



## TABLE OF BENEFITS

This policy provides cover only for the following benefits in respect of costs incurred by, or relating to, an insured person during the period of cover, which are eligible under the contract of insurance.

Where a co-insurance plan has been purchased, the insured person is responsible for the applicable co-insurance proportion of eligible costs as detailed on the Certificate of Insurance. All benefit limits shown in the Table of Benefits will be reduced by the applicable co-insurance amount, meaning the maximum amount payable by us will be limited to our proportion of the stated benefit. Where a specific co-insurance rate is stated under a particular benefit in the Table of Benefits, the higher rate shall prevail.

All cover is conditional upon charges being medically necessary, reasonable and customary, and is subject to the terms, conditions, definitions, exclusions and warranties of the policy, as well as any relevant endorsements.

|   | Major Medical        | Standard             | Comprehensive        | Fully Comprehensive |
|---|----------------------|----------------------|----------------------|---------------------|
| Overall Plan Limit per year   | US\$1,000,000        | US\$1,000,000        | US\$1,000,000        | US\$2,000,000       |
| INPATIENT COVER   |                      |                      |                      |                     |
| Room & board including general nursing care   | Semi-Private         | Semi-Private         | Semi-Private         | Full Cover          |
| Parental accommodation (added bed, same room)   | No Cover             | No Cover             | Full Cover           | Full Cover          |
| Theatre fees; x-rays; laboratory tests; medicines & drugs; blood & plasma; surgical appliances; rental of wheelchairs | Full Cover           | Full Cover           | Full Cover           | Full Cover          |
| Intensive Care (Room & Board including general nursing care)  | Full Cover           | Full Cover           | Full Cover           | Full Cover          |
| Surgeon's Fees including pre- & post-surgical services  | US\$25,000           | US\$25,000           | US\$25,000           | Full Cover          |
| Anesthetist's Fees  | 30% of Surgeons Fees | 30% of Surgeons Fees | 30% of Surgeons Fees | Full Cover          |
| Professional Fees including physician, specialist, radiologist, Physiotherapy & pathologist fees                      | US\$25,000           | US\$25,000           | US\$25,000           | Full Cover          |
| Rehabilitation Cover  | No Cover             | No Cover             | Full Cover, 30 Days  | Full Cover, 45 Days |
| Kidney Dialysis   | Full Cover           | Full Cover           | Full Cover           | Full Cover          |
| Oncology Cover  | US\$20,000           | US\$20,000           | US\$20,000           | Full Cover          |
| Emergency Room Treatment  | Full Cover           | Full Cover           | Full Cover           | Full Cover          |
| Organ Transplant Cover  | No Cover             | No Cover             | US\$100,000          | Full Cover          |
| Local Ambulance to Hospital   | Full Cover           | Full Cover           | Full Cover           | Full Cover          |
| Hospital Cash Benefit   | US\$100              | US\$100              | US\$100              | US\$200             |

## Major Medical

## Standard

## Comprehensive

## Fully Comprehensive

## OUTPATIENT COVER

|                                 |          |                         |                             |                       |
|---------------------------------|----------|-------------------------|-----------------------------|-----------------------|
| Outpatient Surgical             | No Cover | US\$25,000              | US\$25,000                  | Full Cover            |
| Pre-hospitalization             | No Cover | US\$2,000 30 days prior | US\$2,000 30 days prior     | Full Cover            |
| Post-hospitalization            | No Cover | US\$2,000 30 days post  | US\$2,000 30 days post      | Full Cover            |
| GP Consultation Fees            | No Cover | US\$750                 | US\$750                     | Full Cover            |
| Specialist Consultation Fees    | No Cover | US\$750                 | US\$750                     | Full Cover            |
| Prescribed Medication           | No Cover | US\$750                 | US\$750                     | Full Cover            |
| Imaging and Lab Tests           | No Cover | US\$750                 | US\$750                     | Full Cover            |
| Physiotherapy                   | No Cover | No Cover                | US\$750 per annum, 5 Visits | Full Cover, 10 Visits |
| Oncology                        | No Cover | No Cover                | US\$20,000                  | Full Cover            |
| Alternative Therapies Treatment | No Cover | No Cover                | US\$250 per annum, 5 Visits | Full Cover, 10 Visits |
| Chronic Conditions Benefit      | No Cover | No Cover                | US\$1,000                   | US\$10,000            |

## WELLBEING BENEFITS

|                          |          |          |                             |                     |
|--------------------------|----------|----------|-----------------------------|---------------------|
| Annual Medical Check-ups | No Cover | No Cover | US\$250<br>25% Co-insurance | US\$500             |
| Vaccinations             | No Cover | No Cover | US\$250<br>25% Co-insurance | US\$500             |
| Eye Test                 | No Cover | No Cover | US\$250, 1 Per Year         | US\$250, 1 Per Year |

## DENTAL BENEFITS

|  |          |          |                             |            |
|--|----------|----------|-----------------------------|------------|
| Emergency Dental (Relief of Pain Only)   | No Cover | No Cover | Inpatient Treatment Only    | Full Cover |
| Routine Dental (6 months waiting period) | No Cover | No Cover | No Cover                    | US\$750    |
| Major Dental (6 months waiting period)   | No Cover | No Cover | US\$750<br>25% Co-insurance | US\$750    |

## GLOBAL SECURITY BENEFITS

|                     |                            |                            |                            |                 |
|---------------------|----------------------------|----------------------------|----------------------------|-----------------|
| Terrorism           | US\$50,000                 | US\$100,000                | US\$150,000                | Full Cover      |
| Hostage Negotiation | Full Cover                 | Full Cover                 | Full Cover                 | Full Cover      |
| Hijacking           | US\$100 Per Day<br>10 Days | US\$200 Per Day<br>10 Days | US\$300 Per Day<br>10 Days | US\$500 Per Day |
| Mugging             | US\$100 Per Day<br>5 Days  | US\$100 Per Day<br>5 Days  | US\$100 Per Day<br>5 Days  | US\$100 Per Day |



Major Medical

Standard

Comprehensive

Fully Comprehensive

## PSYCHOLOGY BENEFITS

24 Hour Psychology Counselling

5 Sessions

5 Sessions

8 Sessions

10 Sessions

24 Hour Personal Coaching

5 Sessions

5 Sessions

8 Sessions

10 Sessions

## INTERNATIONAL ASSISTANCE BENEFITS

24 Hour Emergency Assistance

Full Cover

Full Cover

Full Cover

Full Cover

## LIFE COVER

Death Benefit

US\$10,000

US\$10,000

US\$10,000

US\$10,000

## OPTIONAL BENEFITS - Where an additional premium has been paid

Evacuation &amp; Repatriation

US\$100,000

US\$100,000

US\$100,000

US\$100,000

“Preferred choice for  
the international  
community”



