



# BEYOND

## INFORMATION BROCHURE



# Beyond

Versión: V.1-10.1.20C21-1

## Plan Details

### COVERAGE DESCRIPTION

Unless otherwise stated all benefits are per Policy Year.

● Maximum Benefit	\$10,000,000
● Eligibility	75 years
● Renewal	Lifetime
● Coverage Area	Worldwide
● Medical Treatment for Accidents and Emergencies outside of the Network	100% within the Loyal USA Medical Services network / Preferred Providers
● Deductible Options - Per Policy Year	I. \$500/\$1,000 II. \$1,000/\$2,000 III. \$2,000/\$3,000 IV.\$5,000 V.\$10,000 VI. \$20,000 / (\$50,000)
● Co-Insurance	Does not apply
● Waiting Period	90 Days / 3 Months
● Reduction of Deductible after 3 years of no claims	Options I, II, III: Elimination of deductible for 1 year, after the 3rd year without claims  Options IV, V, VI: 80% reduction of deductible for 1 year, after the 3rd year without claims"
● Free coverage for Dependents after the death of the Policyholder	2 Years of Premium waived



## Plan Details



### HOSPITALIZATION

Coverage Description	Details
● Medical and Surgical Services	100% within the Loyal USA Medical Services Network / Preferred Providers
● Physician Fees	100% within the Loyal USA Medical Services Network / Preferred Providers
● Room and Board - Private and Semi-Private room only	100% within the Loyal USA Medical Services network \$2,000 out of Network
● Intensive Care Unit	100% within the Loyal USA Medical Services network / Preferred Providers
● Cancer Treatment (Chemotherapy and Radiation), Dialysis	100% within the Loyal USA Medical Services network / Preferred Providers
● Diagnostic Services (Laboratory, X-Rays, MRIs, CT Scans, and Echos)	100% within the Loyal USA Medical Services network \$3,000 out of Network Options I, II, III, IV
● Physical Therapy and Rehabilitation	100% within the Loyal USA Medical Services network / Pre-approved / Preferred Providers
● Hospital accomodation charges for Companion of a Hospitalized child	\$500 per night, maximum of 30 nights
● Reduction in risk of cancer or prophylactic surgery / waiting period apply	\$20,000 per lifetime / 18 months waiting period / Options I, II, III, IV
● Bariatric Surgery, Gastric Bypass and any type of surgical procedure for loss weight, its complications or treatments / Waiting period apply	\$10,000 / 18 months waiting period in Network of Loyal USA Medical Services / Preferred Providers
● Medically necessary Reconstructive Surgery in case of Accident or any malformation of the nasal septum	100% Loyal USA Medical Services / Pre-approved / Preferred Providers
● Emergency Room / after deductible	100% within the Loyal USA Medical Services Network / Pre-notification





Plan Details



OUT-PATIENT SERVICES

Coverage Description	Details
● Out-Patient Surgery	100% within the Loyal USA Medical Services Network
● Medical and Surgical Services, Medication and Physician's Fees	100% within the Loyal USA Medical Services Network
● Cancer Treatment (Chemotherapy and Radiation), Dialysis	100% within the Loyal USA Medical Services Network Options I, II, III, IV
● Diagnostic Services (Laboratory, X-Rays, MRIs, CT Scans, and Echos)	100% within the Loyal USA Medical Services Network Options I, II, III, IV
● Physical Therapy and Rehabilitation	\$15,000 within the Loyal USA Medical Services Network



SPECIALIZED / ALTERNATIVE TREATMENTS

Coverage Description	Details
● Speech Therapy	\$6,000 within the Loyal USA Medical Services Network
● Psychiatric Therapy	Total of 18 visits a year within the Loyal USA Medical Services Network





## Plan Details



### PREVENTIVE SERVICES / COVERAGE

Coverage Description	Details
<ul style="list-style-type: none"> <li>Routine Adult Health checkup - No Deductible</li> </ul>	Maximum of \$500 per Insured within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Routine Child Well Care/Immunizations - No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 1 year = 5 visits up to \$300 per visit</li> <li>1 to 17 years = \$400 per policy year</li> </ul>
<ul style="list-style-type: none"> <li>Dental Exam - 12 months waiting period - No Deductible</li> </ul>	\$150 Routine checkup benefit / within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Hearing Aids - waiting period - Pre-Authorization required</li> </ul>	\$2,000 lifetime / 12 months waiting period / within the Loyal USA Medical Services Network



### MATERNITY COVERAGE

Coverage Description	Details
<ul style="list-style-type: none"> <li>Maternity Services - Per covered pregnancy - Waiting period - No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>Normal delivery: <ul style="list-style-type: none"> <li>- 100% within the Network of Loyal USA Medical Services</li> <li>- \$7,000 out of Network</li> <li>- Waiting period 10 months</li> <li>- Options: I, II, III, IV</li> </ul> </li> <li>Cesarean delivery: \$8,000 / within the Loyal USA Medical Services Network</li> </ul>
<ul style="list-style-type: none"> <li>Maternity Complications - Deductible apply - Excludes conditions treated as a result of infertility treatments.</li> </ul>	<ul style="list-style-type: none"> <li>\$250,000 Lifetime</li> <li>- 10 months waiting period</li> <li>- Options I, II, III, IV</li> </ul>
<ul style="list-style-type: none"> <li>Stem Cell extraction and preservation - per newborn child from a covered pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000 within the Loyal USA Medical Services Network</li> <li>- Options I, II, III, IV</li> </ul>
<ul style="list-style-type: none"> <li>Maternity services for dependents 18 yrs. To 24yrs.</li> </ul>	<ul style="list-style-type: none"> <li>Normal delivery: <ul style="list-style-type: none"> <li>- In Network \$3,000 / Loyal USA Medical Services</li> <li>- Out of Network: N/A</li> <li>- 10 months waiting period</li> <li>- Options I, II, III, IV</li> </ul> </li> <li>Cesarean \$1,500 / Within the Network of Loyal USA Medical Services</li> </ul>
<ul style="list-style-type: none"> <li>Automatic addition of Newborn to the policy - If notified within 90 days of birth - Only those newborns born from a Covered Maternity</li> </ul>	No risk assessment



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### TRANSPORTATION SERVICES

Coverage Description	Details
<ul style="list-style-type: none"> <li>Ground Ambulance</li> <li>- No deductible</li> </ul>	100% within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Air Ambulance Services</li> <li>- No deductible</li> <li>- Pre-authorization required</li> </ul>	100% within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Repatriation of Mortal Remains or Cremation services</li> <li>- Pre-Authorization required</li> </ul>	100% Must be pre-approved and coordinated by Loyal USA Medical Services
<ul style="list-style-type: none"> <li>Return Travel Assistance to Country of Residence if evacuated by Air Ambulance</li> <li>- For the patient and 1 companion</li> </ul>	\$3,000 per person / Within the Loyal USA Medical Services Network

### OTHER COVERAGE / SERVICES

Coverage Description	Details
<ul style="list-style-type: none"> <li>Risk and/or Professionals activities</li> </ul>	100% (professional and/or amateur) within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Emergency Dental treatment after an accident</li> <li>- Deductible apply</li> </ul>	100% within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Congenital and/or Hereditary conditions diagnosed before the age of 18 from a Loyal covered maternity</li> </ul>	\$100,000 Lifetime / Within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Congenital and/or Hereditary Disorders diagnosed after 18 years of age</li> </ul>	\$200,000 Lifetime / Within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Transplant Procedures</li> </ul>	\$500,000 (per Lifetime Diagnosis) \$100,000 (maximum per donor preparation) - Options: I, II, III, IV, V, VI
<ul style="list-style-type: none"> <li>Medical equipment and Orthopedic Devices</li> <li>- Pre-Authorization required</li> </ul>	100% within the Loyal USA Medical Services Network



Plan Details



ADDITIONAL COVERAGE (RIDER)

Coverage Description	Details
<ul style="list-style-type: none"><li>Term Life - Principal Insured and Spouse</li></ul>	Principal Insured: \$150,000 - \$100,000 Spouse: \$150,000 - \$100,000 All Plans - 10 years Term / Age limit: 60 years old





## CONTACT US

📍 Coming Soon  
New Location

☎ Ph (786) 477-3688

### Additional emails

✉ Information  
[info@loyalig.com](mailto:info@loyalig.com)

🏢 New Business  
[newbusiness@loyalig.com](mailto:newbusiness@loyalig.com)

✉ Services  
[services@loyalig.com](mailto:services@loyalig.com)

✉ Contracts  
[agent@loyalig.com](mailto:agent@loyalig.com)

📄 Underwriter Department  
[underwriter@loyalig.com](mailto:underwriter@loyalig.com)

🏢 Sales  
[sales@loyalig.com](mailto:sales@loyalig.com)

✉ Providers  
[providers@loyalig.com](mailto:providers@loyalig.com)

✉ Claims  
[claims@loyalig.com](mailto:claims@loyalig.com)

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