



PRIVILEGE

INFORMATION BROCHURE



Privilege

Versión: V.1-10.1.20C21-1

Plan Details

COVERAGE DESCRIPTION

Unless otherwise stated all benefits are per Policy Year.

● Maximum Benefit	\$5,000,000
● 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: 60% reduction of deductible for 1 year, after the 3rd year without claims "
● Free coverage for Dependents after the death of the Policyholder	1 Year 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 \$1,500 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 \$2,500 out of Network Options I, II, III
● 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	\$250 per night, maximum of 30 nights
● Reduction in risk of cancer or prophylactic surgery / waiting period apply	\$15,000 per lifetime / 24 months waiting period / Options I, II, III
● Bariatric Surgery, Gastric Bypass and any type of surgical procedure for loss weight, its complications or treatments / Waiting period apply	\$7,000 / 24 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
● Diagnostic Services (Laboratory, X-Rays, MRIs, CT Scans, and Echos)	100% within the Loyal USA Medical Services Network Options I, II, III
● Physical Therapy and Rehabilitation	\$12,000 within the Loyal USA Medical Services Network

 **SPECIALIZED / ALTERNATIVE TREATMENTS**

Coverage Description	Details
● Speech Therapy	\$3,000 within the Loyal USA Medical Services Network
● Psychiatric Therapy	Total of 15 visits a year within the Loyal USA Medical Services Network





Plan Details

PREVENTIVE SERVICES / COVERAGE

Coverage Description	Details
<ul style="list-style-type: none"> Routine Adult Health checkup - No Deductible 	Maximum of \$350 per Insured within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> Routine Child Well Care/Immunizations - No Deductible 	< 1 year = 5 visits up to \$150 per visit 1 to 17 years = \$200 per policy year
<ul style="list-style-type: none"> Dental Exam - 12 months waiting period - No Deductible 	\$100 Routine checkup benefit / within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> Hearing Aids - waiting period - Pre-Authorization required 	\$1,000 lifetime / 24 months waiting period / within the Loyal USA Medical Services Network

MATERNITY COVERAGE

Coverage Description	Details
<ul style="list-style-type: none"> Maternity Services - Per covered pregnancy - Waiting period - No Deductible 	Normal delivery: - 100% within the Network of Loyal USA Medical Services - \$6,000 out of Network - Waiting period 14 months - Options: I, II, III Cesarean delivery: \$7,000 / within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> Maternity Complications - Deductible apply - Excludes conditions treated as a result of infertility treatments. 	\$175,000 Lifetime - 14 months waiting period - Options I, II, III
<ul style="list-style-type: none"> Stem Cell extraction and preservation - per newborn child from a covered pregnancy 	\$1,500 within the Loyal USA Medical Services Network - Options I, II, III
<ul style="list-style-type: none"> Maternity services for dependents 18 yrs. To 24yrs. 	Normal delivery: - In Network \$1,500 / Loyal USA Medical Services - Out of Network: N/A - 14 months waiting period - Options I, II, III Cesarean: \$1,000 / Within the Network of Loyal USA Medical Services
<ul style="list-style-type: none"> Automatic addition of Newborn to the policy - If notified within 90 days of birth - Only those newborns born from a Covered Maternity 	No risk assessment



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TRANSPORTATION SERVICES

Coverage Description	Details
<ul style="list-style-type: none"> ● Ground Ambulance - No deductible 	100% within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> ● Air Ambulance Services - No deductible - Pre-authorization required 	\$60,000 within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> ● Repatriation of Mortal Remains or Cremation services - Pre-Authorization required 	\$12,000 Must be pre-approved and coordinated by Loyal USA Medical Services
<ul style="list-style-type: none"> ● Return Travel Assistance to Country of Residence if evacuated by Air Ambulance - For the patient and 1 companion 	\$1,500 per person / Within the Loyal USA Medical Services Network

OTHER COVERAGE / SERVICES

Coverage Description	Details
<ul style="list-style-type: none"> ● Risk and/or Professionals activities 	100% (professional and/or amateur) within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> ● Emergency Dental treatment after an accident - Deductible apply 	100% within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> ● Congenital and/or Hereditary conditions diagnosed before the age of 18 from a Loyal covered maternity 	\$75,000 Lifetime / Within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> ● Congenital and/or Hereditary Disorders diagnosed after 18 years of age 	\$150,000 Lifetime / Within the Loyal USA Medical Services Network
<ul style="list-style-type: none"> ● Transplant Procedures 	\$350,000 (per Lifetime Diagnosis) \$50,000 (maximum per donor preparation) - Options: I, II, III Including Rider: Options: IV, V, VI
<ul style="list-style-type: none"> ● Medical equipment and Orthopedic Devices - Pre-Authorization required 	\$12,000 within the Loyal USA Medical Services Network



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ADDITIONAL COVERAGE (RIDER)

Coverage Description	Details
● Term Life - Principal Insured and Spouse	Principal Insured: \$150,000 - \$100,000 Spouse: \$150,000 - \$100,000 All Plans - 10 years Term / Age limit: 60 years old





CONTACT US

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