$2,000
<b>Allergy Testing, Treatment and Drugs</b>	Not covered	Up to \$400	Up to \$800
<b>Durable Medical Equipment (DME)</b> (Mandatory prescription and pre-authorization required)	Up to \$500	Up to \$1,000	Up to \$2,000





## PRESCRIPTION DRUGS AND PHARMACY



Mandatory prescription required




BENEFITS	SILVER	GOLD	PLATINUM
<b>Generic Drugs</b>	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Preferred Brand Name Drugs</b>	25% coinsurance Up to \$5,000	25% coinsurance Up to \$7,500	25% coinsurance Up to \$10,000
<b>Non-Preferred Brand Name Drugs</b>	50% coinsurance Up to \$5,000	50% coinsurance Up to \$7,500	50% coinsurance Up to \$10,000
<b>Specialty Drugs</b> (Mandatory prescription and pre-authorization required)	50% coinsurance Up to \$7,000	50% coinsurance Up to \$10,000	50% coinsurance Up to \$15,000
<b>Psychotropic Medication and Sleeping Pills</b>	Up to \$200	Up to \$400	Up to \$600
<b>Acne Treatment</b> (Covered up to 21 years old)	Up to \$300	Up to \$500	Up to \$800
<b>Contraceptive Implant, Pill, Ring Diaphragm, Birth Control Patch and IUD</b>	Up to \$ 150	Up to \$250	Up to \$350
<b>Nicotine Replacement</b>	Not covered	Up to \$100	Up to \$150

	<b>VACCINES</b> Mandatory prescription required	
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BENEFITS	SILVER	GOLD	PLATINUM
Preventive Vaccine for Adults	Up to \$400	Up to \$600	Up to \$1,000
Preventive and Mandatory Vaccine for Children			
Requested Vaccine for School Entry			
Compulsory Travel Vaccine (Except for Covid-19)			

	<b>PREVENTIVE FEMININE CARE</b> Specific benefits for women. Subject to a 6-month waiting period	
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BENEFITS	SILVER	GOLD	PLATINUM
<b>Cervical Cancer Screening (PAP Test)</b> (Every year)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)
<b>Mammogram</b> (Every year, for women aged 40 and older)	Up to \$500	Up to \$700	Up to \$900
<b>Bone Density Test</b> (Every 2 years, for women aged 45 and older)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)	Paid in full (According to Usual and Reasonable Charges as defined in this Policy)

	<b>ALTERNATIVE MEDICINE &amp; TRADITIONAL CHINESE MEDICINE</b>
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BENEFITS	SILVER	GOLD	PLATINUM
<b>Acupuncturist, Naturopath, Reflexologist, Herbal Medicine, Cupping Therapy and Integrative Medicine</b>	Not covered	Up to \$1,000	Up to \$2,000

	<b>WELLNESS SCREENING (CHECK-UP)</b> Subject to a 10-month waiting period. Mandatory prescription required	 
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BENEFITS	SILVER	GOLD	PLATINUM
Blood Test and Urinalysis Test	Up to \$500 (Only approved for Hyphen Insurance designated facilities)	Up to \$1,500 (Only approved for Hyphen Insurance designated facilities)	Up to \$2,000 (Only approved for Hyphen Insurance designated facilities)
Prostate Cancer Screening			
Home Colon Cancer Screening Test			
Skin Cancer Screening			
HIV Test			
Hepatitis B Screening	Up to \$1,000 (Only approved for Hyphen Insurance designated facilities)	Up to \$1,500 (Only approved for Hyphen Insurance designated facilities)	Up to \$2,000 (Only approved for Hyphen Insurance designated facilities)
<b>Colonoscopy</b> (Every 4 years, for insured members aged 45 and older. Mandatory pre-authorization required)			



### DENTAL (Optional Benefit)

**Preventive and Basic Dental Services: subject to a 3-month waiting period**  
**Major Dental Services: subject to a 6-month waiting period**  
**Orthodontics Treatments: subject to a 10-month waiting period**



BENEFITS	SILVER	GOLD	PLATINUM
<b>Preventive Dental Services</b> (Exams, x-rays and cleaning)	Up to \$1,000	Up to \$2,000	Up to \$4,000
<b>Basic Dental Services</b> (Extractions, tooth decay & cavities and periodontics)			
<b>Major Dental Services</b> (Crowns and caps, implants, root canals, veneers, etc.)			
<b>Orthodontics Treatments</b> (Covered up to 18 years old)	Not covered	Up to \$1,000	Up to \$1,500



### VISION (Optional Benefit)

**Subject to a 6-month waiting period**



BENEFITS	SILVER	GOLD	PLATINUM
<b>Routine Vision Exam</b>	Up to \$50	Up to \$100	Up to \$200
<b>Frames, Lenses and Contact Lenses</b> (Mandatory prescription required for lenses and contact lenses. Limited to 1 pair of frames every 2 years)	Up to \$200	Up to \$400	Up to \$600
<b>Laser Vision Correction</b> (Astigmatism, cataract, hyperopia, keratoconus and myopia)	Not covered	Up to \$500	Up to \$700



### MATERNITY (Optional Benefit)

**Subject to a 10-month waiting period**  
**Pregnancy must begin after the waiting period**



BENEFITS	SILVER	GOLD	PLATINUM
<b>Maternity Package Includes</b> Obstetrician fees, prenatal care, childbirth preparation classes, postnatal care (received by the mother and immediate care of newborns)	Not covered	Up to \$4,000	Up to \$5,000
<b>Normal Labor and Delivery</b>	Not covered	Up to \$7,000	Up to \$15,000
<b>Childbirth Complication and Cesarean Section Surgery</b> (Only in case of emergency or if instructed by the obstetricians as a medical necessity)	Not covered	Up to \$14,000	Up to \$20,000

**Notice:** the information in this Summary of Benefits does not supersede, in any way, the Summary of Benefits in the Policy Terms and Conditions.



## “ What is included in the Basic and Comprehensive Coverage?

### What are the Optional Benefits?

#### BASIC COVERAGE

- Medical Transportation
- Accidental Death and Dismemberment
- Inpatient and Outpatient Hospitalization
- Critical Illness

#### COMPREHENSIVE COVERAGE

- Basic Coverage +
- Medical Emergency
- Routine Health Care
- Prescription Drugs and Pharmacy
- Vaccines
- Preventive Feminine Care
- Alternative Medicine & Traditional Chinese Medicine
- Wellness Screening (Check-Up)

#### OPTIONAL BENEFITS(1)

- Dental & Vision
- Maternity

(1)Optional Benefits can only be subscribed in addition to the Comprehensive Coverage.



## “ Why do we make the difference in the International Health Insurance Industry for the U.S. market?

- An International Health Insurance making the difference thanks to a 100% American Plan Administrators and Medical Networks for highly effective Care Management
- Worldwide coverage
- Personalized Care Team always by your side
- Comprehensive Solutions with a fair price



## Protected & Peaceful

**LLOYD'S**

### Reinsurer

Standard & Poor's: A+ (Strong)

Founded in 1686, Lloyd's of London is one of the largest reinsurance companies in the world. Lloyd's of London, generally known simply as Lloyd's, is an insurance and reinsurance market located in London, England. Unlike most of its competitors in the industry, it is not an insurance company; rather, Lloyd's is a corporate body governed by the Lloyd's Act 1871 and subsequent Acts of Parliament. It operates as a partially-mutualized marketplace within which multiple financial backers, grouped in syndicates, come together to pool and spread risk. These underwriters, or "members", are a collection of both corporations and private individuals, the latter being traditionally known as "Names".



### Hospitalization Administrator

Spectrum Review Services (SRS) offers a broad variety of medical review services for insurers and claim management entities. Unlike other review businesses, Spectrum distinguishes itself through highly personalized service. When you call Spectrum, your first response will never be a machine. Instead, your interactions with us will be highly personal and tailored to suit your particular medical management needs.

## OUR PARTNERS

To improve customer satisfaction and facilitate the use of your health plan, we have brought together leading companies in the health insurance field.

For further information or to obtain a quote,  
please contact your health insurance broker



contact@hyphen-mobility.com  
www.hyphen-mobility.com



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**For General Information  
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on behalf of the Hyphen Insurance  
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