



WrLife

PARTICIPATIVE INTERNATIONAL MEDICAL INSURANCE

Mutualist, affordable, ethical

MODULE 1: HOSPITALIZATION & OTHER COVERAGE INCLUDED IN HOSPITALIZATION		
Can have deductible from 0 USD up to 5,000 USD	SERENITY	ELITE
Maximum limit/person/year	\$100,000 up to \$1,000,000	\$2,000,000
Room and board	Normal Private room Full Cover (Maximum of 180 days)	Normal Private room Full Cover
Intensive care or other specialty unit	Full Cover	Full Cover
Hospitalization expenses	Full Cover	Full Cover
Accompanying bed for hospitalized child under 16	Full cover	Full cover
Outpatient hospital facility care for ambulatory surgery or day care total anesthesia (a simple plaster or strap is not an outpatient emergency)	Full Cover	Full Cover
Emergency room	Full Cover	Full Cover
Emergency ground ambulance Limited to one trip to the nearest hospital	Full Cover	Full Cover
Extended care or outpatient rehabilitation connected to hospitalization	Maximum of 30 days for each Medical Condition Maximum of \$2,500 per calendar year Care must begin upon discharge from inpatient and within the last 14 days	Full Cover Care must begin upon discharge from inpatient
Organ transplant benefit	Up to \$100,000	Full Cover
Home health care services Care must start upon discharge from the hospital and must be accompanied by attending Physician orders up to 30 days	100% up to 1,000 USD/year	Full Cover
Maternity care <i>Pregnancy and or any condition related to pregnancy that arises during the first ten (10) months of coverage under this policy are excluded. Any fertility or infertility services, are excluded.</i> Maternity care includes hospitalization, normal and Cesarean section delivery, prenatal and postnatal care and Complications of Pregnancy.	100% up to \$8,000	Full Cover
Congenital birth defects connected to Maternity <i>Premature newborns, congenital conditions and birth anomalies for newborns enrolled within 31-days of the date of birth have a lifetime maximum.</i>	100% US\$20,000 lifetime maximum	100% US\$50,000 lifetime maximum
New born cover connected to Maternity	Have to be enrolled same cover than parents within 1 month and premium paid but considered with no preexisting condition	Free the first 6 months and after have to be enrolled same cover than parents within 1 month and premium paid but considered with no preexisting condition
Oncology in & outpatient	Full Cover	Full Cover
MRI in case of inpatient	Full Cover	Full Cover
HIV	Full Cover	Full Cover
Kidney dialysis	Full Cover	Full Cover

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Physician visits	Full Cover	Full Cover
Surgery	Full Cover	Full Cover
Anesthesiologist	Full Cover	Full Cover
Second medical opinion	Full Cover	Full Cover
Psychiatry connected to accident or terrorism	100% up to 1,500 USD/year	Full cover
Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 7 weeks except USA	100% up to 15,000 USD/year	Full cover
Extension of cover in the country of birth or origin except USA	Up to a period of maximum 3 months	Up to a period of maximum 3 months
Preexisting condition	To be considered	Possible full cover after 2 years moratorium in case there is no event (in or outpatient) connected to the preexisting condition
Waiting period	Maternity 10 months Covid 14 days	Maternity 10 months Covid 14 days



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MODULE 2: OPTIONAL OUTPATIENT	SERENITY	ELITE
Maximum Limit/Person/Year	\$6,000	\$1,000,000
Hospice care outpatient	US\$10,000 lifetime maximum	US\$20,000 lifetime maximum
Emergency ground ambulance (limited to one trip to the nearest hospital)	Full Cover	Full Cover
Physician office visits and treatment	Full Cover	Full Cover
Diagnosis Services <ul style="list-style-type: none"> Diagnostic laboratory test and x-rays MRI, CAT, PET scans and other diagnostic machine test Pathology Radiation therapy and chemotherapy Inhalation therapy 	Full Cover	Full Cover
HIV	100% up to US\$10,000	Full cover
Prescribed medication and vaccines (6 months waiting period)	Full cover	Full cover
Prescribed durable medical equipment	Rental up to Purchase Price	Rental up to Purchase Price
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)	100% up to 50 USD/session and 1,000 USD/year	Full cover
Prescribed speech therapy and orthotics (with prior consent)	100% up to 50 USD/session and 1,000 USD/year	Full cover
Prescribed medical prostheses (with prior consent)	100% up to 2,000 USD/year	Full cover
Spa treatments (with prior consent)	Up to 20 days & 25 USD/day	Full cover
Infusion therapy <i>Please refer to Comprehensive Medical Coverage section for details.</i>	Full Cover	Full Cover
Extension of worldwide cover in case of an accident or accidental sickness during a trip of maximum 7 weeks except USA	100% up to \$50/session and 1,000 USD/year	Full cover
Extension of cover in the country of birth or origin except USA	100% up to a period of maximum 3 months	100% up to a period of maximum 3 months
Preventive check up	100% up to 300 USD (after 3 years and every 3 years)	100% up to 2,000 USD (after 3 years and every 3 years)



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MODULE 3: OPTIONAL DENTAL & OPTICAL	SERENITY	ELITE
DENTAL Maximum limit/person/year	\$1,000	\$5,000
Dental care	Full Cover	Full Cover
Orthodontics (Child under 16 and with prior consent)	Not Covered	Full Cover up to \$200
Dental prostheses, inlays, on lays, implants (with prior consent and 10 months waiting period)	100% up to \$150 per tooth (max. 4 teeth)	Full Cover once a year up to \$500 per tooth
Extension of cover in the country of birth or origin except USA	Same condition than previously	Same condition than previously
Waiting period	10 months	10 months
OPTICAL Maximum limit/person/year	\$1,000	\$5,000
Prescribed spectacle lenses, frames and contact lenses	100% up to \$150 per year	100% up to \$1000 per year
Laser surgery or surgery for vision (10 months waiting period)	Not Covered	100%
Cataract and macular degeneration (Inpatient or Outpatient)	\$1000 per year	\$3000 per year
Extension of cover in the country of birth or origin except USA	Same condition than previously	Same condition than previously
Waiting period	10 months	10 months



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MODULE 4: OPTIONAL LIFE AND PERSONAL ACCIDENT COVER	
Maximum limit/person/year: \$10,000 up to \$200,000	
This policy pays a monthly payroll in the event of death or total and irreversible disability of the Insured.	
Life insurance	\$10,000 up to \$200,000 in case of death by sickness
Life insurance	\$10,000 up to \$200,000 in case of total disability by sickness
Personal accident	\$10,000 up to \$200,000 in case of death by accident
Personal accident	\$10,000 up to \$200,000 in case of total disability by accident

MODULE 5: OPTIONAL PERSONAL LIABILITY	
Maximum limit/person/year: \$1,000,000	
Physical injury	\$1,000,000
Material and consequential loss	\$200,000
Legal fees	\$2000 / year
Deductible per claim	\$200

MODULE 6: OPTIONAL TRAVEL INSURANCE INCLUDING SCHENGEN VISA	
Maximum limit/person/trip: 30,000 €	
Hospitalization expenses: Inpatient and daycare surgery	€30,000 per trip can be extended to \$100,000
Small outpatient	€200 per trip
Dental emergency	€100 per trip
Bail bond cover Lawyer's fees	€500 €2,000
Assistance in case of theft, loss, destruction of identity papers	€100
Enforced stay abroad Deductible Enforced early return due to a family member's hospitalization, a childminder, a family member's death, a terrorist attack, an emergency at home: loading for modified return ticket and taxi fares Accommodation following an emergency during the Insured's trip in his residence home Deductible	€50 per night (max 2 nights)2 nights €150 €50 per night (max 2 nights)2 nights
Sea and mountain rescue Diving accident	€10,000 €10,000
Theft, destruction of personal belongings during a transport Deductible Over 12 hours delay for the luggage delivery	€1,000 €150 €100
Missed flight Flight cancellation Flight delay over 7 hours	€200 €200 €100
MODULE 5: PERSONAL LIABILITY	Included
MODULE 7: ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN	Included

MODULE 7: OPTIONAL ASSISTANCE, EVACUATION OR REPATRIATION TO COUNTRY OF RESIDENCE OR BIRTH OR ORIGIN

Emergency Assistance Repatriation to place of origin or residence Pre-certification must be coordinated as defined. Failure to pre-certify and gain approval will result in no benefit (\$0) being paid. Transportation for the covered member will be provided to the nearest hospital or medical facility equipped to treat the injury, illness or medical emergency.

Emergency air ambulance (Medical evacuation)	US\$30,000 per occurrence US\$75,000 lifetime maximum 100%
Repatriation of the body in case of death	\$5,000
Emergency transportation of a family Member	\$2,000
Repatriation of mortal remains to country of origin	\$1,500
Repatriation to place of origin or residence	Full Cover
Repatriation of other family members	\$2,000
Returning the Insured to the country of expatriation after "consolidation"	\$2,000