

Table of benefits

	Standard	Standard Plus	Comprehensive	Premium	Elite
	£/\$/€	£/\$/€	£/\$/€	£/\$/€	£/\$/€
1 Overall maximum sum insured					
This is the maximum amount of money we will pay to or on behalf of each insured person in each period of insurance	500,000	750,000	1,000,000	1,500,000	2,000,000
2 In-patient treatment benefits					
a. Hospital accommodation including nursing, theatre charges and HDU	Full refund	Full refund	Full refund	Full refund	Full refund
b. Surgeons', anaesthetists', consultants' and physicians' fees	Full refund	Full refund	Full refund	Full refund	Full refund
c. Surgical appliances where used as an integral part of a surgical procedure	Full refund	Full refund	Full refund	Full refund	Full refund
d. Prescribed drugs and medicines	Full refund	Full refund	Full refund	Full refund	Full refund
e. Diagnostic procedures including x-rays, pathology and MRI/CT/PET scans	Full refund	Full refund	Full refund	Full refund	Full refund
f. Hospital accommodation for one insured person to stay with an insured child under age 19	Full refund	Full refund	Full refund	Full refund	Full refund
g. Nursing-at-home on the recommendation of an insured person's physician where immediately following in-patient hospital treatment	Not covered	Full refund - <i>Maximum 3 weeks</i>	Full refund - <i>Maximum 12 weeks</i>	Full refund - <i>Maximum 26 weeks</i>	Full refund - <i>Maximum 26 weeks</i>
h. In-patient psychiatric cover, up to the number of nights shown in each period of insurance	Not covered	Full refund - <i>Maximum 15 nights</i>	Full refund - <i>Maximum 15 nights</i>	Full refund - <i>Maximum 30 nights</i>	Full refund - <i>Maximum 30 nights</i>

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2 In-patient treatment benefits — continued

i. Medical treatment for a premature baby during the first two months following birth	Not covered	Not covered	Not covered	Full refund	Full refund
j. Physiotherapy	Full refund	Full refund	Full refund	Full refund	Full refund
k. Rehabilitation received on an in-patient basis payable up to a maximum of 13 weeks during each period of insurance	Not covered	Full refund	Full refund	Full refund	Full refund
l. External prosthesis	2,500	2,500	2,500	2,500	2,500
m. Kidney dialysis up to the monetary value shown in the benefit schedule if it is needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your plan, which affects another part of your body	Not covered	20,000 - <i>Lifetime limit</i>	20,000 - <i>Lifetime limit</i>	20,000 - <i>Lifetime limit</i>	20,000 - <i>Lifetime limit</i>

3 Day-patient treatment benefits

a. Hospital accommodation including nursing, theatre charges, drugs, medicines, surgeons', anaesthetists', consultants' and physicians' fees, diagnostic and pathology fees	Full refund	Full refund	Full refund	Full refund	Full refund
b. Day-patient psychiatric cover up to 4 separate day admissions in each period of insurance	Not covered	Full refund	Full refund	Full refund	Full refund

4 Cancer care benefit

From the date an insured person is diagnosed as suffering from cancer, all and any treatment will be assessed and paid for under this item	Full refund	Full refund	Full refund	Full refund	Full refund
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5 Organ implantation benefit

Costs directly related to the implantation of the following natural human organs: kidney, liver, heart, lung and skin grafts (where medically necessary and not for cosmetic purposes)

Not covered	100,000	200,000	250,000	300,000
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6 Out-patient benefits

a. Out-patient surgery for minor surgical procedures	Full refund	Full refund	Full refund	Full refund	Full refund
b. Services of a physician, and/or consultant including drugs, medicines and dressings	Not covered	1,000	5,000	10,000	Full refund
c. Diagnostic tests, x-rays, pathology, MRI/CT/PET scans	Not covered	500	Full refund	Full refund	Full refund
d. Physiotherapy	Not covered	500	1,000	1,500	2,000
e. Cost of hiring mobility aids	Not covered	500	1,000	1,500	2,000
f. Chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic and herbal and Chinese medicines, including prescribed drugs and medicines	Not covered	500	1,000	1,500	2,000
g. Hormone replacement therapy to relieve the symptoms of the menopause	Not covered	Not covered	Not covered	250	350
h. Out-patient psychiatric cover, subject to a primary physician referral and a 12 month waiting period	Not covered	Full refund - <i>Maximum 5 visits</i>	Full refund - <i>Maximum 10 visits</i>	Full refund - <i>Maximum 15 visits</i>	Full refund - <i>Maximum 30 visits</i>

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7 Chronic treatment benefits

a. In-patient, day-patient and out-patient treatment for acute exacerbations and diagnosis of each chronic medical condition	Full refund	Full refund	Full refund	Full refund	Full refund
b. In-patient, day-patient, and out-patient treatment for routine management and palliative treatment for each chronic medical condition	Not covered	2,500	5,000	7,500	10,000
c. Hospice accommodation for an insured person who is terminally ill - amounts stated on a per night basis. Maximum 14 nights for each period of insurance	Not covered	100	150	200	250
d. Medical treatment for HIV and AIDS where contracted as a result of a blood transfusion - cover available after 2 consecutive years cover. The maximum lifetime limit applies to this benefit	Not covered	Not covered	2,500 - <i>Up to 37,500 lifetime limit</i>	5,000 - <i>Up to 37,500 lifetime limit</i>	7,500 - <i>Up to 37,500 lifetime limit</i>

8 Congenital benefit

Congenital abnormalities not discovered at birth but which can subsequently be corrected with surgery. The maximum lifetime limit applies to this benefit	Not covered	Not covered	Not covered	Not covered	Full refund - <i>Up to 20,000 lifetime limit</i>
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9 Wellness *All benefits under this item are subject to a 12 month waiting period*

a. Wellness screening including cancer screening and routine health tests. Please see policy wording for full list of benefits	Not covered	100	200	500	1,000
b. Vaccinations and immunisations for overseas travel	Not covered	50	75	100	150
c. Routine and preventative vaccinations for an insured child up to and including age 10	Not covered	50	75	100	150

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9 Wellness — continued

All benefits under this item are subject to a 12 month waiting period

d. One annual eye test	Not covered	Not covered	Not covered	Full refund	Full refund
e. Contribution towards glasses or contact lenses	Not covered	Not covered	Not covered	100	300
f. One annual hearing test	Not covered	Not covered	Not covered	Full refund	Full refund
g. Contribution towards a hearing aid	Not covered	Not covered	Not covered	150	300
h. Laser eye treatment	Full refund	Full refund	Full refund	Full refund	Full refund

10 Dental

A 10% co-insurance and a 6 month waiting period applies to benefits b, c, d and e of this item

a. Emergency dental treatment - dental treatment for immediate pain relief where required as a result of an accident - only treatment within the first 48 hours following the accident is covered	Full refund	Full refund	Full refund	Full refund	Full refund
b. Routine dental treatment overall maximum	Not covered	Not covered	750	1,000	1,500
The following sublimits are subject to the routine dental treatment overall maximum benefit limit shown above:					
i. Routine examinations - <i>Maximum 2 visits per period of insurance</i>	Not covered	Not covered	80	120	150
ii. Cleaning and polishing - <i>Maximum 2 visits per period of insurance</i>	Not covered	Not covered	80	120	150
iii. Fillings - <i>Benefit limit applies per tooth</i>	Not covered	Not covered	80	120	150
iv. Extractions, other than wisdom teeth - <i>Benefit limit applies per tooth</i>	Not covered	Not covered	80	120	150
v. X-rays, moulds and treatment for the relief of an infection	Not covered	Not covered	Full refund	Full refund	Full refund

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£/\$/€	£/\$/€	£/\$/€	£/\$/€	£/\$/€

10 Dental — continued

A 10% co-insurance and a 6 month waiting period applies to benefits b, c, d and e of this item

c. Extraction of wisdom teeth as an in-patient, out-patient or day-patient	Not covered	Not covered	Full refund	Full refund	Full refund
d. Major dental treatment overall maximum	Not covered	Not covered	750	1,000	1,500
The following sublimits are subject to the major dental treatment overall maximum benefit limit shown above:					
i. Root canal treatment, new porcelain crown, new inlay, new bridgework - <i>Benefit limit applies per item</i>	Not covered	Not covered	250	375	465
ii. Repair of crown or inlay - <i>Benefit limit applies per tooth</i>	Not covered	Not covered	150	225	280
iii. Repair of bridgework - <i>Benefit limit applies per tooth</i>	Not covered	Not covered	175	260	325
e. Orthodontic work for insured children under age 19	Not covered	Not covered	Not covered	500	1,000

11 Maternity benefit

All benefits under this item are subject to a 10 month waiting period

a. Complications of pregnancy and childbirth	Not covered	2,500	10,000	15,000	Full refund
b. Normal pregnancy and childbirth - <i>This benefit is subject to a 10% co-insurance</i>	Not covered	Not covered	Not covered	7,500	10,000
c. Contribution towards the initial paediatric check-up	Not covered	Not covered	Not covered	150	300

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12 Infertility benefit

A 12 month waiting period applies to this benefit

Investigations into the medical cause of infertility, where both members are insured under this policy and when the couple's treating physician believes there are symptoms and/or evidence to suggest a medical cause

Not covered	Not covered	Not covered	2,000	3,000
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13 Cash benefits

a. Hospital cash benefit for in-patient treatment received free of charge in a public hospital. Benefit is payable on a per night basis and is limited to a maximum of 30 nights in each period of insurance

50	100	100	200	200
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b. Maternity cash benefit payable on the birth of each child subject to:

- the child being born at least 10 months after the mother's entry date to the policy;
- and, no claim being made for the pregnancy or childbirth against any other item of the policy

Not covered	Not covered	Not covered	250	500
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c. Convalescence cash benefit payable for each complete week of confinement to home (excluding the first week) - *Benefit limited to 4 weeks in each period of insurance*

Not covered	Not covered	Not covered	Not covered	500
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14 Emergency medical transfer and evacuation benefits

a. The costs of transporting an insured person to the nearest suitable hospital (either in the same or a different country) and returning them to their country of residence after treatment

Full refund	Full refund	Full refund	Full refund	Full refund
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b. Costs of a medical escort

Full refund	Full refund	Full refund	Full refund	Full refund
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£/\$/€	£/\$/€	£/\$/€	£/\$/€	£/\$/€

14 Emergency medical transfer and evacuation benefits — continued

c. Travelling costs for a friend or relative to accompany the insured person during transportation	Full refund	Full refund	Full refund	Full refund	Full refund
d. Overnight accommodation costs for the accompanying friend or relative to stay with or near the insured person - the amounts stated are on a per night basis - maximum 10 nights per event	Not covered	100	150	200	250
e. Medical referral/assistance services including medical advice and help on replacing essential prescription medication	Full refund	Full refund	Full refund	Full refund	Full refund
f. Following an emergency medical transfer we will arrange and pay to transport any child/ren under age 19 to a destination of the insured person's choice OR pay for an economy class air ticket for someone to travel to the children to look after them	Full refund	Full refund	Full refund	Full refund	Full refund
g. If an insured person dies outside of their home country, we will provide one of the following services in accordance with the wishes of the deceased or next of kin:					
i. Transportation of the deceased to their home country	Full refund	Full refund	Full refund	Full refund	Full refund
OR					
ii. Contribution towards a coffin	200	250	300	350	400
OR					
iii. Cremation costs in the country where death occurred and transportation of the urn to either the deceased's home country or country of residence	200	250	300	350	400
OR					
iv. Local burial in the country where death occurred - <i>Other than the home country</i>	500	750	1,000	1,500	2,000

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15 Out of area emergency cover

Emergency medical treatment for an insured person who is travelling outside of their chosen geographical area. This will only operate when you do not travel for more than 30 days in total in each period of insurance

Not covered	Not covered	40,000	70,000	100,000
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16 Evacuation to home country

Evacuation to insureds home country (as long as the home country is within the purchased area of cover) - *This only applies to clients that purchased this additional module*

Full refund	Full refund	Full refund	Full refund	Full refund
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