

## ESSENTIAL TABLE OF BENEFITS 2017

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 the **plan type** you have.

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

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**.

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 limit.

Each benefit limit in the **table of benefits** is expressed in US Dollars, and this is the currency we will apply to **your plan**.

**IMPORTANT:** The **table of benefits** should be read in conjunction with the 'Costs not covered by **your plan**' section of the **plan agreement**.

Where the term 'Full cover' appears, this means full refund of **reasonable and customary** charges, less any **excess** applicable to **your plan**, and subject to any **co-insurance**, any annual benefit limits, any **session** limits shown in the **table of benefits**, any exclusions in **your certificate of insurance**, or any limits in other benefits elsewhere in the **table of benefits** applying to **your claim**. This includes any restrictions or exclusions under the 'Terminal illnesses' and '**Chronic conditions**' benefits.

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

Cover	Essential Care	Essential Care Plus
<b>Annual benefit limit</b>		
The overall maximum limit that each <b>insured person</b> can <b>claim</b> during any one <b>period of cover</b> .	US\$250,000	US\$500,000
<b>Hospital costs</b> Important note: <b>You</b> must obtain pre-authorisation for all benefits included in this section.		
<b>Hospital accommodation</b> The cost of a standard single room with an en-suite bath or shower room, when <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> .	 Full cover	 Full cover
<b>Hospital treatment</b> <b>Treatment</b> you receive while <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> , including surgeons' and anaesthetists' and <b>doctors'</b> fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, <b>diagnostic tests</b> and physiotherapy. <b>We</b> will also pay for <b>pre-admission tests</b> that <b>you</b> undergo on an <b>out-patient</b> basis for <b>hospital treatment</b> you are scheduled to receive that is covered by <b>your plan</b> . <b>We</b> will also pay for <b>in-patient</b> surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month <b>waiting period</b> and covered only when the surgery is performed by a <b>medical doctor</b> (not a <b>dentist</b> ) in a <b>hospital</b> (not a dental surgery) and under general anaesthetic.	 Full cover	 Full cover
<b>Parent accommodation</b> The cost of one parent staying in <b>hospital</b> with a child under 18 years of age while the child is receiving eligible <b>treatment</b> covered by their <b>plan</b> .	 Full cover	 Full cover
<b>Road ambulance</b> The cost of a private road ambulance if <b>you</b> need <b>hospital treatment</b> covered by <b>your plan</b> and if it is <b>medically necessary</b> for <b>you</b> to travel to <b>hospital</b> by ambulance.	 Cover up to US\$1,200 per <b>period of cover</b>	 Cover up to US\$1,200 per <b>period of cover</b>











**Key** ○ Full cover within annual plan benefit limit ○ Partial or limited cover ○ No cover

Cover	Essential Care	Essential Care Plus
<b>Hospital costs (continued)</b>		
<p><b>In-patient emergency restorative dental treatment</b>  <b>Treatment</b> as an <b>in-patient</b> required to restore sound and natural teeth following an <b>accident</b> covered by <b>your plan</b>, provided that <b>treatment</b> is received within 15 days of the <b>accident</b>. All <b>treatment</b> must be carried out by a <b>dentist</b> in a <b>hospital</b> emergency room or dental surgery.</p>	<span style="color: orange;">○</span> Cover up to US\$5,000 per <b>period of cover</b>	<span style="color: orange;">○</span> Cover up to US\$5,000 per <b>period of cover</b>
<b>Cancer treatment</b> Important note: <b>You</b> must obtain pre-authorization for all benefits included in this section.		
<p><b>Cancer treatment</b>                      Cancer <b>treatment</b>, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs.                      We will also pay for restorative <b>dental treatment</b> following chemotherapy or radiotherapy.                      On the Essential Care <b>plan</b>, cover for <b>out-patient</b> cancer <b>treatment</b> is limited to a period of 5 years from the later date of the surgery, or the completion of, chemotherapy or radiotherapy.</p>	<span style="color: green;">○</span> Full cover	<span style="color: green;">○</span> Full cover
<p><b>Cancer genome tests</b>                      The cost of tests to sequence the genes of cancer cells.</p>	<span style="color: orange;">○</span> Cover up to US\$2,000 per <b>period of cover</b>	<span style="color: orange;">○</span> Cover up to US\$2,000 per <b>period of cover</b>
<b>Organ, bone marrow or tissue transplants</b> Important notes: <b>You</b> must obtain pre-authorization for all benefits included in this section. <b>We</b> 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. <b>We</b> do not cover any costs associated with the acquisition of the organ.		
<p><b>Transplant and related treatment</b>                      Costs incurred while hospitalised, including anti-rejection drugs, and all related <b>out-patient treatment</b> required prior to and after the transplant.</p>	<span style="color: green;">○</span> Full cover	<span style="color: green;">○</span> Full cover
<p><b>Donor costs</b>                      Medical costs associated with the donor as an <b>in-patient</b> or <b>day-patient</b>.</p>	<span style="color: orange;">○</span> Cover up to US\$25,000 per transplant	<span style="color: orange;">○</span> Cover up to US\$25,000 per transplant
<b>Kidney dialysis</b> Important note: <b>You</b> must obtain pre-authorization for this benefit.		
<p>Short-term kidney dialysis of up to 4 weeks, if <b>you</b> need this immediately before or after a kidney transplant operation covered by <b>your plan</b>.                      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 <b>your plan</b>, which affects another part of <b>your</b> body.                      We do not cover regular or long-term kidney dialysis.</p>	<span style="color: green;">○</span> Full cover	<span style="color: green;">○</span> Full cover

**Key** ○ Full cover within annual plan benefit limit ○ Partial or limited cover ○ No cover

Cover	Essential Care	Essential Care Plus
<p><b>Reconstructive surgery</b> Important note: <b>You</b> must obtain pre-authorisation for this benefit.</p> <p>Surgery to restore <b>your</b> appearance after an <b>accident</b> or after surgery for cancer, provided the original <b>treatment</b> for the <b>accident</b> or cancer was paid for by <b>us</b>, and provided the reconstructive surgery takes place within two years of the <b>accident</b> or the original cancer surgery.</p>	<p><span style="color: orange;">○</span> Cover for <b>in-patient, day-patient and post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b></p>	<p><span style="color: green;">○</span> Full cover</p>
<p><b>Congenital abnormalities or hereditary conditions</b> Important note: <b>You</b> must obtain pre-authorisation for this benefit.</p> <p><b>Treatment</b> for a congenital abnormality or hereditary condition (whether diagnosed as a <b>chronic condition</b> or not), and <b>treatment</b> for any <b>related condition</b>. This benefit does not extend to psychiatric <b>treatment</b> or psychotherapy, complimentary medicine, traditional Chinese medicine, acupuncture or homeopathic <b>treatment</b>. There is no cover for congenital abnormalities or hereditary conditions if they are a <b>pre-existing condition</b>, or <b>related conditions</b>. The lifetime limit shown is irrespective of the number of congenital abnormalities, hereditary conditions and <b>related conditions</b> involved.</p>	<p><span style="color: orange;">○</span> Cover for <b>in-patient, day-patient and post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b> only, within the 'Annual sub-limit for <b>out-patient treatment</b>', up to a lifetime limit of US\$20,000</p>	<p><span style="color: orange;">○</span> Cover for <b>in-patient, day-patient and post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b> only, within the 'Annual sub-limit for <b>out-patient treatment</b>', up to a lifetime limit of US\$40,000</p>
<p><b>HIV/AIDS treatment</b> Important note: <b>You</b> must obtain pre-authorisation for this benefit.</p> <p><b>(24-month waiting period)</b> <b>Treatment</b> 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. <b>We do not provide cover if the virus was contracted before your date of entry.</b></p>	<p><span style="color: orange;">○</span> Cover up to US\$1,000 per <b>period of cover</b></p>	<p><span style="color: orange;">○</span> Cover up to US\$2,500 per <b>period of cover</b></p>
<p><b>Prosthetic implants</b></p> <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, <b>we</b> 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>	<p><span style="color: green;">○</span> Full cover</p>	<p><span style="color: green;">○</span> Full cover</p>

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





Cover	Essential Care	Essential Care Plus
<b>Everyday medical costs</b>		
<b>Annual sub-limit for out-patient treatment</b> The overall maximum limit to the amount that each <b>insured person</b> can <b>claim</b> for all <b>out-patient treatment</b> during any one <b>period of cover</b> .	US\$2,500	US\$10,000
<b>Primary medical care</b> Visits to a GP or <b>doctor</b> , <b>specialist</b> consultations, prescribed drugs and dressings, pathology, scans, radiology and <b>diagnostic tests</b> received as an <b>out-patient</b> .	 Cover for <b>post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b>	 Full cover
<b>Emergency ward treatment</b> <b>Emergency treatment</b> that <b>you</b> have received at a <b>hospital</b> .	 No cover	 Full cover
<b>Out-patient surgical procedures</b> Surgical procedures that do not require <b>in-patient</b> or <b>day-patient treatment</b> .	 Full cover	 Full cover
<b>Advanced diagnostic tests</b> MRI and CAT (CT) scans performed on the advice of a <b>medical doctor</b> and PET scans performed on the advice of a <b>specialist</b> . <b>Your medical referral letter</b> will be required. <b>We</b> will pay for one consultation only to obtain the results of the <b>diagnostic test</b> .	 Cover for <b>post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b>	 Full cover
<b>Physiotherapy</b> Physiotherapy performed on the advice of a <b>medical doctor</b> . <b>Your medical referral letter</b> will be required. After the 10th <b>session</b> , if <b>you</b> need more <b>sessions</b> , <b>you</b> must contact <b>us</b> for pre-authorisation and <b>we</b> will require a further <b>medical referral letter</b> . If <b>your</b> condition becomes a <b>chronic condition</b> and ongoing <b>treatment</b> is aimed at maintaining it rather than curing it, no further payments will be made.	 Cover up to US\$250 for <b>post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b> only, up to US\$1,000 per <b>period of cover</b>	 Cover up to US\$1,000 per <b>period of cover</b>

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Cover	Essential Care	Essential Care Plus
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**Chronic conditions**

Important note: **Terminal medical conditions** and **chronic conditions** that then develop into **terminal medical conditions** (both to include persistent **vegetative state**), are not covered under these benefits, but may be covered under the ‘Terminal illnesses’ benefit.

<p><b>Acute flare-ups</b> Short-term <b>treatment</b> to treat acute flare-ups of a <b>chronic condition</b> – that is, unexpected complications or worsening of a <b>chronic condition</b>. Cover is provided in conjunction with the benefits listed elsewhere in the <b>table of benefits for your plan type</b>, and is subject to the limits for those benefits. For example, if <b>you</b> needed physiotherapy to treat an acute flare-up of an eligible <b>chronic condition</b>, this would be covered under the ‘Physiotherapy’ benefit.</p>	<p> Cover for <b>in-patient, day-patient and post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b> only, within the ‘Annual sub-limit for <b>out-patient treatment</b>’</p>	<p> Cover for <b>in-patient, day-patient and post-hospital treatment</b> received within the 90 day period following the date <b>you</b> are discharged from <b>hospital</b> only, within the ‘Annual sub-limit for <b>out-patient treatment</b>’</p>
<p><b>Monitoring and maintenance</b> Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a <b>chronic condition</b>. This benefit is limited to these <b>treatments</b> and does not include other medical <b>treatments</b> (e.g. physiotherapy aimed at maintaining stability). <b>We do not provide cover if the chronic condition is a pre-existing condition, or related condition.</b> Any <b>claims</b> relating to congenital abnormalities or hereditary conditions that are chronic will not be eligible to be paid from this benefit, but may be covered under the ‘Congenital abnormalities or hereditary conditions’ benefit.</p>	<p> No cover</p>	<p> Cover up to \$1,000 per <b>period of cover</b> (regardless of the number of <b>chronic conditions</b>), within the ‘Annual sub-limit for <b>out-patient treatment</b>’</p>

**Terminal illnesses**

Important note: **You** must obtain pre-authorization for this benefit.













<p><b>Palliative and/or Hospice care, and care for persistent vegetative state</b> On diagnosis of a <b>terminal medical condition</b> covered by <b>your plan</b>, all costs for <b>treatment</b> received on the advice of a <b>medical practitioner</b> or <b>specialist</b> for the purpose of offering relief of symptoms. This includes all <b>hospital</b> or hospice accommodation, and nursing care by a <b>qualified nurse</b>. All <b>treatment</b> and care received after <b>you</b> have been in a persistent <b>vegetative state</b> for a period of eight consecutive weeks due to an injury or illness covered by <b>your plan</b>.</p>	<p> Lifetime limit of US\$25,000</p>	<p> Lifetime limit of US\$50,000</p>
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**Complications of pregnancy**

Important note: Dependant children included in **your plan** are not eligible for this benefit.

<p><b>(10-month waiting period)</b> <b>In-patient</b> or <b>day-patient treatment</b> necessary as a direct result of a <b>complication of pregnancy</b>. <b>We do not provide cover under this benefit for childbirth</b> (which includes any caesarean section). <b>We do not provide cover under this benefit if you act as a surrogate or have anyone else acting as a surrogate for you.</b> <b>We do not provide cover under this benefit for a pregnancy established through assisted reproduction</b> (e.g. IVF) until after the standard 12-week scan, irrespective of how long <b>you</b> have been covered by the <b>plan</b>. <b>We do not cover termination of pregnancy or any treatment or investigations that arise as a result of complications relating to termination of pregnancy.</b></p>	<p> No cover</p>	<p> Cover up to US\$5,000 per <b>period of cover</b></p>
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**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Essential Care	Essential Care Plus
<p><b>Expat benefits</b></p> <p><b>Medevac</b> If <b>you</b> have a life-threatening or limb-threatening condition covered by <b>your plan</b> which requires immediate <b>treatment</b> that cannot be adequately provided locally the <b>Assistance Service</b> will arrange for <b>you</b> to be moved by air and/or by surface transportation, to the nearest <b>hospital</b> within <b>your area of cover</b> where appropriate medical <b>treatment</b> is available. <b>We</b> do not cover any other costs under this benefit such as hotel accommodation charges. <b>We</b> do not cover emergency evacuation or repatriation to the USA. The <b>Assistance Service</b> retains the absolute right to decide whether <b>your</b> medical condition is eligible for evacuation, where <b>you</b> are evacuated to and the means and method of the evacuation.</p>	 Full cover	 Full cover
<p><b>24 medical assistance helpline</b> If <b>you</b> have a medical emergency which requires immediate medical assistance, <b>you</b> can contact <b>our</b> 24-hour helpline (provided by CEGA) at +44 (0) 1243 621155 or <a href="mailto:william.russell@cegagroup.com">william.russell@cegagroup.com</a>.</p>	 Full cover	 Full cover
<p><b>Return airfare</b> Following an emergency evacuation covered by <b>your plan</b>, <b>we</b> will pay for <b>your</b> economy return airfare to <b>your country of residence</b>.</p>	 Full cover	 Full cover
<p><b>Travelling expenses of a companion</b> The transportation costs of another person to accompany <b>you</b> on <b>your</b> emergency evacuation, and their economy class ticket back. If it is not possible for them to accompany <b>you</b> on <b>your</b> medical evacuation because of the method of evacuation, <b>we</b> 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><b>Repatriation of mortal remains</b> If <b>you</b> die as the result of a condition that is covered by <b>your plan</b> while <b>you</b> are outside <b>your home country</b>, <b>we</b> will pay for <b>your</b> body or ashes to be transported to <b>your home country</b> or <b>country of residence</b>. This benefit is not available if a <b>claim</b> is made for 'Burial or cremation' at the place where <b>you</b> died. <b>We</b> do not provide cover under this benefit if the cause of death is suicide.</p>	 Cover up to US\$5,000	 Cover up to US\$5,000
<p><b>Burial or cremation</b> If <b>you</b> die as the result of a condition that is covered by <b>your plan</b> while <b>you</b> are outside <b>your home country</b>, <b>we</b> will pay for <b>you</b> to be buried or cremated at the place where <b>you</b> died. This benefit is not available if a <b>claim</b> is made under the 'Repatriation of mortal remains' benefit. <b>We</b> do not provide cover under this benefit if the cause of death is suicide. <b>We</b> do not provide cover under this benefit if <b>you</b> die in <b>your home country</b>. <b>We</b> do not provide cover under this benefit for the costs of a religious practitioner.</p>	 Cover up to US\$1,600	 Cover up to US\$1,600