

international
international plus
international elite

In-Patient Benefits

| | | | |
|--|---|---|----|
| Accommodation and Nursing Care | ✓ | ✓ | ✓ |
| Surgeon and Anaesthetist Fees | ✓ | ✓ | ✓ |
| Operating Theatre and Intensive Care Costs | ✓ | ✓ | ✓ |
| Drugs, Dressings and Consumables | ✓ | ✓ | ✓ |
| Radiotherapy and Chemotherapy | x | ✓ | ✓ |
| Diagnostics including MRI and CT | ✓ | ✓ | ✓ |
| Physiotherapy | ✓ | ✓ | ✓ |
| In-Patient Psychiatry (24 months waiting period applies)*** | x | x | 12 |
| Parent accompanying child | 4 | 4 | 4 |
| Treatment for Cancer | x | ✓ | ✓ |
| Treatment for Cardio-vascular conditions | x | ✓ | ✓ |
| Reconstructive Surgery (for medical conditions not including Cosmetic Surgery) | x | ✓ | ✓ |

Out-Patient Benefits

| | | | |
|--|---|---|---|
| Out-patient Initial consultation and specialist fees including diagnostics relating to an in-patient admission (A) | ⊙ | ● | ✓ |
| Out-patient Initial consultation and specialist fees including diagnostics not relating to an in-patient admission (B) | ⊙ | ● | ✓ |
| Subsequent consultation and specialist fees relating to an in-patient admission(C) | ⊙ | ● | ✓ |
| Subsequent consultation and specialist fees not relating to an in-patient admission | x | x | ✓ |
| Subsequent diagnostics inc MRI & CT Scans relating to an in-patient admission(D) | ⊙ | ● | ✓ |
| Subsequent diagnostics inc MRI & CT Scans not relating to an in-patient admission | x | ● | ✓ |
| Physiotherapy relating to an in-patient admission | 3 | ✧ | ✧ |
| Physiotherapy not relating to an in-patient admission | x | ✧ | ✧ |
| Complementary Medicine relating to an in-patient admission | x | ✧ | ✧ |
| Complementary Medicine not relating to an in-patient admission | x | ✧ | ✧ |
| Radiotherapy and Chemotherapy | x | ✓ | ✓ |
| Out-patient Psychiatry (12 months waiting period applies) *** | x | 5 | 5 |
| Treatment for Cancer | x | ✓ | ✓ |
| Treatment for Cardio-vascular conditions | x | ✓ | ✓ |

Assistance and Transportation Benefits

| | | | |
|---|---|---|----|
| Emergency Medical Evacuation (including medical escort) | x | ▣ | ▣ |
| Return Airfare | x | ◆ | ◆ |
| Companion Travel | x | ◆ | ◆ |
| Companion Accommodation (up to 10 nights) | x | 1 | 1 |
| Ambulance transport to nearest hospital | 4 | 4 | 4 |
| Repatriation of Mortal Remains | x | x | 10 |
| Cremation/ Local burial costs in country where death occurred | x | x | 8 |

Pre-Existing Conditions and Chronic Conditions

| | | | |
|---|---|---|----|
| Pre-defined Pre-Existing Conditions (24 months waiting period applies where chosen) | x | 6 | 7 |
| Palliative care (24 month waiting period applies) | x | x | 7 |
| Chronic conditions (24 month waiting period applies) | x | 9 | 9 |
| Organ Transplants | x | 7 | 11 |

Maternity

| | | | |
|---|---|---|---|
| Routine Maternity (including normal childbirth, elective caesarean section and pre-natal and postnatal follow up) (12 month waiting period applies) | x | x | ◇ |
| Pre-defined Complications of Pregnancy (including emergency caesarean section and postnatal follow up) (12 month waiting period applies) | x | x | ◇ |
| Cover for Newborn (Mother must have been on cover for 12 months) | x | x | * |

| | international | international plus | international elite |
|---|---------------|--------------------|---------------------|
| Dental | | | |
| In-patient oro-surgical operations/procedures | ✓ | ✓ | ✓ |
| Routine Consultations and Treatment (12 month waiting period applies) | x | 2 | 3 |
| Accidental damage cover | x | x | 4 |
| Optical | | | |
| Consultations and Eye Tests (12 month waiting period applies) | x | 2 | 2 |
| Prescribed Glasses or Contact Lenses | x | 2 | 3 |
| GP Services | | | |
| Medical Practitioner | 4 | 4 | 4 |
| One Annual Hearing Test (12 month waiting period applies) | x | x | 2 |
| A Hearing aid prescribed by a physician (12 month waiting period applies) | x | x | 3 |
| Cash Benefits | | | |
| Hospital Cash Benefit (where treatment is received without charge to the insurer) | ▲ | ▲ | ▲ |
| AIDS / HIV Compassionate lump sum benefit | x | x | 13 |
| Maternity Cash Benefit - on birth of each child (12 month waiting period applies) | x | x | 2 |
| Personal Accident Cash Benefit | 5 | 14 | 14 |
| Other Benefits | | | |
| Home Nursing (Up to 30 days) | 5 | 5 | 5 |
| Hire of Mobility Aids (e.g. Crutches / Wheelchairs) | x | x | 4 |
| Excess Options Available | ✓ | ✓ | ✓ |
| 24 hour GP advice line | x | ✓ | ✓ |
| Annual Overall Maximum Benefit | 500,000 | 1,000,000 | 1,000,000 |

KEY TO TABLE

| | | Per membership year where applicable in: STERLING | Membership lifetime limit where applicable in: STERLING | | Per membership year where applicable in: STERLING | Membership lifetime limit where applicable in: STERLING |
|-----|--|--|--|----|--|--|
| ✓ | Full Refund (In accordance with any limits detailed within 'The Guide to Your Health Scheme') | | | 1 | Maximum 10 nights at 75 per night monetary limit per membership year of: | 750 |
| x | Not covered | | | 2 | Monetary limit per membership year of: | 100 |
| *** | Psychiatry is subject to a 'waiting period'. Full details are available in the Guide to your Health Scheme | | | 3 | Monetary limit per membership year of: | 250 |
| ⊙ | (A)(B)(C)(D) subject to an overall limit of per membership year of: | 500 | | 4 | Monetary limit per membership year of: | 500 |
| ● | Total Combined amount payable (including Therapies Benefit) per membership year of: | 1,500 | | 5 | Monetary limit per membership year of: | 1,000 |
| ✦ | Therapies Benefit, part of overall out-patient benefit. Total payable per membership year of: | 500 | | 6 | Monetary limit per membership year / Lifetime limit of: | 1,500 |
| ▣ | Full cover to nearest medical facility within country of residence or country within you area of cover | | | 7 | Monetary limit per membership year / Lifetime limit of: | 2,000 |
| ◊ | Maternity (subject to 25% Co-insurance nil excess) Combined overall limit of: | 10,000 | | 8 | One off payment | 5,000 |
| * | Newborn (subject to 50% Co-insurance nil excess) Total amount payable of: | 10,000 | | 9 | Monetary limit per membership year of: (subject to 50% Co-insurance nil excess) | 5,500 |
| ♣ | Low cost Economy Airfare | | | 10 | Monetary limit per membership year of: | 7,500 |
| ▲ | Hospital cash benefit 250 per night up to a maximum per membership year of: | 7,500 | | 11 | Monetary limit per membership year / Lifetime limit of: | 7,500 |
| | | | | 12 | Maximum of 28 days or stated monetary limit per membership year (whichever limit is reached first) | 20,000 |
| | | | | 13 | Compassionate one off payment / Lifetime limit | 5,000 |
| | | | | 14 | Monetary limit per membership year of: | 10,000 |