

Benefit Schedule

THE FOLLOWING BENEFITS ARE COVERED UP TO A MAXIMUM AGGREGATE LIMIT OF £1,000,000 PER INSURED PERSON PER YEAR

	International	International Plus	Executive	Executive Plus
H Hospital Services: • Accommodation and meal charges • All inpatient medical treatment costs • All inpatient Physician fees • All inpatient Surgeon/Anaesthetist fees • All intensive care unit charges	Full Refund	Full Refund	Full Refund	Full Refund
 Parental Accommodation: Where an insured child up to the age of 17 is in hospital	Full Refund	Full Refund	Full Refund	Full Refund
 Hospital Cash Benefit: When inpatient treatment is provided free of charge (max 30 days per Certificate period)	£250 per night	£250 per night	£250 per night	£250 per night
 Daycare Surgery	Full Refund	Full Refund	Full Refund	Full Refund
 Local Road Ambulance Service	Full Refund	Full Refund	Full Refund	Full Refund
 Emergency Medical Evacuation	Full Refund	Full Refund	Full Refund	Full Refund
 Repatriation or Local Burial: Only applies outside your home country This benefit is not available to applicants aged 65 or over	Full Refund up to £7,500	Full Refund up to £7,500	Full Refund up to £7,500	Full Refund up to £10,000
 Nursing at Home: Up to 26 weeks	Full Refund	Full Refund	Full Refund	Full Refund
 Accident and Emergency Room Services	Full Refund	Full Refund	Full Refund	Full Refund
 Oncology, Chemotherapy and Radiotherapy	Full Refund	Full Refund	Full Refund	Full Refund
 MRI and CT Scans	Full Refund	Full Refund	Full Refund	Full Refund
 Organ Transplantation Surgery	Not Covered	Not Covered	Up to £100,000	Up to £200,000
 Dental Treatment following Accident	Full Refund	Full Refund	Full Refund	Full Refund
 Rehabilitation Care	£100,000 lifetime limit	£100,000 lifetime limit	£100,000 lifetime limit	£100,000 lifetime limit
 Routine Dental Treatment	Not Covered	Not Covered	Up to £500 20% co-insurance	Up to £500 20% co-insurance
 Newborn Care Only applies when child is insured	Up to £5,000 20% co-insurance	Up to £5,000 20% co-insurance	Up to £5,000 20% co-insurance	Up to £5,000 20% co-insurance
 Outpatient Services: • General Practitioner fees • X-rays, Diagnostic and Pathology tests • Physiotherapy • Specialist and Consultants fees • Complementary Therapies • Prescription Drugs	Not Covered	Up to £3,000 £100 excess per claim*†	Full Refund £100 excess per claim*†	Full Refund £100 excess per claim*†
 Outpatient Psychiatric Care	Not Covered	Not Covered	Not Covered	Up to £750 20% co-insurance
 Maternity Care Normal pregnancy	Not Covered	Not Covered	Up to £5,000 30% co-insurance	Up to £10,000 30% co-insurance
 Complicated pregnancy	Not Covered	Not Covered	Up to £10,000 30% co-insurance	Up to £25,000 30% co-insurance
 Childhood Vaccinations	Not Covered	Not Covered	Not Covered	Up to £150
W Wellness Benefit	Not Covered	Not Covered	Up to £500 20% co-insurance	Up to £500 20% co-insurance

PLEASE REFER TO THE PLAN RULES FOR A DETAILED DESCRIPTION OF THE ABOVE BENEFITS

* Course of treatment per diagnosed medical condition.

† The excess per claim can be waived by payment of an additional 10% of the quoted annual premium rates, subject to a minimum premium requirement.