

Benefit	PLATINUM PLAN
TOTAL ANNUAL BENEFIT LIMIT PER INSURED PERSON	
The overall maximum limit to the amount that you can claim during any one period of cover .	£1,562,500 or \$2,500,000 or €1,875,000
IN-PATIENT & DAY-PATIENT TREATMENT YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL BENEFITS INCLUDED IN THIS SECTION	
Hospital accommodation charges limited to the cost of a standard single room with an en-suite bath or shower room, when you are an in-patient or day-patient .	Full Refund
Treatment you receive whilst you are an in-patient or day-patient , including surgeons' anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, theatre charges and intensive care, pathology, x-rays, scans, diagnostic tests and physiotherapy.	
Parent accommodation charges The cost of one parent staying in hospital with a child under 18 years old while the child is receiving eligible treatment covered by their plan .	Full Refund
Hospital cash benefit Payable for each night spent in a hospital when you receive treatment eligible for cover by your plan for which no charge is made by the hospital . Benefit is paid for up to a maximum of 60 nights during any period of cover .	£219 or \$350 or €263 per night
Road Ambulance The cost of a private road ambulance if you need in-patient or day-patient treatment for which you are covered by your plan and it is medically necessary for you to travel to the hospital by local road ambulance.	Full Refund
CANCER TREATMENT YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL CANCER TREATMENT	
Cancer treatment required as an in-patient or day-patient including chemotherapy and radiotherapy.	Full Refund
Out-patient consultations, tests and scans.	Full Refund
Wig benefit Help towards the cost of a wig following chemotherapy, covered by your plan up to the limits shown.	Not Covered
Counselling Consultations with a registered psychologist/counsellor when you have received cancer treatment covered by your plan up to a life-time limit of 10 consultations. We do not pay for any drugs prescribed under this benefit.	Not Covered
Dietician Consultation with a registered dietician when you have received cancer treatment covered by your plan , up to a life-time limit of 2 consultations.	Not Covered
RECONSTRUCTIVE SURGERY YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL RECONSTRUCTIVE SURGERY	
Surgery to restore your appearance after an accident , or after surgery for breast cancer, provided the original treatment for the accident or breast cancer surgery was paid for by us , and provided the reconstructive surgery takes place within two years of the accident or the original breast cancer surgery.	Full Refund
ORGAN, BONE MARROW AND TISSUE TRANSPLANTS YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL TREATMENT RELATING TO A TRANSPLANT	
Costs incurred whilst hospitalised, and all related out-patient treatment required prior to and after the transplant. We only pay for transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines. We do not cover any costs associated with the acquisition of the organ, or any of the donor's costs.	Full Refund
RENAL DIALYSIS YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL RENAL DIALYSIS	
Short-term kidney dialysis of up to 4 weeks if you need this immediately before or after a kidney transplant operation covered by your plan . We will also pay for dialysis for up to 4 weeks if this is needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your plan , which affects another part of your body .	Full Refund

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PSYCHIATRIC TREATMENT YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL PSYCHIATRIC TREATMENT	
Life-time limit for all psychiatric treatment	£50,000 or \$80,000 or €60,000
In-patient and day-patient psychiatric treatment (24 month waiting period) In a recognised psychiatric unit of a hospital . Cover is limited to 30 days per period of cover . All treatment must be administered under the direct control of a registered psychiatrist.	Full Refund
Out-patient psychiatric treatment (24 month waiting period) Specialist psychiatric consultations with a registered psychiatrist when you have been referred by a medical doctor . Cover is limited to 10 consultations per period of cover . We do not pay for drugs prescribed for out-patient psychiatric treatment .	Full Refund
OUT-PATIENT TREATMENT	
Emergency ward treatment Emergency treatment that you have received at a hospital .	Full Refund
Out-patient surgical procedure	Full Refund
Medical doctor and specialist consultations , prescribed drugs and dressings, pathology, scans, radiology and diagnostic tests received as an out-patient .	Full Refund
Advanced diagnostic tests MRI, and CAT (CT) scans performed on the advice of a medical doctor . PET scans performed on the advice of a specialist . Your medical referral letter will be required. We will pay for one consultation only to obtain the results of the diagnostic tests .	Full Refund
Treatment by a Chiropractor, Osteopath, Homeopath or Acupuncturist Cover is limited to the maximum number of sessions shown, per period of cover in respect of all treatment types. Treatment by a chiropractor or osteopath must be on the advice of a medical doctor . Your medical referral letter will be required. If your condition becomes a chronic condition and on-going treatment is aimed at maintaining it rather than curing it, no further payments will be made.	Full Refund (maximum 10 sessions)
Hormone Replacement Therapy prescribed by a medical doctor When you have been diagnosed with premature ovarian failure i.e. loss of ovarian function before the age of 40.	Full Refund for a maximum of 18 months from date of diagnosis
Traditional Chinese medicine Up to a maximum of 10 sessions per period of cover with a traditional Chinese medical practitioner .	£20 or \$32 or €24 per session
Physiotherapy We will pay for up to 10 sessions of physiotherapy provided you have a medical referral letter . After the 10th session , if you need more sessions , you must contact us for pre-authorisation and we will require a further medical referral letter . If your condition becomes a chronic condition and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.	Full Refund
WELL-BEING BENEFITS	
Preventative Health checks (6 month waiting period) You may use this benefit to pay towards preventative health checks , an annual optical examination, immunisations, booster injections and travel vaccinations. The preventative health check benefit is not available to children insured as dependants under your plan .	£344 or \$550 or €413 9 per period of cover
Well-child benefit (12 month waiting period) Routine vaccinations and developmental check-ups. There is no waiting period for children added to the plan within their first 30 days of life provided one parent has been insured with us for at least 12 months.	Lifetime limit of £313 or \$500 or €376

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HIV & AIDS YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL TREATMENT FOR HIV & AIDS	
(24 month waiting period) Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) for a maximum period of 5 years, provided the HIV virus was contracted after your date of entry up to the limits shown.	£6,250 or \$10,000 or €7,500 per period of cover
REHABILITATION YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL REHABILITATION TREATMENT	
In-patient rehabilitation carried out under the control and supervision of a specialist in a recognised rehabilitation hospital or unit only when it immediately follows in-patient treatment covered by your plan . Benefit is payable only when the admission takes place on the written recommendation of your treating specialist and the admission must take place immediately following your discharge from hospital .	£6,250 or \$10,000 or €7,500 per period of cover
HOME NURSING YOU MUST OBTAIN PRE-AUTHORISATION FOR HOME NURSING	
The medical services of a qualified nurse to treat you in your own home when it is medically necessary and relates directly to an illness or injury covered by your plan . Cover is restricted to a maximum of 12 weeks per medical condition per period of cover .	Full Refund
HOSPICE & PALLIATIVE CARE YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL HOSPICE AND PALLIATIVE CARE EXPENSES	
The palliative care of a medical condition covered by your plan up to the lifetime limit shown.	Lifetime limit of £46,875 or \$75,000 or €56,250
MEDICAL AIDS AND DEVICES	
Supplying, fitting or hiring instruments, apparatus or devices which are medically prescribed as an aid to your function or capacity, such as crutches, wheelchairs, orthopaedic supports/braces, stoma supplies and compression stockings, only when it immediately follows in-patient, day-patient or emergency ward treatment covered by your plan . Costs for medical aids that form part of the care of a chronic condition are not eligible for cover under this benefit.	Lifetime limit of £625 or \$1,000 or €750 per period of cover
PROSTHESES	
Surgically implanted artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. We will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.	Full Refund
Prosthetic devices External prosthetic body parts, such as prosthetic limbs, fitted at the time of a surgical operation covered by your plan .	£1,563 or \$2500 or €1,876 per device
PREGNANCY & CHILDBIRTH BENEFITS	
Complications of pregnancy (12 month waiting period) In-patient or day-patient treatment necessary as a direct result of a complication of pregnancy . No cover is provided under this benefit for childbirth including planned or emergency caesarean section .	Full Refund
Childbirth necessitating an emergency surgical procedure (12 month waiting period) Surgeons', anaesthetists' and theatre fees for childbirth which necessitates an emergency surgical procedure and any additional accommodation charges incurred as the result of the surgical procedure. Any charges incurred as the result of normal childbirth – including planned caesarean section – will be paid from the routine maternity care and childbirth benefit and cannot be claimed under any other benefit.	Full Refund
Routine maternity care and childbirth (12 month waiting period) Routine pre-natal tests and examinations, and post natal treatments and examinations, and natural childbirth or childbirth by planned caesarean section .	£7,500 or \$12,000 or €9,000 per pregnancy

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PREGNANCY & CHILDBIRTH BENEFITS continued	
<p>Cover for new-born babies This benefit only applies to children born to you after you have been insured by the Silver or Gold plan for a continuous period of 12 months.</p> <p>During your child's first 28 days of life we will pay for in-patient and day-patient treatment including the treatment of birth defects and congenital conditions. If your new-born child is hospitalised, we will pay for the cost of one parent to stay with them in hospital.</p> <p>We will also pay for a physical examination, Vitamin K, Hepatitis B vaccine, BCG vaccine, one hearing test and blood tests for PKU, congenital hypothyroidism and G6PD.</p> <p>*The limits shown apply to each pregnancy, regardless of the number of children born.</p>	£62,500 or \$100,000 or €75,000
<p>Infertility Investigations (24 month waiting period) To establish the cause of infertility when recommended by a specialist. This benefit does not include cover for your spouse or partner unless they have also been insured on the Platinum plan for 24 months. If you and your spouse or partner require fertility investigations, the total amount payable is subject to the limits shown. This benefit does not cover treatment for infertility, such as assisted reproduction or IVF.</p>	80% of costs up to lifetime limit of £1,563 or \$2,500 or €1,876
DENTAL BENEFITS	
<p>In-patient emergency restorative dental treatment Required to restore sound, natural teeth following an accident covered by your plan and received within 15 days of the accident.</p>	Full Refund
<p>Out-patient emergency dental treatment Restorative dental treatment required to treat or replace sound, natural teeth lost or damaged following an accidental injury to the mouth. The dental treatment must be carried out by a dentist in a hospital emergency room or dental surgery, and must be received within 72 hours of the accident. We do not pay for drugs prescribed for dental treatment. We do not pay for treatment that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth.</p>	£938 or \$1,500 or €1,126 per period of cover
<p>Routine dental treatment (6 month waiting period)</p> <ul style="list-style-type: none"> Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary; Preventative scaling, polishing, and sealing (once per year); Fillings (standard amalgam or composite fillings only); Extractions; Root-canal treatment (but not the fitting of a crown following root canal treatment). <p>We do not pay for drugs prescribed for dental treatment. We do not pay for treatment that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth.</p>	£625 or \$1,000 or €750 per period of cover
<p>Complex dental treatment (12 month waiting period)</p> <ul style="list-style-type: none"> Crowns; Inlays; Bridges. <p>We do not pay for drugs prescribed for dental treatment. We do not pay for treatment that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth</p>	£1,563 or \$2500 or €1,876
EMERGENCY EVACUATION BENEFIT ALL COSTS MUST BE PRE-AUTHORISED AND ARRANGED BY THE ASSISTANCE SERVICE	
<p>Emergency evacuation If you, (or any child covered by the new-born benefit within its first 90 days of life), have a life-threatening condition covered by your plan which requires immediate in-patient treatment that cannot be adequately provided locally, the Assistance Service will arrange for you to be moved by air and/or by surface transportation, to the nearest hospital within your area of cover where appropriate medical treatment is available. The Assistance Service retains the absolute right to decide whether your medical condition is life-threatening, whether or not the treatment could be adequately provided locally, where you are evacuated to and the means and method of the evacuation. We do not pay for any other costs related to your evacuation such as hotel accommodation charges. We do not pay for emergency evacuation to the USA.</p>	Full Refund
<p>Return airfare Following an emergency evacuation covered by your plan, we will pay for your economy return airfare to your country of residence.</p>	Full Refund

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EMERGENCY EVACUATION BENEFIT continued <i>ALL COSTS MUST BE PRE-AUTHORISED AND ARRANGED BY THE ASSISTANCE SERVICE</i>	
Travelling expenses of a companion The transportation costs of another person to accompany you on your emergency evacuation, and their economy class ticket back. If it is not possible for them to accompany you on your medical evacuation flight, we will pay for their economy class airfare on a scheduled flight.	Full Refund
Accommodation expenses of a companion If your companion is required to stay with you whilst you receive in-patient treatment we will pay towards their hotel accommodation. Benefit is limited to a maximum of 15 nights during your period of cover .	£100 or \$160 or €120
Compassionate home travel (12 month waiting period) If a close family member dies during your period of cover we will pay for your return economy airfare to attend the funeral. Travel must take place within 28 days of the date of death. There is a life-time limit of one claim per insured person .	Full Refund
Repatriation of mortal remains If you die as the result of a condition that is covered by your plan whilst you are outside your home country we will pay for your body or ashes to be transported to your home country or country of residence . This benefit is not available if a claim is made for burial or cremation at the place where you died.	£12,500 or \$20,000 or €15,000
Burial or Cremation If you die as the result of a condition that is covered by your plan whilst you are outside your home country we will pay for you to be buried or cremated at the place where you died. We do not pay for the costs of a religious practitioner. There is no cover if you die in your home country .	£1,000 or \$1,600 or €1,200