

Overall Limits	Gold	Silver	Bronze	
Under the terms and conditions of the plan , we will pay necessary, reasonable and customary expenses up to an overall maximum, per insured person per plan year (unless a lifetime limit is specified):	£1,000,000 \$1,700,000 €1,500,000	£750,000 \$1,275,000 €1,125,000	£500,000 \$850,000 €750,000	
In-Patient and Daycare Treatment				
Accidents and emergencies , intensive care and theatre costs	Covered in Full	Covered in Full	Covered in Full	
Hospital accommodation				
Nursing fees, medical expenses and ancillary charges				
Surgeons', consultants ', anaesthetists' and medical practitioners ' fees				
Prescribed medicines and drugs				
Reconstructive surgery following an accident or following surgery for an eligible medical condition				
Prostheses: Artificial body parts surgically implanted to form permanent parts of an insured person's body				
MRI, PET and CT scans				
X-rays, pathology, diagnostic tests and procedures				
Oncology tests, drugs and consultants ' fees including cover for chemotherapy and radiotherapy				
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist				
Parent accommodation, insured parent with an insured child under 18 years of age in hospital				
Accidental damage to natural teeth				
Psychiatric treatment up to 30 days available after 12 months continuous cover under the plan	Not Covered	Not Covered	Not Covered	
Out-Patient Treatment ¹				
Primary consultations and treatment to include medical practitioners ' fees, prescribed medicines, drugs and dressings	Covered in Full	Covered up to £4,000 \$6,800 €6,000	Not Covered	
X-rays, pathology, diagnostic tests and procedures				
Specialists ' and consultants ' fees for consultations, prescribed medicines, drugs and dressings	Covered up to £500 \$850 €750	*Physiotherapy up to a maximum sub-limit of £250 \$425 €375		
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist *				
Complementary medicine and treatment by a therapist , when referred by a medical practitioner, consultant or specialist . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture treatment	Covered up to £500 \$850 €750	Covered up to £250 \$425 €375		
Traditional Chinese medicine	Covered up to £1,500 \$2,550 €2,250	Covered up to £1,000 \$1,700 €1,500		
Psychiatric treatment available after 12 months continuous cover under the plan				
Oncology tests, drugs and consultants ' fees including cover for chemotherapy and radiotherapy	Covered in Full	Covered in Full		
MRI, PET and CT scans				
Out-patient surgical operations				
Post-hospitalisation treatment	Covered in Full up to 90 days	Covered in Full up to 90 days		Covered in Full up to 90 days
Out-Patient Dental Treatment ² (available after 6 months continuous cover)				
Treatment for the immediate relief of dental pain, accidental damage to natural teeth and the restoration of natural teeth including x-rays, fillings, extractions, root-canal treatment , gum treatment , semi-precious and replacement crowns	Covered up to 75% of £750 \$1,275 €1,125	Covered up to 75% of £500 \$850 €750		Not Covered
Chronic Medical Conditions				
Stabilisation of acute exacerbations/episodes of chronic medical conditions	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient and daycare section and immediately following in-patient or daycare treatment for a period of 90 days after discharge	
Maintenance, routine checkups, prescribed drugs and dressings and palliative treatment	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £40,000 \$68,000 €60,000	Not Covered	
Please note: In the event of a chronic medical condition being deemed terminal , cover under the Chronic Medical Conditions benefit will cease. Terminal medical conditions can only be covered under the Terminal Illness benefit				
Terminal Illness				
Palliative treatment and hospice care on diagnosis of a terminal condition	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £40,000 \$68,000 €60,000	Not Covered	
Hormone Replacement Therapy				
Hormone replacement therapy in respect of pre- and post-menopausal symptoms	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225 immediately following in-patient or daycare treatment for a period of 90 days after discharge	

Table of Benefits (continued)

HIV/AIDS (available after 4 years from the date that the benefit was first introduced on your plan)	Gold	Silver	Bronze
Treatment for HIV/AIDS and related medical conditions	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Not Covered
Emergency Local Ambulance			
Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital	Covered in Full	Covered in Full	Covered in Full
Organ Transplant			
Treatment for and in relation to an organ transplant of either; kidney, liver, heart, lung or heart and lung, in respect of the insured person as recipient and not the organ donor	Covered up to £250,000 \$425,000 €375,000	Covered up to £250,000 \$425,000 €375,000	Covered up to £250,000 \$425,000 €375,000
Nursing at Home			
Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or daycare treatment	Covered up to £5,000 \$8,500 €7,500	Covered up to £2,500 \$4,250 €3,750	Covered up to £1,500 \$2,550 €2,250
Please note: The Nursing at Home benefit does not apply to terminal medical conditions . Terminal medical conditions can only be covered under the Terminal Illness benefit			
Compassionate Emergency Visit			
Costs incurred by an insured person for an economy class return airfare from the country of residence to visit a close family member , up to the attained age of 75 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person per plan year	Covered in Full	Covered in Full	Not Covered
Hospital Cash Benefit			
Cash payment payable for each night where treatment is received by an insured person as a non-paying patient	£250 \$425 €375 per night, up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night, up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night, up to a maximum of £7,500 \$12,750 €11,250
Emergency Evacuation and Repatriation			
The transportation costs of an insured person to the nearest centre where adequate medical facilities are available. Payment of this benefit , including treatment incurred, will be subject to the insured person suffering from a medical condition ; (a) that necessitates the insured person being placed on a critical list**, or (b) for which, in our opinion, adequate treatment is not available in the location where such treatment is required and/or recovery would be substantially expedited thereby	Covered in Full	Covered in Full	Covered in Full when relating to in-patient and daycare treatment
Economy class return airfare following an emergency medical evacuation, to country of residence			
**Travelling, accommodation and economy class return airfare expenses for pre-authorised costs of a close business colleague or the insured person's dependants having to accompany the insured person for an emergency medical evacuation. This benefit will only become available under the conditions detailed in clause (a) above			
Repatriation of Mortal Remains			
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person , from the place of death to the home country , or the preparation and local burial or cremation of the mortal remains of the insured person , who dies outside of the home country	Covered up to £15,000 \$25,500 €22,500	Covered up to £15,000 \$25,500 €22,500	Covered up to £15,000 \$25,500 €22,500
Emergency Medical Treatment Outside Area of Cover			
Emergency medical treatment cover outside of geographic area of cover	Covered up to £35,000 \$59,500 €52,500	Covered up to £30,000 \$51,500 €45,000	Not Covered
Maternity Care (available after 12 months continuous cover)			
Normal pregnancy and childbirth comprising normal pre-natal treatments and examinations, normal childbirth, normal post-natal treatments and examinations ³ . This benefit is limited to a maximum of 3 routine antenatal ultrasound scans (one in each trimester), we will consider 12 routine antenatal visits. Under the childbirth benefit , we will cover the following for the newborn baby: 1 consultation charge including physical examination, 1 hearing test, routine blood tests and accommodation charge of up to 4 nights for the newborn if the mother is admitted and not suffering any complications. Subject to the benefit limit shown	Covered up to 80% of £5,000 \$8,500 €7,500	Not Covered	Not Covered
Complications of pregnancy: Treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth and requires a recognised obstetric procedure	Covered in Full	Covered up to £5,000 \$8,500 €7,500	Covered up to £2,500 \$4,250 €3,750
Newborn accommodation: Hospital accommodation costs for a newborn child to accompany its mother while she is receiving treatment as an in-patient in a hospital for a medical condition covered under the complications of pregnancy and childbirth benefit		Covered in Full	Covered in Full
Termination of pregnancy when medically necessary			
Birth defects and congenital abnormalities : Investigation and treatment of birth defects and congenital abnormalities , including birth trauma, provided that such are diagnosed in the first six (6) months from birth. Please note: This benefit is available per eligible pregnancy for a period of twelve (12) months from the initial diagnosis date, provided the newborn child/ren is/are added to the plan within 30 days from birth	Covered up to £20,000 \$34,000 €30,000	Covered up to £20,000 \$34,000 €30,000	Covered up to £20,000 \$34,000 €30,000
Deductibles			
¹ Out-patient medical treatment standard excess (applied per medical condition , per plan year)	£30.00 \$50.00 €45.00	£30.00 \$50.00 €45.00	£30.00 \$50.00 €45.00
² Out-patient dental treatment co-insurance (applied per claim)	25%	25%	N/A
³ Normal pregnancy and childbirth co-insurance (applied per claim)	20%	N/A	N/A