

What you are covered for

The following **table of benefits** sets out the cover provided by each **plan type**. The **plan type** you have is as shown on **your certificate of insurance**. We will pay only for the **treatment** or services stated in the **table of benefits** relating to **your plan**.

Each benefit limit in the **table of benefits** is expressed in US Dollars. The currency of the benefit limits that **we** will apply to **your plan** is shown on **your certificate of insurance**.

The limits shown in the **table of benefits** are the maximum amounts **we** will pay after the application of any **excess** and **co-insurance**, and will be subject to the annual benefit limit and any other specified applicable benefit limits.

Certain benefits in the **table of benefits** specify a **waiting period**. **You** must be covered by the same **plan** for the full duration of the specified **waiting period** before **you** can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**.







Wherever the term 'Full cover' appears in the **table of benefits**, this means full refund of **reasonable and customary** charges, less any **excess** or **co-insurance** applicable to **your plan**, and subject to any limits that are specified anywhere else in the **table of benefits** for the type of **treatment** or care **you** receive.

Where there is a lifetime benefit limit, this is the maximum amount **we** will pay in respect of that particular benefit during **your** lifetime.















There are certain benefits in the **table of benefits** for which **you** must obtain pre-authorisation.

The **table of benefits** should be read in conjunction with the 'What you are not covered for' section of this **agreement**.

Key  Full cover within annual benefit limit  Partial or limited cover  No cover

Cover	Essential Care	Essential Care Plus
Annual benefit limit The overall maximum limit that each insured person can claim during any one period of cover .		
	US\$250,000	US\$500,000
Hospital costs Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for all benefits included in this section. 		
Hospital accommodation 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 cover	 Full cover
Hospital treatment Treatment you receive while you are an in-patient or day-patient , including surgeons' and anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, diagnostic tests and physiotherapy. We will also pay for pre-admission tests that you undergo on an out-patient basis for hospital treatment you are scheduled to receive that is covered by your plan . We will also pay for in-patient surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month waiting period and covered only when the surgery is performed by a medical doctor (not a dentist) in a hospital (not a dental surgery) and under general anaesthetic.	 Full cover	 Full cover
Parent accommodation The cost of one parent staying in hospital with a child under 18 years of age while the child is receiving eligible treatment covered by their plan .	 Full cover	 Full cover











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Cover	Essential Care	Essential Care Plus
Hospital costs (continued) Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for all benefits included in this section. 		
Road ambulance The cost of a private road ambulance if you need hospital treatment covered by your plan and if it is medically necessary for you to travel to hospital by ambulance.	 Cover up to US\$1,200 per period of cover	 Cover up to US\$1,600 per period of cover
In-patient emergency restorative dental treatment Treatment as an in-patient required to restore sound and natural teeth following an accident covered by your plan , provided that treatment is received within 15 days of the accident . All treatment must be carried out by a dentist in a hospital emergency room or dental surgery.	 Cover up to US\$5,000 per period of cover	 Cover up to US\$5,000 per period of cover
Cancer treatment Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for all benefits included in this section. 		
Cancer treatment Cancer treatment , including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. We will also pay for restorative dental treatment following chemotherapy or radiotherapy. On the Essential Care plan , cover for out-patient cancer treatment is limited to a period of 5 years from the later date of the surgery, or the completion of, chemotherapy or radiotherapy.	 Full cover	 Full cover
Cancer genome tests The cost of tests to sequence the genes of cancer cells.	 Cover up to US\$6,000 per period of cover	 Cover up to US\$6,000 per period of cover
Organ, bone marrow or tissue transplants Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for all benefits included in this section. We only cover 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. 		
Transplant and related treatment Costs incurred while hospitalised, including anti-rejection drugs, and all related out-patient treatment required prior to and after the transplant.	 Full cover	 Full cover
Donor costs Medical costs associated with the donor as an in-patient or day-patient .	 Cover up to US\$25,000 per transplant	 Cover up to US\$25,000 per transplant
Kidney dialysis Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for this benefit. 		
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. We do not cover regular or long-term kidney dialysis.	 Full cover	 Full cover











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Cover	Essential Care	Essential Care Plus
Reconstructive surgery Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for this benefit. <p>A maximum of two surgeries to restore your appearance after an accident or after surgery for cancer, provided the original treatment for the accident or cancer was paid for by us, and provided the reconstructive surgery takes place within two years of the accident or the original cancer surgery.</p>	 Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital	 Full cover
Congenital conditions or hereditary conditions Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for this benefit. Cover for all benefits in this section is up to the annual sub-limit for out-patient treatment. <p>Treatment for a congenital condition or hereditary condition (whether diagnosed as a chronic condition or not) and treatment for any related condition. This benefit does not extend to psychiatric treatment or psychotherapy, complimentary medicine, traditional Chinese medicine, acupuncture or homeopathic treatment. There is no cover for congenital conditions or hereditary conditions if, prior to commencement of your cover, you have had any abnormal signs, symptoms or test results related to the congenital condition or hereditary condition (whether or not a specific diagnosis has been made). However, there may be some cover for newborn babies under the newborn babies benefit. Your lifetime limit for this benefit will be reduced by any payments we have made under the newborn babies benefit with respect to birth defects, congenital conditions or hereditary conditions. The lifetime limit shown applies irrespective of the number of congenital conditions and hereditary conditions. Cover is up to the annual sub-limit for out-patient treatment.</p>	 Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital only, up to a lifetime limit of US\$20,000	 Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital only, up to a lifetime limit of US\$40,000
HIV/AIDS treatment Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for this benefit. <p>(24-month waiting period) Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC) for a maximum period of 5 years. We do not provide cover if the virus was contracted before your date of entry.</p>	 Cover up to US\$1,000 per period of cover	 Cover up to US\$2,500 per period of cover
Prosthetic implants <p>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. As part of this benefit, 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.</p>	 Full cover	 Full cover













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Everyday medical costs		
Annual sub-limit for out-patient treatment The overall maximum limit to the amount that each insured person can claim for all out-patient treatment covered by your plan during any one period of cover .	US\$2,500	US\$10,000
Primary medical care Visits to a GP or doctor , specialist consultations, prescribed drugs and dressings, pathology, scans, radiology and diagnostic tests received as an out-patient .	 Cover for post-hospital treatment received within the 90 day period following the date you are discharged from hospital	 Full cover
Emergency ward treatment Emergency treatment that you have received at a hospital .	 No cover	 Full cover
Out-patient surgical procedures Surgical procedures that do not require in-patient or day-patient treatment .	 Full cover	 Full cover
Advanced diagnostic tests MRI and CAT (CT) scans performed on the advice of a medical doctor and 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 test .	 Cover for post-hospital treatment received within the 90 day period following the date you are discharged from hospital	 Full cover
Physiotherapy Medically necessary physiotherapy when you have been referred on the advice of your medical doctor to a physiotherapist who is registered to practice physiotherapy in the country where the treatment is administered. You must send us your medical referral letter in support of your claim . After your first 6 sessions of physiotherapy, if you need more sessions you must contact us and we will write to your doctor for a medical report in order to assess your claim further. We will not pay for any physiotherapy that we have not pre-authorised. If your condition is (or becomes) a chronic condition and ongoing treatment is aimed at maintaining rather than curing it, no further payments will be made.	 Cover up to US\$250 for post-hospital treatment received within the 90 day period following the date you are discharged from hospital only, up to US\$1,000 per period of cover	 Cover up to US\$1,000 per period of cover



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Chronic conditions Important notes: <ul style="list-style-type: none"> Cover for all benefits in this section is up to the annual sub-limit for out-patient treatment. 		
Acute flare-ups Short-term treatment to treat acute flare-ups of a chronic condition covered by your plan . Cover is up to the annual sub-limit for out-patient treatment .	 Cover for in-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital only	 Cover for in-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital only
Monitoring and maintenance Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a chronic condition . Cover is regardless of the number of chronic conditions . Cover is up to the annual sub-limit for out-patient treatment .	 No cover	 Cover up to \$1,000 per period of cover
Lifetime care Important notes: <ul style="list-style-type: none"> You must obtain pre-authorisation for all benefits included in this section. 		
Lifetime limit for all lifetime care The overall maximum limit to the amount you can claim during your lifetime for all benefits within the lifetime care benefit section.	US\$25,000	US\$50,000
Hospice and palliative care On diagnosis of a terminal medical condition covered by your plan , all costs for treatment received on the advice of a medical practitioner or specialist for the purpose of offering relief of symptoms. This includes all hospital or hospice accommodation, and nursing care by a qualified nurse .	 Cover up to the lifetime limit for lifetime care	 Cover up to the lifetime limit for lifetime care
Artificial life maintenance Treatment you require after you have already been on artificial life maintenance for 8 weeks.	 Cover up to the lifetime limit for lifetime care	 Cover up to the lifetime limit for lifetime care
Persistent vegetative state and neurological damage Treatment you require after you have been in hospital for 8 weeks for permanent neurological damage or if you are in a persistent vegetative state .	 Cover up to the lifetime limit for lifetime care	 Cover up to the lifetime limit for lifetime care

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Cover	Essential Care	Essential Care Plus
<p>Complications of pregnancy Important notes:</p> <ul style="list-style-type: none"> Dependant children included in your plan are not eligible for this benefit. 		
<p>(10-month waiting period) In-patient or day-patient treatment necessary as a direct result of a complication of pregnancy.</p> <p>We do not provide cover under this benefit for childbirth (which includes any caesarean section). We do not provide cover under this benefit if you act as a surrogate or have anyone else acting as a surrogate for you. We do not provide cover under this benefit for a pregnancy established through assisted reproduction (e.g. IVF) until after the standard 12-week scan, irrespective of how long you have been covered by the plan.</p> <p>We do not cover termination of pregnancy or any treatment or investigations that arise as a result of complications relating to termination of pregnancy.</p>	 No cover	 Cover up to US\$5,000 per period of cover
<p>Expat benefits Important notes:</p> <ul style="list-style-type: none"> You must obtain pre-authorisation for all benefits included in this section. 		
<p>24-hour medical assistance helpline If you have a medical emergency which requires immediate medical assistance, you must contact our 24-hour helpline (provided by CEGA) at +44 (0) 1243 621155 or william.russell@cegagroup.com.</p>	 Full cover	 Full cover
<p>Medevac If you have a life-threatening or limb-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.</p> <p>We do not cover any other costs under this benefit such as hotel accommodation charges.</p> <p>We do not cover emergency evacuation to, from or within the USA.</p> <p>The Assistance Service retains the absolute right to decide whether your medical condition is eligible for evacuation, where you are evacuated to and the means and method of the evacuation.</p>	 Full cover	 Full cover
<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 cover	 Full cover
<p>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 because of the method of evacuation, we will pay either for their economy class round-trip airfare on a scheduled flight, or their suitable round-trip surface transportation, whichever is the most appropriate.</p>	 Full cover	 Full cover
<p>Repatriation of mortal remains If you die as the result of a condition that is covered by your plan while you are outside your country of nationality, we will pay for your body or ashes to be transported to your country of nationality or country of residence.</p> <p>This benefit is not available if a claim is made for the burial or cremation benefit at the place where you died.</p>	 Cover up to US\$5,000	 Cover up to US\$5,000

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Cover	Essential Care	Essential Care Plus
Expat benefits (continued) Important notes: <ul style="list-style-type: none">You must obtain pre-authorisation for all benefits included in this section.		
Burial or cremation If you die as the result of a condition that is covered by your plan while you are outside your country of nationality , we will pay for you to be buried or cremated at the place where you died. This benefit is not available if a claim is made under the repatriation of mortal remains benefit. We do not provide cover under this benefit if you die in your country of nationality . We do not provide cover under this benefit for the costs of a religious practitioner.	 Cover up to US\$1,600	 Cover up to US\$1,600