

# GLOBAL FLEX VIP ULTRA

## INDIVIDUAL AND FAMILY PLAN OVERVIEW



JULY 2026 / JUNE 2027

VUMI®

## ABOUT VUMI®

VUMI® Group offers exclusive major medical insurance plans and VIP medical services to individuals, corporate clients and expatriates residing around the world.

With a variety of plans to choose from, VUMI® helps protect both your physical and financial health by offering high quality medical insurance tailored to your needs. More importantly, VUMI's extensive global coverage gives you the peace of mind that comes with knowing you and your loved ones are covered at all times - anywhere in the world.

VUMI® is privately owned and part of a global healthcare management group with over 35 years of experience in the healthcare industry.

A medical insurance plan from VUMI® comes with these distinct advantages:

- A comprehensive network of domestic and international hospitals and healthcare providers across five continents
- Expertise in U.S. and international claims management
- Management and medical teams that fully understand your culture and speak your language
- In-house administration of benefits and cost control measures
- A strong, stable and well-managed company that cares for your health
- Second Medical Opinion VIP® included in all plans
- Renewal guaranteed for life

## SUMMARY OF BENEFITS

Unless otherwise stated, the benefits are offered on a per insured/per policy year basis in which the chosen deductible or outpatient per visit excess and coinsurance applies. All amounts are in U.S. Dollars (USD). The benefits are limited to the medical expenses covered under the policy and are subject to the usual, customary and reasonable expenses (UCR) for the geographic area where the expenses were incurred. Benefits are covered up to policy maximum unless specified otherwise in the policy terms and conditions.

## DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE OPTIONS

| OPTION I         | OPTION II            | OPTION III           | OPTION IV            | OPTION V              | OPTION VI             | OPTION VII            |
|------------------|----------------------|----------------------|----------------------|-----------------------|-----------------------|-----------------------|
| US\$0 deductible | US\$1,000 deductible | US\$2,000 deductible | US\$5,000 deductible | US\$10,000 deductible | US\$15,000 deductible | US\$20,000 deductible |

| OPTION VIII                        | OPTION IX                          | OPTION X                                                               | OPTION XI                                                              | OPTION XII                                                             |
|------------------------------------|------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| US\$15 outpatient per visit excess | US\$30 outpatient per visit excess | 10% outpatient coinsurance, up to a maximum out of pocket of US\$2,000 | 20% outpatient coinsurance, up to a maximum out of pocket of US\$4,000 | 30% outpatient coinsurance, up to a maximum out of pocket of US\$6,000 |

## GENERAL PLAN INFORMATION

|                                              |                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum coverage per person, per policy year | US\$4,500,000                                                                                                                                                                                                                                                                                                                                       |
| Maximum age to apply for coverage            | Up to 74 years                                                                                                                                                                                                                                                                                                                                      |
| Geographical cover options                   | <p>The policyholder can choose geographical area of cover restrictions as follows:</p> <p>Any treatment received outside the geographic area of cover is limited to the emergency non-elective treatment benefit.</p> <ul style="list-style-type: none"> <li>Worldwide including USA elective treatment</li> <li>Worldwide excluding USA</li> </ul> |

## GENERAL PLAN INFORMATION

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Geographical cover options (continued) | <ul style="list-style-type: none"> <li>• <b>Africa area of cover restriction</b><br/>For insureds residing in Africa, the area of cover will be restricted to: Africa, India, Pakistan, Sri Lanka, Bangladesh, Jordan, Lebanon, Mainland China, and the Philippines.</li> <li>• <b>Asia area of cover restriction</b><br/>For insureds residing in Armenia, Azerbaijan, Brunei, Cambodia, Georgia, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Malaysia, Myanmar, Mongolia, the Philippines, Tajikistan, Thailand, Timor-Leste (East Timor), Turkey, Turkmenistan, Uzbekistan and Vietnam, the Asia area of cover restriction will include Singapore but exclude Mainland China, Hong Kong, Japan, and South Korea.</li> <li>• <b>Indian sub-continent area of cover restriction</b><br/>For insureds residing in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka the Indian sub-continent area of cover restriction will include all named countries and Singapore.</li> </ul> |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## INPATIENT BENEFITS

| BENEFIT                                                                                               | COVERAGE                  |
|-------------------------------------------------------------------------------------------------------|---------------------------|
| Adult companion accommodation (related to a covered hospitalisation of an insured child under age 18) | 100% UCR                  |
| Psychiatric treatment                                                                                 | 100% UCR, max. of 30 days |
| Private hospital room (room and associated medical costs)                                             | 100% UCR                  |

Inpatient benefits include but are not limited to the following treatments when admitted to hospital: specialists, surgeon and anaesthesiologist fees, drugs, general nursing, intensive care unit, medical appliances and surgical implants, operating theatre, therapies (if prescribed by a specialist as part of the insured's hospital stay but are not the primary treatment for which they are in the hospital to receive).

## OUTPATIENT BENEFITS

| BENEFIT                                                                                                   | COVERAGE                                               |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Complementary therapy including physiotherapy, Traditional Chinese Medicine (TCM) and Ayurvedic treatment | 100% UCR, pre-authorisation required after 10 sessions |
| Day-care treatment                                                                                        | 100% UCR                                               |
| General practitioner and specialist fees                                                                  | 100% UCR                                               |
| Hormone replacement therapy to relieve the symptoms of menopause                                          | Up to US\$350                                          |
| Nursing care at home                                                                                      | 100% UCR, max. of 120 days                             |
| Outpatient surgery                                                                                        | 100% UCR                                               |
| Outpatient prescription drugs                                                                             | 100% UCR                                               |
| Psychiatric treatment                                                                                     | Up to US\$7,500                                        |
| Travel vaccinations and preventive medication, e.g., against malaria                                      | Up to US\$350                                          |

## MATERNITY BENEFITS

| BENEFIT                           | COVERAGE          |
|-----------------------------------|-------------------|
| Maternity and birth complications | 100% UCR          |
| Maternity care                    | Up to US\$15,000  |
| Newborn cover                     | Up to US\$125,000 |

## MEDICAL EVACUATION BENEFITS

| BENEFIT                                                                  | COVERAGE                                           |
|--------------------------------------------------------------------------|----------------------------------------------------|
| Emergency transportation by air ambulance & emergency medical evacuation | 100% UCR                                           |
| Repatriation of mortal remains                                           | 100% UCR, US\$15,000 for burial or cremation costs |

## GENERAL BENEFITS

| BENEFIT                                                                     |                          | COVERAGE                                             |
|-----------------------------------------------------------------------------|--------------------------|------------------------------------------------------|
| Congenital and/or hereditary conditions                                     | From birth up to 30 days | Covered under the newborn benefit                    |
|                                                                             | After 30 days from birth | Up to US\$125,000                                    |
| Diagnostic study services (laboratory tests, X-rays, CT, PET and MRI scans) |                          | 100% UCR                                             |
| Durable medical equipment and external prostheses                           |                          | Up to US\$2,500 per policy year                      |
| HIV-AIDS treatment                                                          |                          | Up to US\$50,000                                     |
| Oncology (tests, drugs and treatments approved by the FDA)                  |                          | 100% UCR                                             |
| Organ transplant (per organ/tissue, per lifetime)                           |                          | 100% UCR, including up to US\$50,000 for donor costs |
| Prescribed rehabilitation therapies                                         |                          | 100% UCR, max. of 120 days per medical condition     |
| Reconstructive surgery                                                      |                          | 100% UCR                                             |
| Renal failure and dialysis                                                  |                          | 100% UCR                                             |
| Routine management of chronic conditions                                    |                          | 100% UCR                                             |
| Surgical procedures                                                         |                          | 100% UCR                                             |
| Terminal illness / palliative care                                          |                          | Up to US\$125,000 per lifetime                       |

## OTHER BENEFITS

| BENEFIT                                                                 |  | COVERAGE                                                                                                                                                                    |
|-------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency dental treatment                                              |  | 100% UCR                                                                                                                                                                    |
| Emergency non-elective treatment outside the geographical area of cover |  | <ul style="list-style-type: none"> <li>• 100% UCR for injuries</li> <li>• Up to US\$50,000 for illnesses</li> <li>• Up to US\$500 for outpatient hospital visits</li> </ul> |
| Emergency transportation by ground ambulance                            |  | 100% UCR                                                                                                                                                                    |
| Emergency or urgent outpatient care                                     |  | 100% UCR                                                                                                                                                                    |

## OTHER BENEFITS

| BENEFIT                                  | COVERAGE                                                                                                                              |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Hospital cash benefit                    | Up to US\$400 per night, max. of 30 nights                                                                                            |
| Passive war and terrorism                | 100% UCR                                                                                                                              |
| Routine and major dental treatment cover | Up to US\$1,000 for routine and up to US\$2,000 for major, subject to a 20% coinsurance and 50% coinsurance on orthodontic treatments |
| Second Medical Opinion VIP®              | Access to the medical opinion of internationally renowned experts from around the world regarding a condition, no deductible applies  |

## OPTIONAL ADDITIONAL COVERAGE\*

| BENEFIT                                                               | COVERAGE                                                                                                |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Evacuation to country of choice, country of residence or home country | 100% UCR                                                                                                |
| Non-emergency evacuation                                              | Up to US\$2,000                                                                                         |
| Wellness and optical                                                  | <ul style="list-style-type: none"> <li>• Option I - US\$500</li> <li>• Option II - US\$1,000</li> </ul> |

\*Coverage subject to purchase.

## WAITING PERIODS

| BENEFIT                           | COVERAGE   |
|-----------------------------------|------------|
| Dental                            | 9 months   |
| HIV-AIDS                          | 36 months  |
| Maternity and birth complications | 12 months* |
| Maternity care                    | 12 months* |

\*Subject to underwriting.

Effective from 1 July 2026, or after the renewal.

All benefits with 100% coverage are up to the policy limit. Benefits with established coverage will be up to the limits stated in each of them.



VUMI® GROUP

Administration services provided by VUMI® Global Services FZ-LLC

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