



VALLARTA UNIFIED HEALTH SOLUTIONS

Medical Services Coordinator

Health Insurance for Expats

Peace of Mind for Unexpected Health Changes

What's the ideal Health Insurance plan for you?

A substantial challenge you will face as an Expat will be finding a Health Insurance provider that fits your unique wants and needs, and one that you can carry with you if you travel to different countries or decide to move elsewhere.

At Vallarta Unified Health Solutions, we have teamed up with Health Insurance experts who have carefully researched and evaluated the different options on the market and chosen only companies that can match and exceed your insurance expectations in every way.

What are the **benefits** of Health Insurance?

- **Free choice** of hospitals and doctors (in Mexico and around the world),
- **Direct Payment**,
- **Virtual medical assistance**,
- **Maternity & Dental** benefits,
- **No copay/coinsurance** option,
- **Preexisting conditions** coverage (subject to provider's evaluation),
- **One deductible** per person per year,
- The **lowest waiting periods** on the market.

Frequently Asked Questions:

1. How are preexisting conditions considered by insurance companies?

If you have a preexisting condition, if and how you are accepted for Health Insurance will be determined by the companies you apply to and the condition(s) that you may have.

Uninsurable Preexisting Conditions: Each provider has a list of these conditions, and it varies between different companies. If you have one of these uninsurable preexisting conditions, unfortunately, you will not qualify for Health Insurance with that particular company. These usually include more severe illnesses, such as Parkinson's, Fibromyalgia, Insulin-dependent Diabetes, Alzheimer's, etc. A person must be Cancer-free for at least 10 years to be eligible for insurance with most companies.

If you have a preexisting condition, but it does not appear on that list, then you are still eligible for insurance. These conditions are taken on a case-by-case basis, so it is difficult to know in advance if your condition will be accepted. In these circumstances, our insurance partner can submit an application, and then most companies will ask for some lab testing, and a medical history report completed by a physician. They may also ask for supplemental forms to be completed regarding the specific condition, as well as any past documents that outline the diagnosis, treatment, evolution, and current condition of the illness. The insurance provider will make a decision based on this information.

Common outcomes include:

- The condition gets included in the coverage,
- The condition is included in the coverage, but with a higher deductible, extra premium, or lower sum insured maximum,
- The condition is permanently excluded from coverage,
- A moratorium is placed on the condition, in which case, it starts off excluded, but can be reviewed at each renewal, with updated medical information, to be determined if it can be included in the coverage.

2. What are the waiting periods for Mexican Health Insurance?

All private Health Insurance providers have a waiting period for certain diseases. A waiting period means that once you are accepted under a policy and coverage begins, you cannot be diagnosed with any of these specific illnesses, until the waiting period has expired. If you are diagnosed with an illness before the waiting period has expired, this disease would be permanently excluded from coverage as a preexisting condition for the life of the policy.

The waiting periods vary by company. Some of the more elite providers have a standard 60-day waiting period for all diseases. Some providers assign specific waiting periods to each illness, for example, 3 months for kidney stones and mental disorders, 6 months for heart issues, 1 year for cancer, etc. HIV/AIDS is almost always 2 years.

When applying for a new Health Insurance Policy, if you will be insured with a different private insurer until the time you are accepted by the new company, most companies will let you transfer your seniority to them. That means that any consecutive months or years you were covered by your old policy can be carried over to the new policy to eliminate that amount of time off any waiting periods.

3. How do deductibles work on Mexican Health Insurance Policies?

There are 2 main ways that deductibles work with private Health Insurance in Mexico:

Per Year: This means that your deductible will replenish at the renewal every year. It also means that **any** incurred medical expenses throughout one policy year can be added towards this deductible.

Per Event: This means that you need to reach your chosen deductible for each separate illness and disease. But these deductibles last through the years, which can be a substantial benefit. If you contract a major disease like Cancer, instead of needing to meet a new deductible every year, you just meet the deductible 1 time for any Cancer-related costs, and then the Cancer is completely covered by the company for the life of the policy.

Also, most deductibles are per person. However, with certain companies, if there is a family group of 3 or more people on the policy, they reduce the deductibles to 2 or 3 per family unit.

The actual deductible options vary by company but can go as low as \$250 USD per year and as high as \$10,000 USD per year.

4. Are there benefits to getting an annual private Health Insurance Policy over a short-term Travel Insurance Policy?

Age Limit of Acceptance: With both annual Health Insurance and Travel Insurance, there are age limits for acceptance. With Health Insurance, if you are accepted for a policy by that age, you can renew it for life. The company cannot cancel your policy due to age. With Travel Insurance, once you reach that age limit, you are no longer eligible for their insurance, so you cannot obtain a policy with them. The age limits vary for both Health Insurance and Travel Insurance, depending on the company, but generally the range is from 65-75 years old. So, if you obtain Travel Insurance until you are 75, you are no longer eligible for any type of insurance because the cut-off age for Health Insurance is also 75.

Length of Coverage: With Health Insurance, once you are accepted, you can renew your policy for life. The insurance company cannot cancel the policy due to age, use of the policy, etc. The only reason the policy can be canceled by the insurance company is because of a lack of payment. With Travel Insurance, most policies can be bought for 365 days at once, but you can only have coverage for 2 consecutive years at a time. After the two years, you would need to switch to another company for 1 year before you could return to your initial company for 2 years.

Renewing vs. Repurchasing: Whether you only buy Travel Insurance for a few weeks or months per year, while you are out of your home country, or if you plan to use Travel Insurance in place of Health Insurance, you are never able to renew a Travel Insurance policy. You must always purchase a new policy once the term has run out on your initial policy. Because of that, you are never able to accumulate seniority or any benefits that you normally get with Health Insurance as you renew your policy throughout the years.

Preexisting Conditions: As a continuation of the above point, because you are not renewing Travel Insurance, preexisting conditions are treated differently. With Health Insurance, once you are covered by a policy, any injury or disease would be covered for the life of the policy (to the maximum sum in the policy).

With Travel Insurance, here are two examples of the difference:

- You buy Travel Insurance to cover you abroad for 5 months. Then you return to your home country, so you no longer carry the Travel Insurance. If, in that time, you contract any disease or suffer any injury, the next time you intend to purchase Travel Insurance to travel abroad, any medical expenses related to those conditions would be excluded as preexisting conditions.
- It works the same way if you use Travel Insurance in place of Health Insurance. Even if you have a Travel Insurance Policy for 365 days and buy a new policy to begin on the 366th day, so there is technically no lapse in coverage, because you are repurchasing and not renewing, any conditions that may have been covered by the prior policy would now be excluded as preexisting conditions by the second policy.