

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	Bronze plan
The overall maximum limit that you can claim during any one period of cover	US\$1,500,000 or £950,000 or €1,100,000
Hospital costs	
Hospital accommodation	○ Full cover
Hospital treatment	○ Full cover
Parent accommodation	○ Full cover
Road ambulance	○ Full cover
Hospital cash benefit	US\$40 or £25 or €30 per night
Cancer treatment	
Cancer treatment, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs	○ Full cover
Cancer genome tests	○ Cover up to US\$2,000 or £1,250 or €1,500 per period of cover
Wigs	○ Cover up to a lifetime limit of US\$150 or £94 or €113
Counselling	○ Cover up to a lifetime limit of US\$500 or £313 or €376
Dietician	○ Cover up to a lifetime limit of US\$100 or £63 or €76
Organ, bone marrow or tissue transplants	
Transplant and related treatment	○ Full cover
Donor costs	○ Cover up to US\$25,000 or £15,625 or €18,750 per transplant

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

Benefit	Bronze plan
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	 Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital
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	 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, up to a lifetime limit of US\$20,000 or £12,500 or €15,000
Psychiatric and psychotherapy treatment	
Lifetime psychiatric and psychotherapy treatment limit	US\$50,000 or £31,250 or €37,500
In-patient and day-patient psychiatric and psychotherapy treatment (24-month waiting period)	 Cover for up to 30 days per period of cover
Out-patient psychiatric and psychotherapy treatment (24-month waiting period)	 Cover for up to 10 consultations for post-hospital treatment received within the 90 day period following the date you are discharged from hospital per period of cover
HIV/AIDS treatment	
Treatment for a maximum period of 5 years (24-month waiting period)	 Cover for in-patient and day-patient treatment only, up to US\$5,000 or £3,125 or €3,750 per period of cover
Medical appliances	
Medical aids	 Cover up to US\$250 or £156 or €187 per medical condition per period of cover
Prosthetic implants	 Full cover
Prosthetic devices	 Cover up to US\$500 or £313 or €376 per device
Everyday medical costs	
Primary medical care	 Cover for post-hospital treatment received within the 90 day period following the date you are discharged from hospital
Emergency ward treatment	 Cover for essential and immediate treatment necessary as the result of an accident, plus one follow-up appointment with a medical doctor

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

Benefit	Bronze plan
Everyday medical costs (continued)	
Out-patient surgical procedures	○ Full cover
Advanced diagnostic tests	○ Full cover
Complimentary treatments	○ Cover for up to 10 sessions for post-hospital treatment received within the 90 day period following the date you are discharged from hospital per period of cover
Physiotherapy	○ Cover for post-hospital treatment received within the 90 day period following the date you are discharged from hospital only, up to US\$1,000 or £625 or €750 per period of cover
Chronic conditions	
Acute flare-ups	○ Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital
Rehabilitation treatment	
In-patient rehabilitation carried out in a recognised rehabilitation hospital or unit	○ Cover for up to 7 days per medical condition
Home nursing costs	
The medical services of a qualified nurse to treat you in your own home	○ Cover for up to 12 weeks per medical condition
Terminal illnesses	
Palliative and/or Hospice care, and care for persistent vegetative state	○ Cover up to a lifetime limit of US\$25,000 or £15,625 or €18,750
Dental costs	
Emergency restorative treatment you receive as an in-patient	○ Full cover
Maternity costs	
Complications of pregnancy (10-month waiting period)	○ Cover up to US\$4,800 or £3,000 or €3,600 per period of cover
Expat benefits	
Medevac basic	○ Full cover
Medevac plus	Only if selected - Full cover Otherwise - No cover
24 medical assistance helpline	○ Full cover

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

Benefit	Bronze plan
Expat benefits (continued)	
Return airfare	○ Full cover
Travelling expenses of a companion. If your companion is then staying with you while you are hospitalised following your evacuation, we will pay towards the costs of their hotel accommodation up to US\$72 per night up to a maximum of 15 nights per period of cover	○ Full cover
Compassionate home visit (12-month waiting period)	○ Cover up to a lifetime limit of one claim per insured person
Repatriation of mortal remains	○ Full cover
Burial or cremation	○ Cover up to US\$1,600 or £1,000 or €1,200

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