



Top Health Insurance Options For The Retiree Abroad

By the Editors of Live And Invest Overseas

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Introduction

In some places around the world, it is possible to arrange good, comprehensive health insurance for less than US\$100 per month. In some places, the cost of medical care can be so low that it can make more sense to pay for it as you need it, rather than insuring against it. And, in some places worldwide, under certain circumstances, health care can be free.

These are all true statements that speak to the potential upsides of one of the most important, most complicated, and most personal aspects of retiring overseas.

First, understand that, with few exceptions (military policies, for example), your U.S. health insurance, whatever it is, probably won't cover you outside the United States. Medicare definitely won't work overseas. Big picture, therefore, when planning for how to pay for your medical care as a retiree in another country, you're choosing among three options. You could purchase a "local" insurance policy; you could purchase an international insurance policy; or you could choose to "go naked," as I refer to it, opting out of insurance altogether.

This last option may seem frightening and risky, maybe even crazy, but I know a number of people retired full-time overseas (including our own Paul and Vicki Terhorst) who have chosen to go the no-insurance route. They've done the math and realized that they're better off keeping an emergency medical fund (an amount of money enough to cover even catastrophic care in the country where they're living), rather than paying monthly insurance premiums. When you're talking about a place where a doctor's visit costs US\$2, as it can in Thailand or Vietnam, for example, you begin to understand how this math adds up.

Still, most retirees don't feel comfortable having no medical insurance. In this case, you're choosing between a local health care policy and an international one. A "local" policy is one purchased in the country where you're intending to retire. The big advantage of this type of health insurance is that it can be super cheap. Depending on your age (which is the primary determining factor), you can purchase comprehensive coverage for care at international-standard facilities in some countries for as little as US\$60 or US\$70 a month. In other words, you could arrange health insurance in some of the most appealing retirement options in Latin America, from Panama to Uruguay and from Ecuador to Colombia, for less than US\$1,000 a year.

That's the really good news.

The downside to this kind of policy is that it is limited in coverage—not, typically, medically, but geographically. A local health insurance policy will cover you only in the country where it's purchased and, sometimes, only in particular regions or only at particular facilities in that country. Some local health insurance purchased in Panama, for example, will cover you only in Panama. Some will cover you only in Panama City. Some will cover you only at a particular hospital.

This can be ok if you're retiring full-time to Panama and don't intend to travel outside Panama often. Even if you're intending to live full-time in a particular city, though, choosing to insure your medical care through a particular hospital in that city can be risky. Hospitals can and sometimes do go out of business. Then what?

The other downside to country-specific health insurance is that you usually can't purchase it after age 60 or 65, depending on the country and the insurer. Your coverage won't be discontinued after you reach the cut-off age (assuming you're paying the premiums), but, beyond that age, you wouldn't be able to qualify as a new policy-holder. This is one reason why, if you're considering the idea of retiring overseas, it's important to address the issue of health insurance sooner rather than later.

If you intend to move around a little in your retirement overseas, you probably want to arrange health insurance through an international carrier. Perhaps you intend to base yourself in Ireland or France, say, so you can travel regularly throughout Europe. Or maybe you're considering retiring overseas part-time, basing yourself in Mexico but returning frequently to the United States so that you can stay in touch with your grandkids.

In situations like those, an international policy makes more sense, because you can customize it according to your plans. The biggest international health insurer is Bupa International. Coverage through Bupa is going to be more expensive than local coverage (perhaps considerably more), but, again, it's also going to be more flexible. And, while international coverage is more costly than country coverage, it's almost always still less expensive than U.S. health insurance (Medicare aside).

Coverage through an international insurer like Bupa can be based in the country where you'll be spending most of your time but, depending on the policy, can cover you worldwide. It could even cover you in the United States, though the United States could not be your base country of coverage and including the United States in your coverage will increase the cost of your premium considerably (because the United States is the most expensive place in the world to seek medical care).

The cost of a Bupa policy varies depending on the base country, the geographic scope of coverage, your age, and any pre-existing conditions. A typical premium for a 60-year-old might cost US\$300 a month. Note that Bupa will accept you as a new policy-holder through age 73.

I mentioned at the start of this discussion that, in some places overseas, health care can be free. In fact, this is the case in many countries. The catch is that you must be a legal resident and usually you must have paid into the social system at some point to access the available free health care services. The further catch is that those available free health care services may not be up to a standard you'll be comfortable with.

Health care is free to residents who qualify in most of Europe, for example. I lived in Ireland for seven years. We availed of the free "public" health care services in that country often and were always happy with the results. In fact, my son Jackson was born at the public hospital in Waterford, Ireland. The care he and I received was great, and it was also free of charge (at least directly; we were paying into the social services system as we were running a business in the country at the time). However, our experiences were during Celtic Tiger Ireland. Today, the country's public health care is stretched to a near breaking point. Hospitals are closing, and even patients with serious concerns are on long waiting lists for treatment. And in most of Central America, for example, most foreign retirees are not going to want to use the free health care even if they do qualify.

Retired overseas, should you keep your Medicare? As I mentioned, it won't do you any good outside the United States; however, many retirees overseas do choose to continue to carry it, viewing it as a fallback plan. The best strategy can be to continue paying for Medicare while investing in a local country policy in the country where you intend to base your retirement.

Kathleen Peddicord
Founding Publisher

Top Health Insurance Options For The Retiree Abroad

Choosing the right medical insurance policy is one of the most important decisions you will make as you begin a new life abroad. The choice you make depends on your age, your lifestyle, your travel plans, and your current state of health.

Today retirees are not the only ones gathering up their belongings and moving overseas. “Retirees” abroad are getting younger all the time. An expat in his 20s and 30s has very different considerations when it comes to choosing the right insurance policy.

Finding the medical insurance provider to suit your needs can be difficult and complicated. There is no “one-size-fits-all” approach when it comes to medical insurance. First, some background...

Public Versus Private Health Care

Most countries have both public and private health care facilities. Public health care systems (also called social security systems in many countries), especially in developing nations, typically offer a lesser standard of care than you are probably accustomed to.

If you are traveling to (or living in) a country that does offer private health care, that should be your number-one option for medical and emergency treatment.

Usually, doctors who work at the private hospitals also work for the public system. The doctors are well trained, but, in the public system, they do not have access to the same equipment, tests, and quality facilities. Private hospitals, on the other hand, even in developing countries, can have state-of-the-art testing equipment and other facilities. The Punta Pacifica Hospital in Panama City, for example, affiliated with Johns Hopkins Hospital in the States, is a state-of-the-art, 21st-century facility with full technological support.

The hospitals in Panama City that are part of the public health system are not of this standard.

You should understand that local public health care systems were not created for foreigners. They can be overcrowded, noisy, and, again, typically below the standards North Americans and Europeans are used to. These public medical institutions have a professional duty to stabilize a patient if they are the nearest health care facility. In most Latin American countries, however, you would not want to rely on the public system as your primary medical provider.

On the other hand, public hospitals do offer some benefits. These facilities generally see more patients than private hospitals, so nurses and technicians can be very experienced and efficient at treating a wide range of illnesses and injuries. A nurse in a public hospital may insert 25 IVs a day; in a private hospital, where there are fewer patients, a nurse may insert only a few IVs a week.

In addition, public hospital systems usually have specialized trauma centers staffed with, again, very experienced doctors and nurses. If the majority of a country's population must rely on the public system, these institutions, again, become well-versed in treating all manner of ailments.

If you want to take your chances with the public health care system in your new country, don't assume that you will automatically be covered. In some countries, there is a waiting period before coverage in the local social health system begins. And, in some countries, non-citizens and non-residents are not eligible for coverage by the local "socialized" health care service, period.

If you are covered by a country's socialized health care system, understand that it will not follow you outside of that country.

The good news is that, if you do qualify for public health care, your in-country costs will be negligible or even free.

The best way to make a determination about whether or not the socialized medical system in a country is of a standard that you might be comfortable with is to speak with residents of the country currently using it. Publisher Kathleen Peddicord reports that she and her family had nothing but good experiences using the public health system during their seven years living in Ireland.

Likewise, friends in Panama have had good experiences with the public health care facilities in this country.

Would you want to count on it in case of serious medical crisis? You have to answer that question for yourself.

Paid Insurance Options

If you determine that you're not comfortable with (or not eligible for) the public health care system in the country where you intend to live or retire, here are your other paid options:

1. Hospital Insurance Plans

In many countries, you can arrange medical insurance through specific private hospitals. These hospital insurance plans cover your treatment in that hospital only (in some cases, you can also be treated at an affiliated facility). If you travel outside the country or even within the country but far from the hospital through which you've organized your coverage and you need medical care, you can be in trouble. You'll either have to pay all medical costs out of pocket or find your way back to the hospital where you're insured (again, covering the related costs yourself). Traveling back to the hospital may not be a viable option in an emergency situation.

Furthermore, the care you receive with a hospital insurance plan is sometimes not as good as it should be. Say you have a serious health crisis and are admitted to the hospital for an extended period. You mount a hospital bill upwards of, say, US\$10,000, yet you have paid only a total of US\$5,000 in premiums. In this case, the hospital can take steps to cut costs. It is not unheard of for hospitals to withhold tests or treatments if they feel the patient has become too expensive.

Furthermore, hospital plans generally do not have long life spans. The hospitals tend to lose money on these programs, and, when any business is losing money, the easiest solution can be to pull the plug. You do not want to have paid your insurance premiums for a number of years, assuming you will be covered for life, and then discover suddenly that the hospital will no longer honor your policy. By this time, your circumstances could have changed. You could have passed a certain age or you could have developed some pre-existing condition, making it more difficult now to obtain alternative coverage.

This is an important general point. If you know your plan is to live or retire to another country at some point in the future, you would be wise to organize health care that will cover you in that country as soon as possible. Pre-existing conditions, yes, play a role in how insurable you are. But, when it comes to obtaining a policy as a foreign resident, more important than pre-existing conditions is your age. The longer you wait to apply, the more difficult it will be to qualify for coverage.

On the other hand, in-country hospital policies can be very affordable and can include extra benefits that make them very appealing.

For less than US\$100 a month, for example, you can obtain hospital-based coverage through the Semm Mautone hospital just outside Punta del Este, Uruguay. That US\$100 a month provides total coverage: all doctor and specialist visits, emergency room services, dieticians, ambulance transportation, lab work, X-rays, nursing care, physician house calls, and private room hospital stays, with an extra bed and meals for visiting family members.

All of these services are provided with no co-pay, and you even receive prescription drugs for a flat fee of US\$4 per prescription.

The coverage doesn't stop there. If you are unable to cook for yourself after a hospital stay, Master Foods, an affiliate of Semm Mautone, will deliver home cooked meals to your door for just US\$5 per meal. They will even accommodate special dietary needs. And this coverage from Semm Mautone carries over to the British Hospital in Montevideo.

You don't need to be a citizen or even a full-time resident of Uruguay to reap these benefits.

Remember though, this is hospital-based insurance, meaning, again, that you are covered only at Semm Mautone and the affiliated British Hospital in Montevideo; nowhere else in Uruguay and nowhere else in the world.

Hospital insurance policies are risky but can be a good option if you live close to the hospital offering the coverage and if you do not plan to travel much throughout the country or abroad.

2. Travel Insurance

Travel insurance is a viable option if you will not be residing overseas full time. You can purchase travel insurance through your travel agent or over the Internet. We recommend [MEDEX](#).

An upside to travel insurance is that it often covers personal belongings and luggage. Travel insurance works best if you plan on staying in a country only a short time, for example, a two-week vacation in Italy...or even, say, two months in South America.

Make sure you inform the travel insurance company if you plan to participate in high-risk activities, such as whitewater rafting or mountain climbing. Many policies will cover you for injuries sustained during these kinds of activities but only if you have purchased (and paid for) the corresponding policy. It can be worth the extra expense. If you have an accident while scaling a rock face but don't have coverage for high-risk activities, the insurance company will not cover your medical expenses from that accident.

Do not use travel insurance for anything other than a vacation or a short-term stay. Routine medical care and long-term illnesses are not usually covered. Travel insurance is intended to be used in emergency situations only. If you choose to enter into a long-term relationship with a travel insurance policy, the policy becomes more expensive and offers fewer benefits than you can get for less money with an international health insurance policy.

3. Internet Insurance Policies

Advertisements for medical insurance policies are everywhere on the Internet. Internet sites make impressive claims about the coverage they offer and the low-cost premiums.

Buyer beware. It is very risky to purchase an insurance policy over the Internet.

Without a storefront or headquarters, it's difficult to judge if the business is legitimate. You have no way to prove their track record. Internet medical insurance policies are usually the least expensive policies, but you won't know if the company is legitimate until it is too late.

Worst case, you could end up sick or injured in a foreign country only to find, when you try to contact your insurance provider for coverage, that they don't in fact exist. It's easy for a business to take your money up front. That doesn't guarantee they'll be there to follow through when it counts. We know many horror stories to do with health insurance bought online.

The low-cost premiums are not worth the risk. You have better options.

4. In-country Medical Insurance Policies

Paid hospital insurance plans and travel insurance can make sense under certain circumstances, as I've explained.

However, if you plan to live or retire overseas, either full- or part-time...and certainly if you plan to travel regularly...your two top options are an in-country medical insurance policy or an international medical insurance policy.

A local medical insurance policy may be ideal for you if you have no pre-existing conditions and are younger than 63 years of age. These insurance providers typically are connected with hospital networks and doctors throughout the country...meaning you are not limited to one health care facility. Typically, your coverage follows you anywhere you might travel in the country. It does not, however (and this is the critical thing to understand), follow you outside that country.

Again, if you'll be traveling internationally on a regular basis or spending part of each year somewhere else, an in-country policy probably doesn't make sense for you.

However, if you plan to be based in one country most of the time, a local medical insurance policy can be less expensive (in some cases, much less expensive) than a comparable international medical insurance policy.

On the other hand, the coverage is usually more basic. And, as I've explained, the cutoff age for coverage can be a serious limitation. For instance, in Panama, most local insurance companies will not enter into a new policy agreement if you are over the age of 63.

Though local insurance providers may at first seem the least expensive, in the long run, they can end up costing more than an international policy.

As well, local insurance companies have smaller client bases than big international insurance agencies, so they are much more affected by the claims you make. If they believe that you are costing them too much money they can terminate their contract with you.

Local insurance companies may be ideal if you are moving to a country where medical care is inexpensive. If you need minor treatment, and it is affordable, you can choose to pay out of pocket rather than making a claim to your local insurance company, saving them for catastrophic coverage only.

When shopping in-country insurance providers, don't be confused by their names. A number of countries, for example, have franchises of well-known U.S. insurance companies, such as Blue Cross/Blue Shield (which has branches in 170 countries). You must understand, however, that these international branches of Blue Cross/Blue Shield are franchises only. The non-U.S. policies are not the same as the coverage you may know from the States or Canada.

The international franchises work with locally owned insurance companies. Your Blue Cross/Blue Shield policy from the U.S. or Canada generally will not follow you if you move overseas.

5. International Medical Insurance Policies

Frankly, the safest, most secure, and most reliable option for international health insurance, certainly if your plan is to be living overseas for an extended or indefinite period of time, is an international health insurance policy with a big international insurance agency with a long track record.

In most cases, international insurance policies provide the most comprehensive and most appropriate level of medical coverage.

You do not have to rely on one hospital. International insurance companies have networks of doctors and hospitals around the globe where you can receive excellent treatment. An international medical policy should cover you nearly anywhere you choose to travel and for whatever period you choose to stay there.

Note, however, that some international medical insurance policies will not cover you for travel within the United States. If you plan to travel in the States, check with your insurance provider to see if you will be covered. If not, you may have to purchase a more expensive policy that will cover you during U.S. travel.

International medical insurance premiums are based on your age and the amount and type of coverage you desire. Most policies are guaranteed for life once you have been accepted for coverage. That is to say, they cannot discontinue your policy as you get older or become ill.

If you're moving to a country where you do not speak the local language, international medical insurance providers will give you access to physicians who speak your native language or provide a translator. The larger international insurance companies have a network of providers around the globe so they can settle bills directly with the hospital and ensure you are receiving the appropriate care.

Other benefits of international insurance policies are that they often cover medical evacuation and repatriation.

International insurance may not be ideal for everyone, but you should take a good look at it before making any other choice. We strongly recommend it as the top option for globetrotting expats.

BUPA (www.bupa.com) and HTH Worldwide (<https://www.hthtravelinsurance.com/>) are the two top international insurance companies. HTH offers annual plans for global living, short-term travel medical insurance, and trip cancellation coverage. HTH offers flexible plans designed so that individuals and families get the coverage they need, with the freedom to choose qualified doctors, hospitals, and health services anywhere in the world. HTH insurance programs comply fully with state insurance regulations and afford you full consumer protection.

All things considered, BUPA can be the best option in the majority of situations. If you are living or working abroad, BUPA's international health care plans offer choice and flexibility with optional add-ons. BUPA also runs a 24-hour multilingual helpline and online access to your policy and account. BUPA is often not the cheapest option, but, again, all things considered, it's often the best option. And a policy with a high deductible can be very affordable.

6. Employer-based Insurance

If you are being moved abroad by your employer, you may have another option. Some companies offer employee insurance plans. The policy is valid only as long as you work for that company, however. This can lead to your feeling compelled to stay with your company because of the insurance. Not a great position to be in...

How To Choose A Policy

No matter which option you choose to pursue for international health insurance, you will have to determine the deductible amount that suits you. This is one of the most important determining factors for the cost of your policy. The higher the deductible, the lower the monthly premiums. You will pay more per month for a low deductible.

If you have ongoing medical concerns and know you will be making claims to the insurance company, a lower deductible can be the best option.

If, on the other hand, you're buying health insurance for the catastrophic coverage (and hoping, of course, that you never need to use it), you may want a policy with a high deductible and lower monthly premiums.

What Your Policy Should Cover

1. Through A Local Country Provider

Example A: Basic Coverage Through A Local Provider

A typical local insurance policy will cover you in a variety of medical facilities within that country. (Remember, this is a key difference between a local in-country policy and a "hospital" plan.) Be sure to check with the policy provider to ensure you will find network doctors and hospitals in your area. The plan may be useless if you have to travel four hours to reach a hospital in the insurance company's network.

A basic local health insurance policy with a lifetime benefit of US\$300,000 and a US\$300 deductible typically covers:

Hospitalization:

100% - Private room and board

100% - Intensive Care and Coronary Unit

100% - Hospital Miscellaneous Expenses (charges for services and supplies)

Medical Fees:

100% - Fees of the principal surgeon

100% - Fees of the assistant surgeon

100% - Fees of the anesthesiologist

100% - Fees for medical visits while in the hospital (one per day)

Emergencies:

100% - Accidental or Detailed Critical Illness

Accidental and urgent disease treatment while out of the coverage area – up to US\$2,000 per person and US\$5,000 per family, one event per year

50% - Other conditions (after deductible has been paid)

Ambulatory Benefits:

100% - Ambulatory Surgery (including hospitalization expenses and medical fees)

100% - External Consultation or Medical Attention

Co-Payments:

US\$20 per consultation with a medical specialist

US\$10 per consultation with a general physician

Maternity Benefits:

80% - Covered only if the pregnancy occurs from the first day of the 13th month after the inclusion of eligibility in the policy. Maternity has a maximum benefit of US\$3,000 of all eligible expenses.

Co-payment of US\$350 for a cesarean delivery

Co-payment of US\$100 for a normal delivery

Newborn Child:

100% - While the mother is covered by the policy, the newborn baby will be granted immediate coverage during the first nine days of hospitalization (up to US\$5,000). During this period, the baby must be registered to be included as a dependant from the 10th day of his or her birth.

Benefit for Congenital Illnesses:

100% - As long as the mother is covered by the policy, and the illnesses acquired by or inherited at the time of the birth (up to US\$30,000 and after the 9th day of life).

Benefit for Premature Child:

100% - In the event the newborn child is born before the 37th week and is considered medically premature, up to US\$10,000 of coverage will be granted after the 9th day of life.

Benefit for Mental and Nervous Disorders:

100% - For ambulatory psychiatric treatment or hospitalization.

Land and Air Transportation (Ambulances):

Land transportation up to US\$100 per case

Air transportation up to US\$1,000 per case

Acquired Immune Deficiency Disorder (AIDS):

Limited to a lifetime maximum of US\$25,000 and the maximum per calendar year is US\$25,000.

Organ Transplant:

80%

Maximum benefit is US\$100,000

Removal, preservation, and transportation of the organ for a living or dead donor, up to US\$5,000

With this typical insurance policy, if the service providers within the care network are not used, 60% of the agreed price with the providers of the network will be reimbursed, provided they are eligible for the medical and hospital expenses. In the event of an emergency or critical illness, the doctors and hospitals will be reimbursed 100% based on the agreed prices used with doctors within the network.

The monthly premiums for this plan would be:

Age	Monthly Premium
40-49	US\$80
50-59	US\$100
60-69	US\$180
70 and up	US\$270

The maximum age to enroll in this policy is 63 years. Dependents are eligible up to the age of 18.

Example B: Intermediate Coverage Through A Local Provider:

This is an example of a local medical insurance with a lifetime maximum health benefit of US\$500,000 per person. The yearly deductible for prescription medications (outpatient) is US\$100, and there is a yearly co-payment of 80/20 for outpatient prescribed medications. The standard co-payment is US\$100 for each hospitalization and US\$10 for a routine, outpatient office visit. These quotes should only be used as a guideline, as the premiums and coverage will vary based on your personal circumstances.

Hospitalization:

100% - After the US\$100 co-payment per hospitalization for a standard private room, up to 365 days per medical condition.

Intensive Care Unit:

100% - up to a maximum of 10 days

Miscellaneous Inpatient Health Care Services:

100% - for all hospital/facility charges up to 365 days per medical condition

Inpatient Specialist Services:

100% - of all specialist fees: surgeon, anesthesiologist, and other inpatient health care doctors. These specialists must belong to the company medical network, if not, 50% of all charges will be reimbursed.

Emergency Treatment Due To An Accident:

100%- of charges up to a maximum of US\$2,000

Emergency Treatment Due To Specified Critical Medical Condition:

80% - up to a maximum of US\$2,000

Emergency Treatment Due to Specified Non-Critical Medical Condition:

80% - after the US\$40 co-payment, up to US\$500

Outpatient Surgery:

100% - hospital charges

90% - surgeon fee

(You first must obtain company preauthorization)

Maternity Benefits:

80% - (inpatient) after co-payment, and only once the plan has been in effect for 365 days, up to a maximum of US\$2,000.

100% - (inpatient) after co-payment, and only after the plan has been in place for 24 months, up to a maximum of US\$4,000.

Plan includes payment of pediatrician fee during delivery and post-partum health care services for the newborn.

Congenital Condition or Newborn Complications:

100% - provided the medical condition is diagnosed between 180 days after delivery, up to a US\$15,000 maximum.

Nervous and Mental Disorders:

100% - up to US\$2,500 per year and a US\$25,000 lifetime benefit. Patients must be hospitalized.

AIDS Treatment:

This plan covers US\$1,500 per year, up to a lifetime maximum of US\$15,000.

Emergency Transportation:

100% - for usual and customary items of expense for an ambulance

80% - air ambulance in case of urgent need, up to US\$1,000 per event

Medical Treatment Abroad:

80% - coverage only applies for limited amounts of time for vacations or business trips, up to a maximum of US\$25,000

Outpatient Coverage:

80% - for prescription drugs and prescribed treatments, after the US\$100 per year deductible has been paid

80% - for all laboratory tests, x-rays, and other prescribed tests

After the US\$10 co-payment, the plan covers the fees for routine office visits to any participating doctor's office.

With previous approval by participating providers, the plan will also cover 50% of all non-participating doctors and providers costs.

Preventative Care:**Women**

50% - papanicolaou test per year for women over the age of 18, after a US\$10 co-payment

50% - mammogram every two years for women over the age of 35, after a US\$10 co-payment

50% - Osseous Densitometry Test every five years for women over the age of 40, after a US\$10 co-payment

Men

50% - PSA (Prostatic Specific Antigen) test for men over the age of 40, after a US\$10 co-payment

Children

100% - one monthly visit to the doctor's office in the first year, after US\$10 co-payment

100% - one bimestrial visit to the doctor's office in the second year, after US\$10 co-

payment

100% - one yearly visit to the doctor's office from the third year up to the fifth year, after US\$10 co-payment

60% - will be reimbursed for the following pediatric immunizations:

- DTP (diphtheria, tetanus, pertussis)
- TOPV (oral polio vaccine)
- Hepatitis B
- MMR (measles, mumps, rubella)
- DT (diphtheria, tetanus immunity booster)

The monthly premiums for this plan would be :

Age	Single Insured
40-44	US\$100
45-49	US\$120
50-54	US\$150
55-59	US\$170
60-64	US\$250
65+	US\$350

Example C: High End Coverage – GeoBlue In Panama

Again, these quotes should only be used as a guideline. Rates and coverage change periodically and will depend on your personal situation.

Here are the benefits/rates for GeoBlue's plans Xplorer Premier (including US coverage) and Xplorer Essential (excluding US coverage):

GeoBlue-Xplorer Premeir Benefits

Benefit Maximums	Outside the U.S.	U.S. (In Network)	U.S. (Outside Network)
Lifetime Maximum per	Unlimited	Unlimited	Unlimited

Insured Person			
Annual Maximum per Insured Person	Unlimited	Unlimited	Unlimited
Routine Pap Smears	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
PSA For Men	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Annual Physical Examination Health Screening	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Diagnostic lab work & X-rays	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Primary Care Office Visits	All except a US\$10 copay per visit	All except a US\$30 copay per visit	60% to Coinsurance Maximum then 100%
Surgery, anesthesia, radiation therapy, in hospital doctor visits, diagnostic X-ray and lab work.	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Hospital Services			
Insurer Pays After Deductible is Met			
Surgery, X-rays, inpatient doctor visits, Organ/Tissue Transplant	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
In-patient medical emergency	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%

In-patient drugs	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Ambulatory Surgical Center	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Accidental Dental	US\$1,000 per year, US\$200 per tooth	US\$1,000 per year, US\$200 per tooth	US\$1,000 per year, US\$200 per tooth
Acupuncture and Chiropractic Services	100% up to US\$2000	100% up to US\$2000	100% up to US\$2000
Durable Medical Equipment	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Infusion Therapy	100%	Coinsurance Maximum then 100%	Coinsurance Maximum then 100%
Physical/Occupational Therapy, deductible is waived.	US\$30/visit, 12 visits per year	US\$30/visit, 12 visits per year	US\$30/visit, 12 visits per year
Basic Prescription Drug Benefit	100% of actual charges up to US\$500	US\$0	US\$0
Repatriation of Remains	Up to US\$25,000	n/a	n/a
Accidental Death and Dismemberment	US\$50,000	US\$50,000	US\$50,000
Other Benefits	Insurer Pays after Deductible is Met		
Home Health Care	100% Covered Expenses, as many as 30 visits per year		

Skilled Nursing Facilities	100% with a maximum Covered Expense of US\$250 per day, as many as 50 days per year
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Hospice

100% with a maximum Covered Expense of US\$5,000 per lifetime

GeoBlue-Xplorer Essential

Benefit Maximums	Benefits
Preventative Care	Insurer Waives Deductible
Lifetime Maximum per Insured Person	Unlimited
Annual Maximum per Insured Person	Unlimited
Office Visits/examination Immunizations, Lab work & X-rays	100%
Routine Pap Smears, annual mammogram	100%
PSA For Men	100%
Annual Physical Examination/Health Screening	100%
Diagnostic lab work & X-rays	100%
Primary Care Office Visits	All except a US\$10 copay per visit
Professional Services	Insurer Pays After Deductible is Met
Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab work.	100%
Surgery, X-rays, in-hospital doctor visits, Organ/Tissue Transplant	100%

In-patient medical emergency	100%
In-patient drugs	100%
Ambulatory and Therapeutic Services	Insurer Pays After Deductible is Met, Unless Noted
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	US\$1,000 per year, US\$200 per tooth
Acupuncture and Chiropractic Services	100% up to US\$2,000
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy, deductible is waived	US\$30/visit, 12 visits per year
Prescription Drug Benefit Options	Insurer Waives Deductible
Basic Prescription Drug Benefit	100% of actual charges up to US\$500
Optional Rider. Subject to US\$25,000 Maximum per Insured Person per Policy Period	80% of actual charges
Global Travel Benefits	Insurer Waives

Medical Evacuation	Up to US\$250,000
Repatriation of Remains	Up to US\$25,000
Accidental Death and Dismemberment	US\$50,000
Other Benefits	Insurer Pays after Deductible is Met
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of US\$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of US\$5,000 per lifetime.

Xplorer Essential Health Plan Prices Monthly Premium Rate Table

N.B.—These prices do not include coverage in the United States. If you would like U.S. coverage, please refer to the Xplorer Premier Health Plan.

Male/Female	Elite
40-44	US\$268
45-49	US\$341
50-54	US\$414
55-59	US\$513
60-64	US\$638
65-69	US\$1,149
70-74	US\$1,661

2. Through An International Medical Insurance Group

As we have explained, international health insurance policies are typically the most reliable and secure. However, it is also usually the most expensive option. The following international medical insurance quotes come from BUPA. As I've explained, BUPA is a well-known insurance provider with a network of more than 7,500 hospitals worldwide. With this plan, you would be able to speak with a physician 24/7, 365 days a year to receive immediate feedback about your medical condition and the treatment you are receiving.

And, again, international medical insurance through a long-established group like BUPA is the most secure and comprehensive insurance coverage you can obtain.

Following is a quote for BUPA's Secure Plan, a mid-range international insurance policy. BUPA also offer a number of other medical insurance policies, but this gives you guidelines for coverage and cost.

Maximum coverage per insured, per policy year	US\$3 million
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IN-PATIENT BENEFITS AND LIMITATIONS

Hospital Services Standard and Intensive care unit: room and board	100%
Drugs prescribed while in-patient	100%
Medical and nursing fees	100%
Diagnostic procedures	100%
Accommodation charges for companion of a hospitalized child, per day	US\$100

OUT-PATIENT BENEFITS AND LIMITATIONS

Physicians and specialists visits	100%
Ambulatory surgery	100%
Prescription drugs:	
• Following hospitalization or out-patient surgery (for a maximum of 6 months)	100%

- Out-patient or non-hospitalization US\$3,000

Diagnostic procedures 100%

Physical therapy and rehabilitation services
(max. 60 sessions per policy year) 100%

Home health care (max. 90 days per policy year) US\$300

MATERNITY BENEFITS AND LIMITATIONS

Pregnancy, maternity, and birth, per pregnancy US\$3,500

- 10-month waiting period
- No deductible applies
- Plans 1, 2 and 3 only

Provisional coverage for newborn children US\$15,000

EVACUATION BENEFITS AND LIMITATIONS

Medical emergency evacuation:

- Air ambulance US\$50,000
- Ground ambulance and return journey 100%
- Repatriation of mortal remains US\$10,000

OTHER BENEFITS AND LIMITATIONS

Cancer treatment 100%

End-stage renal failure (dialysis) 100%

Congenital and/or hereditary disorders:

What You Need To Know—How To Judge A Health Insurance Policy

Following are questions you should ask your insurance provider or broker before you commit to a policy:

1. Does the insurance cover the place(s) where I intend to live or spend time?

Some insurance companies have U.S./Canada/Japan as additional riders, and some U.S. underwriters don't cover travel in countries under trade embargoes, including Cuba, and Syria.

2. Does the insurance cover the activities I plan to pursue?

You may have to pay extra for insurance if you plan on undertaking such activities as bungee jumping or trekking.

3. How much is the deductible?

You will want to know how much of each claim will not be covered. Then you can judge when *not* to submit a claim.

4. Is the company easy to deal with and do they respond to questions in a timely manner?

If the company takes days to return your e-mails or phone calls, imagine what they could be like to deal with in an emergency situation.

5. What is the waiting period before coverage begins?

6. Ask for a list of physicians/hospitals in your new country that the insurance company's network works with. Make sure you feel comfortable using those facilities.

7. If you have any pre-existing medical conditions, ask the insurance company if they will be a problem.

8. Will you have to pay the bill out of pocket and then be reimbursed?

Because medical treatment can be expensive, you may not want to be in the position of having to pay out-of-pocket for an extended hospital stay, for example, to be reimbursed by the insurance company later.

9. What are the limitations of the policy?

Until you check with your insurance provider, don't assume that corrective eye surgery, plastic surgery, and the like will be covered.

10. Are there restrictions or limits on prescription drug coverage?

This may not be a concern if the country you are moving to has inexpensive prescription drugs. Also, in many countries, prescriptions are not required for common medications. In this case, you may need to get a doctor's prescription anyway, in order for the medication to be covered by your insurance company. Once you factor in the cost of the doctor's visit, plus the medication, it may be more cost effective if you go to the drug store and pay out-of-pocket for certain medications.

Policy Limitations

Every medical insurance company has a list of conditions that are not covered by particular insurance policies. In some cases, the limitations are for set periods of time; in other cases, some procedures or conditions are never covered. It is critical that you understand any policy limitations before making your choice. Always read the small print.

Conditions, treatments, supplies, or surgeries that may not be covered *within the first year* include:

- uterus, ovaries, and their annexes
 - fibromas
 - tonsils and adenoids
 - hernias of any type
 - circumcision
 - arthroscopy
 - varicocelelectomy
 - cholecystectomy
 - renal lithiasis
 - peptic ulcer disease
 - varicose veins
 - hemorrhoids
 - cataracts
-

- tumors or benign skin injuries
- sports injuries
- bronchial asthma
- chronic migraines
- sub-mucus resection of the nasal septum, of cornets, sinusitis or rhinitis, or nasal turbinate bone

Examples of conditions and treatments that may *never* be covered by certain insurance companies include:

- cosmetic surgery
- injuries suffered in war
- injuries brought on by natural disasters
- self-inflicted injuries
- infertility treatments
- naturopathic treatments (acupuncture, chiropractors, chiropodists)
- obesity or weight loss treatments
- contagious diseases that require isolation or that have been declared an epidemic
- injuries caused while the insured is committing a crime

Getting Started

The procedure for qualifying for medical insurance varies from company to company, but, generally, here's what you'll need to do:

First, you'll need to have blood tests conducted by a doctor or laboratory within the insurance company's network. As the applicant, you are responsible for the cost of these and any other required tests and exams.

In addition, you'll need a physical exam. Details of the exam will depend on your age, sex, and the type of policy you are applying for. Again, though, speaking generally, here's what will be required:

18 – 30 YEARS OF AGE (MEN AND WOMEN)

- complete blood exam
- urinalysis
- lipid profile
- glucose
- HIV test

30 – 45 YEARS OF AGE (MEN AND WOMEN)

- complete blood exam
- fasting glucose and two hour tolerance test
- Hepatitis test
- lipid profile
- creatinine
- urinalysis
- HIV test
- PSA blood test (MEN)
- PAP test (WOMEN)

45 – 50 YEARS OF AGE (MEN AND WOMEN)

- complete blood exam
- fasting glucose and two hour tolerance test
- Hepatitis test
- lipid profile
- creatinine
- urinalysis
- HIV test
- PSA blood test (MEN)
- PAP test (WOMEN)
- EKG
- medical exam

50 – 62 YEARS OF AGE (MEN AND WOMEN)

- complete blood exam
 - fasting glucose and two hour tolerance test
 - Hepatitis test
 - lipid profile
 - creatinine
-

- urinalysis
- HIV test
- PSA blood test (MEN)
- PAP test (WOMEN)
- rectal exam
- TGO-TGP-GGT
- stress test
- medical exam
- EKG

Third, you'll be required to fill out a questionnaire provided by the insurance company. Once you have been approved, you will be required to pay the initial premium and to provide either a voided check or a credit card to which the monthly premiums can be charged.

Appendix: International Health Insurance At A Glance— Considering Your Options

What type of insurance is best for you? The chart below shows the advantages and disadvantages of your international health insurance options.

Type of Insurance	Pluses	Minuses	Who Qualifies?	Can Make Sense For You If:
Local Insurance	<ul style="list-style-type: none"> ▪ Cheap ▪ Multiple facility choices 	<ul style="list-style-type: none"> ▪ Country specific ▪ Low age cut-off ▪ Small network of insured ▪ Lower lifetime maximum benefits 	<ul style="list-style-type: none"> ▪ New Policies up to mid-60s only ▪ Pre-existing conditions are a limitation 	<ul style="list-style-type: none"> ▪ You are sure you will be residing full-time in a specific country
International Insurance	<ul style="list-style-type: none"> ▪ Very comprehensive coverage ▪ Covers you anywhere ▪ Best facilities ▪ Higher lifetime maximum benefits 	<ul style="list-style-type: none"> ▪ Not necessarily the cheapest option 	<ul style="list-style-type: none"> ▪ New policies up to mid-70s only 	<ul style="list-style-type: none"> ▪ Can make sense under any circumstances, though not necessarily the most affordable option
Travel Insurance	<ul style="list-style-type: none"> ▪ Flexible 	<ul style="list-style-type: none"> ▪ Expensive ▪ Limited coverage ▪ Does not cover routine medical care 	<ul style="list-style-type: none"> ▪ Anyone 	<ul style="list-style-type: none"> ▪ You intend to spend only limited periods abroad
No Insurance	<ul style="list-style-type: none"> ▪ Price is right 	<ul style="list-style-type: none"> ▪ Not an option everywhere ▪ Can be expensive in catastrophic situations 	<ul style="list-style-type: none"> ▪ You must be a legal resident to take advantage of socialized medical care in most countries 	<ul style="list-style-type: none"> ▪ You can afford costs associated with a catastrophic medical event
Hospital Specific Insurance	<ul style="list-style-type: none"> ▪ Cheap ▪ Convenient 	<ul style="list-style-type: none"> ▪ Very limited ▪ Hospital can terminate the coverage ▪ You are at the mercy of hospital administrators 	<ul style="list-style-type: none"> ▪ Anyone 	<ul style="list-style-type: none"> ▪ You have pre-existing conditions ▪ You are really sure where you want to live

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