



PARTICIPATIVE INTERNATIONAL MEDICAL INSURANCE

Mutualist, affordable, ethical

| MODULE 1 INPATIENT | ECONOMY PLAN 1 | ECONOMY PLAN 2 | ECONOMY PLAN 3 | ECONOMY PLAN 4 |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Maximum limit/person/year Can have deductible from 0 USD to 5000 USD | 10,000 USD | 20,000 USD | 40,000 USD | 80,000 USD |
| Room and board semi-private room or private room per day | 90 USD (Maximum of 180 days) | 120 USD (Maximum of 180 days) | 180 USD (Maximum of 180 days) | 300 USD (Maximum of 180 days) |
| Intensive care or other specialty | 150 USD | 220 USD | 300 USD | 600 USD |
| Hospitalization expenses | 1,500 USD | 2,000 USD | 2,500 USD | 3,000 USD |
| Surgery | 2,500 USD | 3,000 USD | 3,500 USD | 4,000 USD |
| Anesthesiologist | Included in hospitalization | Included in hospitalization | Included in hospitalization | Included in hospitalization |
| In patient physician's visit | Included in hospitalization | Included in hospitalization | Included in hospitalization | Included in hospitalization |
| Accompanying bed for hospitalized child under 16 | Full cover | Full cover | Full cover | Full cover |
| Emergency outpatient daycare | 250 USD | 300 USD | 350 USD | 400 USD |
| Emergency ground ambulance Limited to one trip to the nearest hospital | 150 USD | 200 USD | 250 USD | 300 USD |
| 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 350 USD/year | 100% up to 400 USD/year | 100% up to 450 USD/year | 100% up to 500 USD/year |
| Oncology in & outpatient | 1,500 USD | 2,000 USD | 3,000 USD | 4,000 USD |
| Organ transplant benefit | Included in hospitalization | Included in hospitalization | Included in hospitalization | Included in hospitalization |
| HIV | 250 USD | 300 USD | 350 USD | 400 USD |
| Kidney dialysis | 1,200 USD | 1,500 USD | 1,700 USD | 2,000 USD |
| Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 6 weeks | 100% up to 100 USD /year | 100% up to 120 USD /year | 100% up to 150 USD /year | 100% up to 200 USD /year |
| Extension of cover in the country of birth or origin | 350 USD up to a period of 3 months | 400 USD up to a period of 3 months | 450 USD up to a period of 3 months | 500 USD up to a period of 3 months |
| Preexisting condition | CONSIDERED | CONSIDERED | CONSIDERED | CONSIDERED |
| Waiting period | Covid 14 days | Covid 14 days | Covid 14 days | Covid 14 days |

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| MODULE 2 OPTIONAL OUTPATIENT | ECONOMY PLAN 1 | ECONOMY PLAN 2 | ECONOMY PLAN 3 | ECONOMY PLAN 4 |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Maximum limit/person/year | 1,400 USD | 1,500 USD | 1,600 USD | 1,700 USD |
| Outpatient per visit | 80 USD/visit | 90 USD/visit | 95 USD/visit | 100 USD/visit |
| Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent) | 25 USD/visit and 400 USD/ year | 30 USD/visit and 400 USD/ year | 35 USD/visit and 400 USD/ year | 40 USD/visit and 600 USD/ year |
| Check up | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| MODULE 3 OPTIONAL DENTAL AND | ECONOMY PLAN 1 | ECONOMY PLAN 2 | ECONOMY PLAN 3 | ECONOMY PLAN 4 |
| Maximum limit/person/year | 150 USD/year | 200 USD/year | 350 USD/year | 400 USD/year |
| Dental care only | 80 USD/visit | 90 USD/visit | 100 USD/visit | 120 USD/visit |
| Waiting period | 10 months | 10 months | 10 months | 10 months |
| OPTICAL | ECONOMY PLAN 1 | ECONOMY PLAN 2 | ECONOMY PLAN 3 | ECONOMY PLAN 4 |
| Maximum limit/person/year | 150 USD/year | 200 USD/year | 250 USD/year | 300 USD/year |
| Prescribed spectacle lenses, frames and contact lenses, | 90 USD/visit | 100 USD/visit | 120 USD/visit | 130 USD/visit |
| Cataract and macular degeneration (Inpatient or Outpatient) | 150 USD/year | 200 USD/year | 250 USD/year | 300 USD/year |
| Waiting period | 10 months | 10 months | 10 months | 10 months |

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