



# LIBERTY

INFORMATION BROCHURE



# Liberty

Versión: V.1-10.1.20C21-1

## Plan Details

### COVERAGE DESCRIPTION

Unless otherwise stated all benefits are per Policy Year.

● Maximum Benefit	\$2,000,000
● Eligibility	75 years
● Renewal	Lifetime
● Coverage Area	Worldwide - 100% within the Loyal USA Medical Services 80% out of Network
● 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: 50% reduction of deductible for 1 year, after the 3rd year without claims
● Free coverage for Dependents after the death of the Policyholder	8 months 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 \$1,000 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 \$1,500 out of Network Options I, II
● 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	\$150 per night, maximum of 30 nights
● Reduction in risk of cancer or prophylactic surgery / waiting period apply	\$8,000 per lifetime / 36 months waiting period / Options I, II
● Bariatric Surgery, Gastric Bypass and any type of surgical procedure for loss weight, its complications or treatments / Waiting period apply	\$4,000 / 36 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
● Diagnostic Services (Laboratory, X-Rays, MRIs, CT Scans, and Echos)	100% within the Loyal USA Medical Services Network Options I, II
● Physical Therapy and Rehabilitation	\$10,000 within the Loyal USA Medical Services Network

 **SPECIALIZED / ALTERNATIVE TREATMENTS**

Coverage Description	Details
● Speech Therapy	\$1,500 within the Loyal USA Medical Services Network
● Psychiatric Therapy	Total of 10 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</li> <li>- No Deductible</li> </ul>	Maximum of \$250 per Insured within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Routine Child Well Care/Immunizations</li> <li>- No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 1 year = 5 visits up to \$75 per visit</li> <li>1 to 17 years = \$150 per policy year</li> </ul>
<ul style="list-style-type: none"> <li>Dental Exam</li> <li>- 12 months waiting period</li> <li>- No Deductible</li> </ul>	\$75 Routine checkup benefit / within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Hearing Aids - waiting period</li> <li>- Pre-Authorization required</li> </ul>	\$500 lifetime / 36 months waiting period / within the Loyal USA Medical Services Network

### MATERNITY COVERAGE

Coverage Description	Details
<ul style="list-style-type: none"> <li>Maternity Services</li> <li>- Per covered pregnancy</li> <li>- Waiting period</li> <li>- No Deductible</li> </ul>	Normal delivery: <ul style="list-style-type: none"> <li>- 100% within the Network of Loyal USA Medical Services</li> <li>- \$5,000 out of Network</li> <li>- Waiting period 18 months</li> <li>- Options: I, II</li> </ul> Cesarean delivery \$6,000 / within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>Maternity Complications</li> <li>- Deductible apply</li> <li>- Excludes conditions treated as a result of infertility treatments.</li> </ul>	Rider: \$150,000 Lifetime <ul style="list-style-type: none"> <li>- 18 months waiting period</li> <li>- Options I, II</li> </ul>
<ul style="list-style-type: none"> <li>Stem Cell extraction and preservation</li> <li>- per newborn child from a covered pregnancy</li> </ul>	\$1,000 within the Loyal USA Medical Services Network - Options I, II
<ul style="list-style-type: none"> <li>Maternity services for dependents</li> <li>18 yrs. To 24yrs.</li> </ul>	Normal delivery: <ul style="list-style-type: none"> <li>- In Network \$1,000 / Loyal USA Medical Services</li> <li>- Out of Network: N/A</li> <li>- 18 months waiting period</li> <li>- Options I, II Cesarean: \$800 / Within the Network of Loyal USA Medical Services</li> </ul>
<ul style="list-style-type: none"> <li>Automatic addition of Newborn to the policy</li> <li>- If notified within 90 days of birth</li> <li>- 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 - No deductible</li> </ul>	100% within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>● Air Ambulance Services - No deductible - Pre-authorization required</li> </ul>	\$45,000 within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>● Repatriation of Mortal Remains or Cremation services - Pre-Authorization required</li> </ul>	\$10,000 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 - For the patient and 1 companion</li> </ul>	\$1,000 per person / Within the Loyal USA Medical Services Network

### OTHER COVERAGE / SERVICES

Coverage Description	Details
<ul style="list-style-type: none"> <li>● Risky 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 - 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>	\$50,000 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>	\$100,000 Lifetime / Within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> <li>● Transplant Procedures</li> </ul>	\$200,000 (per Lifetime Diagnosis) \$30,000 (maximum per donor preparation) - Option: I Including Rider: Options: II, III, IV, V, VI
<ul style="list-style-type: none"> <li>● Medical equipment and Orthopedic Devices - Pre-Authorization required</li> </ul>	\$8,000 within the Loyal USA Medical Services Network



## Plan Details

### ADDITIONAL COVERAGE (RIDER)

#### Coverage Description

- Term Life - Principal Insured and Spouse

#### Details

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

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### Additional emails

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