

ELITE 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 Sterling, US Dollars and Euros. The currency of the benefit limits that we will apply to **your plan** is shown on **your certificate of insurance**.

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	Bronze	Silver	Gold
Annual benefit limit			
The overall maximum limit that each insured person can claim during any one period of cover .	US\$1,500,000 or £950,000 or €1,100,000	US\$2,500,000 or £1,500,000 or €1,800,000	US\$5,000,000 or £3,000,000 or €3,600,000
Hospital costs Important note: You must obtain pre-authorisation for all benefits included in this section.			
Hospital accommodation The cost of a standard single room with an en-suite bath or shower room, when you are an in-patient or day-patient .	 Full cover	 Full cover	 Full cover
Hospital treatment Treatment you receive while you are an in-patient or day-patient , including surgeons' and anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, diagnostic tests and physiotherapy. We will also pay for pre-admission tests that you undergo on an out-patient basis for hospital treatment you are scheduled to receive that is covered by your plan . We will also pay for in-patient surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month waiting period and covered only when the surgery is performed by a medical doctor (not a dentist) in a hospital (not a dental surgery) and under general anaesthetic.	 Full cover	 Full cover	 Full cover
Parent accommodation The cost of one parent staying in hospital with a child under 18 years of age while the child is receiving eligible treatment covered by their plan .	 Full cover	 Full cover	 Full cover

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

Cover	Bronze	Silver	Gold
Hospital costs (continued)			
Road ambulance The cost of a private road ambulance if you need hospital treatment covered by your plan and if it is medically necessary for you to travel to hospital by ambulance.	○ Full cover	○ Full cover	○ Full cover
Hospital cash benefit Payable for each night spent in a hospital when you receive treatment eligible for cover by your plan for which no charge is made by the hospital . Benefit is paid for up to a maximum of 60 nights per period of cover .	US\$40 or £25 or €30 per night	US\$80 or £50 or €60 per night	US\$250 or £156 or €187 per night
Cancer treatment			
Important note: You must obtain pre-authorisation for all benefits included in this section.			
Cancer treatment Cancer treatment , including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. We will also pay for restorative dental treatment following chemotherapy or radiotherapy.	○ Full cover	○ Full cover	○ Full cover
Cancer genome tests The cost of tests to sequence the genes of cancer cells.	○ Cover up to US\$2,000 or £1,250 or €1,500 per period of cover	○ Cover up to US\$2,000 or £1,250 or €1,500 per period of cover	○ Cover up to US\$2,000 or £1,250 or €1,500 per period of cover
Cash benefit upon diagnosis of cancer (6-month waiting period) Payable if you are diagnosed with cancer. By 'cancer' we mean the presence of tumours that consist of cells that are malignant, due to characteristics which can be shown microscopically. These cells can multiply and spread to other parts of the body uncontrollably – cancers such as breast cancer, lung cancer, bowel cancer and cancers of the blood (also known as leukaemia). The following are not covered: <ul style="list-style-type: none"> • non-melanoma skin cancer unless it has spread to lymph nodes or organs • prostate cancer unless it has spread to other glands or organs 	○ No cover	○ No cover	US\$5,000 or £3,125 or €3,750 with a lifetime limit of one claim per insured person
Wigs Help towards the cost of a wig following chemotherapy, covered by your plan .	○ Lifetime limit of US\$150 or £94 or €113	○ Lifetime limit of US\$150 or £94 or €113	○ Lifetime limit of US\$150 or £94 or €113
Counselling Consultations with a registered psychologist/counsellor when you have received cancer treatment covered by your plan , up to a lifetime limit of 10 consultations. We do not cover any drugs prescribed under this benefit.	○ Lifetime limit of US\$500 or £313 or €376	○ Lifetime limit of US\$500 or £313 or €376	○ Lifetime limit of US\$500 or £313 or €376
Dietician Consultation with a registered dietician when you have received cancer treatment covered by your plan , up to a lifetime limit of 2 consultations.	○ Lifetime limit of US\$100 or £63 or €76	○ Lifetime limit of US\$100 or £63 or €76	○ Lifetime limit of US\$100 or £63 or €76

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







Cover	Bronze	Silver	Gold
-------	--------	--------	------

Organ, bone marrow or tissue transplants

Important notes: **You** must obtain pre-authorization for all benefits included in this section.




We 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.

We do not cover any costs associated with the acquisition of the organ.

<p>Transplant and related treatment Costs incurred while hospitalised, including anti-rejection drugs, and all related out-patient treatment required prior to and after the transplant.</p>	 Full cover	 Full cover	 Full cover
<p>Donor costs Medical costs associated with the donor as an in-patient or day-patient.</p>	 Cover up to US\$25,000 or £15,625 or €18,750 per transplant	 Cover up to US\$25,000 or £15,625 or €18,750 per transplant	 Cover up to US\$25,000 or £15,625 or €18,750 per transplant


Kidney dialysis

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

<p>Short-term kidney dialysis of up to 4 weeks, if you need this immediately before or after a kidney transplant operation covered by your plan. 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 your plan, which affects another part of your body. We do not cover regular or long-term kidney dialysis.</p>	 Full cover	 Full cover	 Full cover
---	---	---	---

Reconstructive surgery

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

<p>Surgery to restore your appearance after an accident or after surgery for cancer, provided the original treatment for the accident or cancer was paid for by us, and provided the reconstructive surgery takes place within two years of the accident or the original cancer surgery.</p>	 Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital	 Full cover	 Full cover
--	--	--	--
















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

Cover	Bronze	Silver	Gold
<p>Congenital abnormalities or hereditary conditions Important note: You must obtain pre-authorization for this benefit.</p>			
<p>Treatment for a congenital abnormality or hereditary condition (whether diagnosed as a chronic condition or not), and treatment for any related condition. This benefit does not extend to psychiatric treatment or psychotherapy, complimentary medicine, traditional Chinese medicine, acupuncture or homeopathic treatment. There is no cover for congenital abnormalities or hereditary conditions if they are a pre-existing condition, or related conditions. However, they may be covered for newborn babies under the 'Cover for newborn babies' benefit. The lifetime limit shown includes any benefits already paid from the 'Cover for newborn babies' benefit in relation to any birth defects, congenital abnormalities or hereditary conditions. The lifetime limit shown is irrespective of the number of congenital abnormalities, hereditary conditions and related conditions involved.</p>	<p>● 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</p>	<p>● Lifetime limit of US\$40,000 or £25,000 or €30,000</p>	<p>● Lifetime limit of US\$80,000 or £50,000 or €60,000</p>
<p>Psychiatric and psychotherapy treatment Important notes: You must obtain pre-authorization for all benefits included in this section. All treatment must be administered under the direct control of a registered psychiatrist or psychologist. We do not cover investigations or treatment related to psycho-geriatric conditions including Alzheimer's disease or dementia, phobias, hypnotherapy, postnatal depression or marriage counselling.</p>			
<p>Lifetime psychiatric and psychotherapy treatment limit The overall lifetime maximum limit that each insured person can claim for all psychiatric and psychotherapy treatment.</p>	Lifetime limit of US\$50,000 or £31,250 or €37,500	Lifetime limit of US\$75,000 or £46,875 or €56,250	Lifetime limit of US\$100,000 or £62,500 or €75,000
<p>In-patient and day-patient psychiatric and psychotherapy treatment (24-month waiting period) In-patient and day-patient treatment received in a recognised psychiatric or psychotherapy unit of a hospital.</p>	● Cover for up to 30 days per period of cover	● Cover for up to 30 days per period of cover	● Cover for up to 30 days per period of cover
<p>Out-patient psychiatric and psychotherapy treatment (24-month waiting period) Specialist psychiatric consultations with a registered psychiatrist or psychologist when you have been referred by a medical doctor. We do not pay for drugs prescribed for out-patient psychiatric and psychotherapy treatment.</p>	● 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	● Cover for up to 10 consultations per period of cover	● Cover for up to 10 consultations per period of cover
<p>HIV/AIDS treatment Important note: You must obtain pre-authorization for this benefit.</p>			
<p>(24-month waiting period) Treatment 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. We do not provide cover if the virus was contracted before your date of entry.</p>	● Cover for in-patient and day-patient treatment only, up to US\$5,000 or £3,125 or €3,750 per period of cover	● Cover up to US\$75,000 or £46,875 or €56,250 per period of cover	● Cover up to US\$100,000 or £62,500 or €75,000 per period of cover
















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

Cover	Bronze	Silver	Gold
Medical appliances			
<p>Medical aids Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to you (for example crutches, wheelchairs, orthopaedic supports/braces, orthotics, stoma supplies, compression stockings) when it immediately follows in-patient, day-patient or emergency ward treatment covered by your plan. We do not cover medical aids that form part of the care of a chronic condition. We do not cover unprescribed medical aids such as gym equipment, even if you have been advised to use such an aid.</p>	 Cover up to US\$250 or £156 or €187 per medical condition per period of cover	 Cover up to US\$500 or £313 or €376 per medical condition per period of cover	 Cover up to US\$1,000 or £625 or €750 per medical condition per period of cover
<p>Prosthetic implants 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, we 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>	 Full cover	 Full cover	 Full cover
<p>Prosthetic devices External prosthetic body parts, such as prosthetic limbs, fitted at the time of a surgical operation covered by your plan.</p>	 Cover up to US\$500 or £313 or €376 per device	 Cover up to US\$1,000 or £625 or €750 per device	 Cover up to US\$1,500 or £938 or €1,126 per device
Everyday medical costs			
<p>Primary medical care Visits to a GP or doctor, specialist consultations, prescribed drugs and dressings, pathology, scans, radiology and diagnostic tests received as an out-patient.</p>	 Cover for post-hospital treatment received within the 90 day period following the date you are discharged from hospital	 Full cover	 Full cover
<p>Emergency ward treatment Emergency treatment that you have received at a hospital.</p>	 Cover for essential and immediate treatment necessary as the result of an accident , plus one follow-up appointment with a medical doctor	 Full cover	 Full cover
<p>Out-patient surgical procedures Surgical procedures that do not require in-patient or day-patient treatment.</p>	 Full cover	 Full cover	 Full cover
















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

Cover	Bronze	Silver	Gold
Everyday medical costs (continued)			
<p>Advanced diagnostic tests MRI and CAT (CT) scans performed on the advice of a medical doctor and PET scans performed on the advice of a specialist. Your medical referral letter will be required. We will pay for one consultation only to obtain the results of the diagnostic test.</p>	 Full cover	 Full cover	 Full cover
<p>Complimentary treatments Treatment by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist on the advice of a medical doctor. Your medical referral letter will be required. If your condition becomes a chronic condition and ongoing treatment is aimed at maintaining it rather than curing it, no further payments will be made. Cover is limited to the maximum number of sessions shown per period of cover in respect of all treatment types.</p>	 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	 Cover for up to 10 sessions per period of cover	 Cover for up to 15 sessions per period of cover
<p>Hormone replacement therapy When prescribed by a medical doctor following your diagnosis with premature ovarian failure (i.e. loss of ovarian function before the age of 40).</p>	 No cover	 Cover for a maximum period of 12 months from the date of diagnosis	 Cover for a maximum period of 18 months from the date of diagnosis
<p>Traditional Chinese medicine Cover is limited to the maximum number of sessions shown per period of cover.</p>	 No cover	 Cover up to US\$50 or £32 or €38 per session , up to a maximum of 15 sessions	 Cover up to US\$50 or £32 or €38 per session , up to a maximum of 20 sessions
<p>Physiotherapy Physiotherapy performed on the advice of a medical doctor. Your medical referral letter will be required. After the 10th session, if you need more sessions, you must contact us for pre-authorisation and we will require a further medical referral letter. If your condition becomes a chronic condition and ongoing treatment is aimed at maintaining it rather than curing it, no further payments will be made.</p>	 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	 Full cover	 Full cover

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

Cover	Bronze	Silver	Gold
Well-being benefits			
<p>Preventive health and well-being (6-month waiting period) Insured persons who are adults may use this benefit to pay for preventive health checks and tests, including:</p> <ul style="list-style-type: none"> • health screens (e.g. tests for cholesterol, high blood pressure, diabetes, anaemia, lung/kidney/liver function, cardiac risk) • Papanicolaou (PAP) test • mammogram, prostate cancer, and colon cancer screens • flu jabs • hearing test • eye examination 	 No cover	 Cover up to US\$300 or £188 or €226 per period of cover	 Cover up to US\$750 or £465 or €563 per period of cover
<p>Vaccinations Insured persons who are adults may use this benefit to pay for the cost of drugs and consultations to administer all basic immunisations and booster injections required under regulation of the country in which treatment is being given, and any medically necessary travel vaccinations and malaria prophylaxis.</p>	 No cover	 Cover up to US\$150 or £94 or €113 per period of cover	 Cover up to US\$250 or £156 or €187 per period of cover
<p>Well-child benefit (12-month waiting period) Insured persons who are children may use this benefit to pay towards routine vaccinations and developmental check-ups. There is no waiting period for children added to the Silver or Gold plan within their first 30 days of life, provided one parent has been insured with us for at least 12 months on the same, or an enhanced, plan type.</p>	 No cover	 Cover up to US\$200 or £125 or €150 per period of cover	 Cover up to US\$400 or £250 or €300 per period of cover
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>Acute flare-ups Short-term treatment to treat acute flare-ups of a chronic condition – that is, unexpected complications or worsening of a chronic condition. Cover is provided in conjunction with the benefits listed elsewhere in the table of benefits for your plan type, and is subject to the limits for those benefits. For example, if you needed physiotherapy to treat an acute flare-up of an eligible chronic condition, this would be covered under the 'Physiotherapy' benefit.</p>	 Cover for in-patient, day-patient and post-hospital treatment received within the 90 day period following the date you are discharged from hospital	 Full cover	 Full cover
<p>Monitoring and maintenance Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a chronic condition. This benefit is limited to these treatments and does not include other medical treatments (e.g. physiotherapy aimed at maintaining stability). We do not provide cover if the chronic condition is a pre-existing condition, or related condition. Any claims 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>	 No cover	 Full cover	 Full cover










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

Cover	Bronze	Silver	Gold
Rehabilitation treatment			
Important note: You must obtain pre-authorization for this benefit.			
<p>Rehabilitation treatment you receive as an in-patient, carried out under the control and supervision of a specialist in a recognised rehabilitation hospital or unit, and only when it immediately follows in-patient treatment for illness or injury covered by your plan.</p> <p>This benefit is payable only when the admission takes place on the written recommendation of your treating specialist and the admission must take place immediately following your discharge from hospital.</p>	 Cover for up to 7 days per medical condition	 Cover for up to 15 days per medical condition	 Cover for up to 30 days per medical condition
Home nursing costs			
Important note: You must obtain pre-authorization for this benefit.			
The medical services of a qualified nurse to treat you in your own home when it is medically necessary and relates directly to an illness or injury covered by your plan .	 Cover for up to 12 weeks per medical condition	 Cover for up to 12 weeks per medical condition	 Cover for up to 12 weeks per medical condition
Terminal illnesses			
Important note: You must obtain pre-authorization for this benefit.			
<p>Palliative and/or Hospice care, and care for persistent vegetative state</p> <p>On diagnosis of a terminal medical condition covered by your plan, all costs for treatment received on the advice of a medical practitioner or specialist for the purpose of offering relief of symptoms. This includes all hospital or hospice accommodation, and nursing care by a qualified nurse.</p> <p>All treatment and care received after you have been in a persistent vegetative state for a period of eight consecutive weeks due to an injury or illness covered by your plan.</p>	 Lifetime limit of US\$25,000 or £15,625 or €18,750	 Lifetime limit of US\$50,000 or £31,250 or €37,500	 Lifetime limit of US\$100,000 or £62,500 or €75,000
Dental costs			
Important notes: All dental treatment must be carried out by a dentist in a hospital emergency room or dental surgery. Treatment for damaged crowns, dentures, bridge work or false teeth is only covered under the 'Dental plus' benefit. We do not cover orthodontic consultations or treatment of any kind. Surgical procedures to remove wisdom teeth are covered elsewhere within the ' Hospital costs ' benefits.			
<p>Emergency restorative treatment you receive as an in-patient</p> <p>In-patient treatment required to restore sound and natural teeth following an accident covered by your plan, provided that treatment is received within 15 days of the accident.</p>	 Full cover	 Full cover	 Full cover
<p>Emergency restorative treatment you receive as an out-patient</p> <p>Out-patient treatment required to treat or replace sound and natural teeth which are lost or damaged following an accident, provided that treatment is received within 72 hours of the accident.</p>	 No cover	 Cover up to US\$500 or £313 or €376 per period of cover	 Cover up to US\$1,000 or £625 or €750 per period of cover


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

Cover	Bronze	Silver	Gold
Dental costs (continued)			
<p>Dental basic (6-month waiting period) We will pay for the following basic dental costs:</p> <ul style="list-style-type: none"> • screening (e.g. checks, X-rays, assessments) • scaling and polishing • sealing • fillings (both composite and amalgam) • simple extractions • root canal treatment <p>The 'Dental basic' benefit is optional on the Silver plan, and covered as standard on the Gold plan.</p>	● No cover	● Cover up to US\$1,000 or £625 or €750 per period of cover , subject to a 20% co-insurance (only if 'Dental basic' option is selected)	● Cover up to US\$1,500 or £938 or €1,125 per period of cover
<p>Dental plus (12-month waiting period) We will pay for the following advanced dental costs:</p> <ul style="list-style-type: none"> • denture repair • full/partial dentures • dental bridges • crowns, inlays, and onlays • dental implants <p>The 'Dental plus' benefit is optional on the Silver and Gold plans.</p>	● No cover	● Cover up to US\$1,500 or £938 or €1,125 per period of cover , subject to a 20% co-insurance (only if 'Dental plus' option is selected)	● Cover up to US\$2,000 or £1,250 or €1,500 per period of cover , subject to a 20% co-insurance (only if 'Dental plus' option is selected)
Maternity costs			
<p>Important notes: Dependant children included in your plan are not eligible for these benefits. We do not cover the treatment of any newborn child born following assisted reproduction (e.g. IVF) in the event of the birth occurring within 36 weeks of conception. Any charges that would have been incurred as the result of normal childbirth (including planned caesarean section if this was scheduled) will be paid from the 'Routine maternity care and childbirth' benefit and cannot be claimed under any other benefit. Any subsequent additional surgeons', anaesthetists' and theatre fees that occur as a result of a complication which necessitates an emergency surgical procedure will be covered under the 'Childbirth necessitating an emergency surgical procedure' benefit. We do not cover pregnancy testing. We do not cover pre-natal classes or doulas. We do not cover termination of pregnancy or any treatment or investigations that arise as a result of complications relating to termination of pregnancy.</p>			
<p>Routine maternity care and childbirth (10-month waiting period) We will pay for the following routine maternity costs:</p> <ul style="list-style-type: none"> • pre-natal tests and examinations • post-natal treatments and examinations • natural childbirth • childbirth by planned caesarean section • home birth • supplements and vitamins as recommended by a medical doctor <p>The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any hospital accommodation costs will be limited to the cost of a standard room.</p>	● No cover	● No cover	● Cover up to US\$15,000 or £9,375 or €11,250 per pregnancy










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

Cover	Bronze	Silver	Gold
Maternity costs (continued)			
<p>Complications of pregnancy (10-month waiting period) In-patient or day-patient treatment necessary as a direct result of a complication of pregnancy. We do not provide cover under this benefit for childbirth. Childbirth is however covered elsewhere within this section. We do not provide cover under this benefit arising from a pregnancy established through assisted reproduction (e.g. IVF) until after the standard 12-week scan, irrespective of how long you have been covered by the plan.</p>	<p> Cover up to US\$4,800 or £3,000 or €3,600 per period of cover</p>	<p> Cover up to US\$15,000 or £9,375 or €11,250 per period of cover</p>	<p> Full cover</p>
<p>Childbirth necessitating an emergency surgical procedure (10-month waiting period) Surgeons', anaesthetists' and theatre fees for childbirth which necessitates an emergency surgical procedure and any additional accommodation charges incurred as the result of the surgical procedure. This includes childbirth by emergency caesarean section.</p>	<p> No cover</p>	<p> No cover</p>	<p> Full cover</p>
<p>Cover for newborn babies (10-month waiting period) We will pay the following costs during your baby's first 90 days of life provided you have been insured by the Silver or Gold plan for a period of 10 continuous months at the baby's date of birth:</p> <ul style="list-style-type: none"> • treatment your newborn baby receives as an in-patient or day-patient (including treatment of birth defects and congenital or hereditary conditions) • accommodation costs for one parent to stay with the newborn baby if the baby is hospitalised • any hospital accommodation costs for the newborn baby • basic newborn healthcare (physical examination, Vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, and blood tests for PKU, congenital hypothyroidism and G6PD) <p>The limits shown apply to each pregnancy, regardless of the number of children born.</p>	<p> No cover</p>	<p> Cover up to US\$10,000 or £6,250 or €7,500 per pregnancy</p>	<p> Cover up to US\$100,000 or £62,500 or €75,000 per pregnancy</p>

Expat benefits

<p>Medevac basic If you, (or any child covered by the newborn benefit within its first 90 days of life) have a life-threatening or limb-threatening condition covered by your plan which requires immediate treatment that cannot be adequately provided locally the Assistance Service will arrange for you to be moved by air and/or by surface transportation, to the nearest hospital within your area of cover where appropriate medical treatment is available. We do not cover any other costs under this benefit such as hotel accommodation charges. We do not cover emergency evacuation or repatriation to the USA. The Assistance Service retains the absolute right to decide whether your medical condition is eligible for evacuation, where you are evacuated to and the means and method of the evacuation.</p>	<p> Full cover</p>	<p> Full cover</p>	<p> Full cover</p>
--	---	---	---

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

Cover	Bronze	Silver	Gold
Expat benefits (continued)			
<p>Medevac plus The following benefits apply in addition to those under the 'Medevac basic' benefit: Evacuation if you, (or any child covered by the newborn benefit within its first 90 days of life) need advanced imaging or cancer treatment such as radiotherapy or chemotherapy that cannot be adequately provided locally. All eligible evacuations will include transportation to your home country if it is within your area of cover, or to your country of residence. If you request repatriation to your home country or to your country of residence, it may, in some cases, not be appropriate immediately due to your medical condition. In these cases we will first evacuate you to the nearest place where appropriate treatment is available within your area of cover. Once you have been stabilised, we will then repatriate you to your home country if it is within your area of cover, or your country of residence. If you do not have anyone to accompany you on an evacuation, we will pay the economy class round-trip airfare to have one relative or friend flown from anywhere in the world to be with you while you receive your treatment. We will also pay up to US\$150 per day (for up to 30 days), towards their hotel accommodation costs until you are fit to travel and treatment can be administered in your country of residence.</p>	Covered only if you have selected the optional 'Medevac plus' benefit	Covered only if you have selected the optional 'Medevac plus' benefit	Covered only if you have selected the optional 'Medevac plus' benefit
<p>24 medical assistance helpline If you have a medical emergency which requires immediate medical assistance, you can contact our 24-hour helpline (provided by CEGA) at +44 (0) 1243 621155 or william.russell@cegagroup.com.</p>	 Full cover	 Full cover	 Full cover
<p>Return airfare Following an emergency evacuation covered by your plan, we will pay for your economy return airfare to your country of residence.</p>	 Full cover	 Full cover	 Full cover
<p>Expenses of a companion The transportation costs of another person to accompany you on your emergency evacuation, and their economy class ticket back. If it is not possible for them to accompany you on your medical evacuation because of the method of evacuation, we 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. 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 on the Bronze plan, US\$96 per night on the Silver plan, and US\$250 per night on the Gold plan (limited to a maximum of 15 nights per period of cover).</p>	 Full cover	 Full cover	 Full cover

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

Cover	Bronze	Silver	Gold
Expat benefits (continued)			
<p>Compassionate home visit (12-month waiting period) If a close family member dies during your period of cover we will pay for your round-trip economy airfare to attend the funeral. Your travel must take place within 28 days of the date of death.</p>	● Lifetime limit of one claim per insured person	● Lifetime limit of one claim per insured person	● Lifetime limit of one claim per insured person
<p>Repatriation of mortal remains If you die as the result of a condition that is covered by your plan while you are outside your home country, we will pay for your body or ashes to be transported to your home country or country of residence. This benefit is not available if a claim is made for 'Burial or cremation' at the place where you died. We do not provide cover under this benefit if the cause of death is suicide.</p>	● Full cover	● Full cover	● Full cover
<p>Burial or cremation If you die as the result of a condition that is covered by your plan while you are outside your home country, we will pay for you to be buried or cremated at the place where you died. This benefit is not available if a claim is made under the 'Repatriation of mortal remains' benefit. We do not provide cover under this benefit if the cause of death is suicide. We do not provide cover under this benefit if you die in your home country. We do not provide cover under this benefit for the costs of a religious practitioner.</p>	● Cover up to US\$1,600 or £1,000 or €1,200	● Cover up to US\$1,600 or £1,000 or €1,200	● Cover up to US\$1,600 or £1,000 or €1,200