



GLOBAL MEDEVAC STANDARD PLAN

Medical Evacuation / Emergency Air Transportation

Global Medevac will provide Medical Evacuation and Emergency Air Transportation to the nearest appropriate medical facility, should the Member suffer a Serious Illness or Injury, and is in need of specialized treatment not available locally.

Emergency Helicopter Transportation

Global Medevac will provide Emergency Helicopter Transportation to the nearest appropriate medical facility, should the Member suffer a Serious Illness or Injury that requires medical treatment anywhere in the United States and Caribbean.

Emergency Ground Ambulance Transportation

Global Medevac shall provide Emergency Ground Ambulance Transportation from an attending Medical Facility to a Suitable Airport then to a receiving Medical Facility from the airport in the event that Medical Evacuation and Emergency Air Transportation, Medical Repatriation, or Paramedic Assisted Commercial Flights are utilized by the Member.

Medical Repatriation

Air transport will be provided if a Member is hospitalized away from home and the treating Physician determines it is feasible or medically necessary to transfer the Member to a Medical Facility nearer to the Member's home to recuperate.

Paramedic Assisted Commercial Flights

If the Member is hospitalized away from home and the attending Physician deems it medically appropriate, Global Medevac will provide a Paramedic to assist on a 1st class flight nearer Member's home.

Commercial Upgrade

Should the Member need specialized treatment not available locally, Global Medevac will reimburse a coach fare roundtrip airline ticket once admitted on an In-Patient basis away from home.

Return Transportation

Global Medevac will provide Return Transportation after Medical Evacuation and Emergency Air Transportation or following In-Patient Medical Facility confinement while away from home.

Visitor Transportation

When a Member is hospitalized away from home for more than five consecutive days, or at the discretion of Global Medevac, the Member may

select any person to attend during the confinement. Global Medevac will provide round-trip coach fare for the visitor and **\$500** in expenses.

Escort Transportation

Should Member require Medical Evacuation and Emergency Air Transportation or Medical Repatriation, Global Medevac will provide transportation for your Spouse, family member or companion to accompany you in flight and **\$700** in expenses.

Minor Grandchildren and Minor Great Grandchildren Return

When Members Minor Grandchildren or Minor Great Grandchildren are left unattended as a result of your medical emergency, Global Medevac will provide air transportation for their return home.

Vehicle Return

Global Medevac will return a Member's rented vehicle, if left unattended as a result of a medical emergency requiring air transport, to the members home or rental agency.

Mortal Remains Transport

Should a member pass away while traveling, Global Medevac will provide transportation for the return of the Member's remains.

Spouse Return

Global Medevac will provide return transportation home for Member's Spouse as a result of a medical emergency or death of a Spouse while away from home.

Organ Retrieval

Global Medevac will provide air transportation of an organ to be used in an organ transplant procedure required by the Member.

Organ Recipient Transportation

Global Medevac will provide air transportation for the Member to the organ if necessary.

Pet Return

Global Medevac will return Member's pet if left unattended as a result of Member's medical emergency.

Worldwide Coverage

Coverage shall be extended to a worldwide basis provided that notice is received by Global Medevac in writing of the Member's intent to travel outside the Basic Coverage Area at least 10 days prior to travel.

Global Medevac Concierge Service

Global Medevac will use its best efforts to help get you home with your children, pets, luggage, and anything else that is reasonable as determined by Global Medevac.

GLOBAL MEDEVAC FLORIDA PLAN

ALL PREVIOUS LISTED SERVICES PLUS:

U.S. - Medical Evacuation and Emergency Air

Global Medevac will provide Medical Evacuation and Emergency Air Transportation to the Member's hospital of choice in Florida capable of treating the Member's Serious Illness or Injury, when there is a need for specialized treatment that is not available locally.

Transportation to Rehabilitation Centers, Skilled Nursing and Hospice Settings

Global Medevac will provide transportation to Rehabilitation Centers, Skilled Nursing Centers and to Hospice settings. Travel must be initiated from In-Patient Medical Facility care and must be ordered by the treating Physician or Medical Facility social worker.

Minor Grandchildren and Minor Great Grandchildren Emergency Services

Should Member's Minor Grandchildren or Minor Great Grandchildren be in the care of or traveling with Member away from home, they will be provided emergency services.

Travel Expense

In the event you require Emergency Transport, Global Medevac will reimburse travel expenses of the member up to **\$1000**, or visitor, if applicable, for hotel, meals, and public transportation up to **\$500**.

Worldwide Emergency

Ground Ambulance/Helicopter

Global Medevac will reimburse up to **\$250** per year per member for International Emergency Ground Ambulance/Helicopter transportation to the nearest Medical Facility.

Terminally Ill Transportation

Global Medevac will provide Air Transportation, should Member be terminally ill and admitted into a Medical Facility, from any location in the US to the Suitable Airport closer to Member's home.

GLOBAL MEDEVAC MEMBER PREFERRED HOSPITAL PLAN (Region 1 or Region 2)

ALL PREVIOUS LISTED SERVICES PLUS:

Member Preferred Hospital - Medical Evacuation and Emergency Air Transportation

Global Medevac will provide Medical Evacuation and Emergency Air Transportation to the appropriate Medical Facility capable of treating the Member. The Member may choose to be transported to the Member Preferred Medical Facility in either Region 1 or Region 2 upon becoming a Member.



GlobalMedevac®

Emergency Air and Ground Ambulance Transportation

In a medical emergency,
you can count on us!



U.S.V.I. MEMBERSHIP

MEMBER PREFERRED HOSPITAL



Our Family-First Satisfaction Guarantee

During the first year as a Global Medevac member, if you or your family members have received any of our services or benefits and are unsatisfied – for any reason – we will refund the entire year's worth of fees, no questions asked.

NOTE: THIS BROCHURE IS NOT A CONTRACT. DEFINITIONS OF FULL BENEFITS & SERVICES TOGETHER WITH LIMITATIONS AND EXCLUSIONS ARE CONTAINED IN THE SERVICE AGREEMENT.

Outstanding service is the difference.



Your attention to detail and your genuine concern for the patient's well being is highly commended. We definitely would recommend Global Medevac...



Dora Guiler



We really appreciate your timely response to our emergency, and the manner in which you did everything you could to assist us without a second thought, on a very short notice...



Andrew R. Ayala



My experience with Global has been superb from the application process to speaking to customer service rep ...



Rudy Nisbett

MEMBER TESTIMONIALS



To us, you're family.

P.O. Box 7338

St. Thomas, US Virgin Islands 00801-0338

340-776-6822 (office) • 340-776-6899 (fax)

512-277-7560 (corporate headquarters)

833-Get-Mvac (833-438-6822)

GlobalMedevac.com



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GLOBAL MEDEVAC MEMBER ENROLLMENT APPLICATION - U.S.V.I. (Enroll on-line: www.GlobalMedevac.com)

NAME: (First M. Last) _____

SPOUSE: (First M. Last) _____

Birthdate
Member: / /

Birthdate
Spouse: / /

Age
Member: _____

Age
Spouse: _____

Home/Benefits Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Preexisting conditions are covered after 90-days. Upgrades are covered after 30 days.

DEPENDENT(S) INFORMATION

DEPENDENT'S NAME (First M. Last) _____

Date of Birth _____

Age _____

GLOBAL MEDEVAC ENROLLMENT OPTIONS - U.S.V.I. PRICING

Standard Plan

Annual Payment Options

_____ \$110 per year

Individual Enrollment

_____ \$230 per year

Family Enrollment

Monthly Payment Options

_____ \$10 per month

Individual Enrollment

_____ \$20 per month

Family Enrollment

Global Medevac U.S. Florida

Annual Payment Options

_____ \$230 per year

Individual Enrollment

_____ \$350 per year

Family Enrollment

Monthly Payment Options

_____ \$20 per month

Individual Enrollment

_____ \$30 per month

Family Enrollment

Preferred Hospital Region 1

Annual Payment Options

_____ \$325 per year

Individual Enrollment

_____ \$495 per year

Family Enrollment

Monthly Payment Options

_____ \$28 per month

Individual Enrollment

_____ \$42 per month

Family Enrollment

Preferred Hospital Region 2

Annual Payment Options

_____ \$410 per year

Individual Enrollment

_____ \$645 per year

Family Enrollment

Monthly Payment Options

_____ \$35 per month

Individual Enrollment

_____ \$55 per month

Family Enrollment

* New Benefits *

* USVI Visitor Transportation

- Prepaid Visitor Flights to the USVI

* USVI Visitor Travel Expense

- Paid Visitor Travel Expense of \$500

Region 1 includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, and Washington D.C.

Region 2 includes Washington D.C. and all U.S. states except Alaska, and Hawaii.

Onetime Enrollment Fee: \$60.00

Global Medevac Initial Payment: + \$ _____

TOTAL PAYMENT: = \$ _____

CHECK/MONEY ORDER PAYMENT

☐ Annual Payment with
Check/Money Order

Check/Money Order Number: _____

► Membership Signature _____

► Claimant Recipient _____ Relation _____ Phone _____
(In the event of the death of the member)

► Agent Name:(Printed) _____ Agent ID | | | | | | | |

► Agent Signature _____ Date _____

ALTERNATIVE PAYMENT OPTIONS

Credit/Debit Card Payment

☐ VISA/MasterCard ☐ American Express ☐ Discover ☐ Debit Card

City: _____ State: _____ Zip: _____

Card Number: _____ Exp Date: ____/____ SVC Code: _____

Payment on the: ____1st ____15th ____25th of the month ☐ Authorized Automatic Renewal

This authorization remains in full force and will renew automatically until the COMPANY has received written notice from me of its termination, in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

► Membership Signature _____

EFT/ACH PAYMENT

I hereby authorize Global Medevac, LLC herein after called the COMPANY, to initiate a debit to my (select one) _____CHECKING or _____SAVINGS account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the policies of my Financial Institution.

Bank Name: _____

Acct #: _____ Routing #: _____

Amount to be debited: \$ _____ Deduct on the: ____1st ____15th ____25th of the month

► Membership Signature _____

REFERRAL INFORMATION (help someone else gain the ultimate peace of mind)

REFERRAL'S NAME (First, Last)

Mobile Phone and/or Email Address

_____	_____
_____	_____
_____	_____