

SUMMARY TABLE OF BENEFITS

This table is a summary only - for full details of your cover please refer to the plan agreement.

Important Notes:

- Full cover means full refund of reasonable and customary charges, less any excess applicable to the plan, and subject to any coinsurance and/or any benefit limits and/or number of session limits shown in the table of benefits in the relevant plan agreement, to include any limits in other benefits elsewhere in the table applying to the claim.
- Partial or Limited cover means cover is offered, but is subject to the limits stated in the relevant plan agreement.

Benefit	Essential Care Plus plan
The overall maximum limit that you can claim during any one period of cover	US\$500,000
Hospital costs	
Hospital accommodation	○ Full cover
Hospital treatment	○ Full cover
Parent accommodation	○ Full cover
Road ambulance	○ Cover up to US\$1,200 per period of cover
In-patient emergency restorative dental treatment	○ Cover up to US\$5,000 per period of cover
Cancer treatment	
Cancer treatment, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs	○ Full cover
Cancer genome tests	○ Cover up to US\$2,000 per period of cover
Organ, bone marrow or tissue transplants	
Transplant and related treatment	○ Full cover
Donor costs	○ Cover up to US\$25,000 per transplant
Kidney dialysis	
Short-term kidney dialysis of up to 4 weeks	○ Full cover
Reconstructive surgery	
Surgery to restore your appearance after an accident, or after surgery for breast cancer	○ Full cover

Key ○ Full cover within annual plan benefit limit ○ Partial or limited cover

Benefit	Essential Care Plus plan
Congenital abnormalities or hereditary conditions	
Treatment aimed to cure a congenital abnormality, provided you did not have signs or symptoms of the congenital abnormality prior to your date of entry and the congenital abnormality was diagnosed after your date of entry	<ul style="list-style-type: none"> ○ 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, within the 'Annual sub-limit for out-patient treatment', up to a lifetime limit of US\$40,000
HIV/AIDS treatment	
Treatment for a maximum period of 5 years (24-month waiting period)	<ul style="list-style-type: none"> ○ Cover up to US\$2,500 per period of cover
Prosthetic implants	
Surgically-implanted, artificial body parts as an essential part of surgical operation	<ul style="list-style-type: none"> ○ Full cover
Everyday medical costs	
Annual sub-limit for out-patient treatment	US\$10,000
Primary medical care	<ul style="list-style-type: none"> ○ Full cover
Emergency ward treatment	<ul style="list-style-type: none"> ○ Full cover
Out-patient surgical procedures	<ul style="list-style-type: none"> ○ Full cover
Advanced diagnostic tests	<ul style="list-style-type: none"> ○ Full cover
Physiotherapy	<ul style="list-style-type: none"> ○ Cover up to US\$1,000 per period of cover
Chronic conditions	
Acute flare-ups	<ul style="list-style-type: none"> ○ 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, within the 'Annual sub-limit for out-patient treatment'
Monitoring and maintenance	<ul style="list-style-type: none"> ○ Cover up to \$1,000 per period of cover (regardless of the number of chronic conditions), within the 'Annual sub-limit for out-patient treatment'
Terminal illnesses	
Palliative and/or Hospice care, and care for persistent vegetative state	<ul style="list-style-type: none"> ○ Cover up to a lifetime limit of US\$50,000
Complications of pregnancy	
In-patient or day-patient treatment necessary as a direct result of a complication of pregnancy (10-month waiting period)	<ul style="list-style-type: none"> ○ Cover up to US\$5,000 per period of cover

Key ○ Full cover within annual plan benefit limit ○ Partial or limited cover

Benefit	Essential Care Plus plan
Expat benefits	
Medevac	○ Full cover
24 medical assistance helpline	○ Full cover
Return airfare	○ Full cover
Travelling expenses of a companion	○ Full cover
Repatriation of mortal remains	○ Cover up to US\$5,000
Burial or cremation	○ Cover up to US\$1,600

Key ○ Full cover within annual plan benefit limit ○ Partial or limited cover