

FREQUENTLY ASKED QUESTIONS ABOUT EXECUTIVE HEALTH OPTIONS

What is Executive Health Options?

Executive Health Options (EHO) is a unique major medical insurance product that covers hospital and medical expenses, and more. **You choose** the location, physician and specific hospital that is right for you, in Canada, the U.S. and the world.

Why do Canadians buy EHO?

- Long Canadian waiting lists;
- Drugs unavailable under provincial plans;
- Protection while travelling or posted abroad;
- Prefer to go to the U.S. or Africa, Asia or Europe for healthcare
- Complete coverage, not just a few conditions

How is EHO different?

Executive Health Options pays up to \$5 million US lifetime in funding for major medical health coverage — regardless of where in the world its insureds are located. Benefits are applicable anywhere — **your choice**. Our referral and information services are unsurpassed. EHO has a wide range of deductibles and is guaranteed renewable.

What Medical Benefits are included?

In-Patient and Out-Patient Hospital costs and many Out-of-Hospital costs. Benefits are subject to deductibles and limits.

What Services are Included?

Pre-Claim:

- an unsurpassed, comprehensive **Health Information Library**;
- **CareLine™ 24 / 7** access to an RN staffed health line.

Claim:

- **Find a physician, Find a facility** : with the special expertise to treat your condition.
- **Quality Care Concierge Service**: makes all arrangements associated with your pre-certified treatment plan.
- **Patient Advocacy**: Your personal advocate may be assigned for treatment of severe or complex conditions.
- **Health Assistance counselling** to deal with emotional crisis

Other Support Services:

a wide range of Customer Services including referrals, travel assistance and claims assistance, available 24 / 7.

Will the Plan cover me in Canada?

The Plan covers benefits in Canada which are not covered by any government or group plan you may have (after the deductible and coinsurance).

Can anyone qualify for EHO?

Canadians — and non-Canadians — , from age 14 days to 74 years are eligible to apply. Those persons who have and maintain a healthy lifestyle are most likely to be accepted without riders or increased premium. Our underwriters evaluate your Lifestyle, Health History, Family History etc. before acceptance.

Does EHO cover ...

...citizens of other countries?

YES. (There are restrictions for those who are U.S. citizens or reside in the U.S.)

...Canadians living in the U.S.?

YES, If a Canadian — citizen or landed — is currently in Canada and will complete the application in Canada, with a Canadian address and phone number at the time of underwriting.

If a Canadian is currently in the U.S., then an Affidavit of Unavailability of Insurance must be completed to satisfy U.S. law.

What is the coinsurance?

Coinsurance applies to covered treatment received in the U.S. and Canada, after the deductible is applied. Within the U.S. Preferred Provider Network, 100% of eligible medical expenses are covered. (Currently there is no PPO in Canada.)

If you decide to use a doctor or hospital outside of the PPO Network, 80% of the 1st \$5,000 after deductible is covered (the 20% being coinsurance); then 100% is covered. Outside U.S. & Canada, 100% of eligible medical expenses are covered after the deductible.

Why do I have to pay in U.S. dollars?

All Benefits, Premiums and Compensation are in U.S. dollars. The insurance and benefits are world-wide.

Lloyd's of London and the Plan Administrator are international companies, doing business in U.S. dollars.

How can I pay? Easiest is by credit card; or, U.S.\$ account or money order.

This information has been prepared by CAPCO Health Group and is intended as informational guidelines for our Preferred Producers and their clients. See the Executive Health Options brochure for additional information. Inquiries for specific rulings should be addressed to CAPCO for submission to the Lloyd's Coverholder.

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How is my application evaluated?

Medical Underwriting considers a wide range of information to predict the risks and expected costs for each of our applicants. Our Underwriters will evaluate factors such as your age, health history, lifestyle and family health history.

Our premiums are for standard risks. They are based on healthy people! If the underwriters determine an increased risk in your case, they may assess additional premium or assign riders to the policy, or they could decline coverage.

You will be asked to approve all changes before the policy is issued.

Is EHO Guaranteed Renewable?

YES. Guaranteed renewable, annually renewable to age 75. There are no medical questions at renewal.

If you purchased the plan before age 65 and have continuously paid premiums, at age 75 you will automatically be eligible to apply for the **Executive Health Senior Plan**, with no medical questions.

What happens at Renewal?

When you renew your coverage the cost may increase. Your premium is priced according to the claims experience of **an entire class of insured persons** (those of your specific age and your sex who were insured in the same year you were) plus economic and medical inflation factors.

Your **EHO advantage** is that this process is based on years of experience worldwide (rather than being limited to the relatively pricey U.S. experience). Lifestyle Underwriting has permitted us to stabilise renewal rates.

Will my Claim affect Renewal?

NO. Your individual Claims History has no effect on renewal. Renewal is only subject to your continued participation in the Plan and payment of premiums.

What is Claims Pre-Notification?

You must contact Claims as soon as possible before a planned hospitalization or surgical procedure, or within 48 hours of an emergency hospital admission, or within the first 90 days of pregnancy.

The penalty for failure to pre-notify is 50%

Does the Plan cover...

...pre-existing conditions?

Pre-existing conditions are covered the same as any other accident or illness,
– as long as the conditions are **fully disclosed** on the Application
– and **not limited or excluded** by Rider or other provision of the policy.
Pre-existing conditions include any injury, illness or mental health disorder that existed prior to your initial effective date, including chronic or recurring conditions.

...transplants?

YES. Covered transplants include Heart, Heart/Lung, Kidney, Kidney/Pancreas, Liver and Allogenic and Autologous Bone Marrow. They are covered the same as any other illness.

...physical exams?

YES, after 12 months of continuous coverage. \$250 US per certificate period for a routine physical exam, including mammogram and OB/GYN for women, for insureds age 35 or older.

This wellness benefit is not subject to a deductible.

...drugs?

Prescription Drugs prescribed by a physician for treatment of a covered injury or illness are covered, subject to deductible and coinsurance.

...diagnostic medical testing?

Tests such as an MRI or a CT scan:

When diagnostics are required, the Plan will cover the expenses incurred for the use of technology, facilities or physician and related professionals. This testing must be integral to the treating physician's attempt to properly and correctly diagnose a condition.

...sports injuries?

Contact sports, including organised hockey and activities such as hang gliding, mountaineering, SCUBA diving are excluded.

A Sports Rider is available at additional cost for contact amateur sports, Heli / back country skiing, SCUBA diving (with restrictions)

...dental costs?

Only treatment of natural teeth injured in a covered accident are covered. A Dental Rider is available at additional cost.

...life & accidental death?

An Optional Term Life and AD&D Rider is available at additional cost.

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