

GLOBAL HEALTH PLAN BENEFITS COMPARISON

This document summarises the benefits included with all Global Health plans from 1st January 2017. It should be read in conjunction with the plan agreement, which gives full information on the benefits, such as limits, important notes, and exclusions.

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.
- No cover means no cover is offered for that particular benefit.

	Essential Care	Essential Care Plus	Bronze	Silver	Gold
Total annual benefit limit	US\$250,000	US\$500,000	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

Hospital accommodation	○ Full cover	○ Full cover	○ Full cover	○ Full cover	○ Full cover
Hospital treatment	○ Full cover	○ Full cover	○ Full cover	○ Full cover	○ Full cover
Parent accommodation	○ Full cover	○ Full cover	○ Full cover	○ Full cover	○ Full cover
Hospital cash benefit	○ No cover	○ No 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
Road ambulance	○ Partial cover	○ Partial cover	○ Full cover	○ Full cover	○ Full cover

Cancer treatment

In-patient and day-patient cancer treatment	○ Full cover	○ Full cover	○ Full cover	○ Full cover	○ Full cover
Out-patient cancer treatment	○ Partial cover	○ Full cover	○ Full cover	○ Full cover	○ Full cover
Cash benefit upon diagnosis (6-month waiting period)	○ No cover	○ No cover	○ No cover	○ No cover	US\$5,000 or £3,125 or €3,750
Cancer genome tests	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover
Wigs	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover
Counselling	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover
Dietician	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover

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

	Essential Care	Essential Care Plus	Bronze	Silver	Gold
Reconstructive surgery					
Reconstructive surgery	Partial cover	Full cover	Partial cover	Full cover	Full cover
Organ, bone marrow or tissue transplants					
Transplant and related treatment	Full cover	Full cover	Full cover	Full cover	Full cover
Donor costs	Partial cover	Partial cover	Partial cover	Partial cover	Partial cover
Kidney dialysis					
Short-term kidney dialysis	Full cover	Full cover	Full cover	Full cover	Full cover
Psychiatric and psychotherapy treatment					
Lifetime psychiatric and psychotherapy treatment limit	N/A	N/A	US\$50,000 or £31,250 or €37,500	US\$75,000 or £46,875 or €56,250	US\$100,000 or £62,500 or €75,000
In-patient and day-patient psychiatric treatment (24-month waiting period)	No cover	No cover	Partial cover	Partial cover	Partial cover
Out-patient psychiatric treatment (24-month waiting period)	No cover	No cover	Partial cover	Partial cover	Partial cover
Everyday medical costs					
Annual out-patient treatment benefit limit	US\$2,500	US\$10,000	N/A	N/A	N/A
Emergency ward treatment	No cover	Full cover	Partial cover	Full cover	Full cover
Out-patient surgical procedures	Full cover	Full cover	Full cover	Full cover	Full cover
Primary medical care	Partial cover	Full cover	Partial cover	Full cover	Full cover
Advanced diagnostic tests	Partial cover	Full cover	Full cover	Full cover	Full cover
Treatment by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist	No cover	No cover	Partial cover	Partial cover	Partial cover
Hormone replacement therapy prescribed by a medical doctor	No cover	No cover	No cover	Partial cover	Partial cover
Traditional Chinese medicine	No cover	No cover	No cover	Partial cover	Partial cover
Physiotherapy	Partial cover	Partial cover	Partial cover	Full cover	Full cover

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

	Essential Care	Essential Care Plus	Bronze	Silver	Gold
Well-being benefits					
Preventive health checks (6-month waiting period)	○ No cover	○ No cover	○ No cover	○ Partial cover	○ Partial cover
Well-child benefit (12-month waiting period)	○ No cover	○ No cover	○ No cover	○ Partial cover	○ Partial cover
Vaccinations	○ No cover	○ No cover	○ No cover	○ Partial cover	○ Partial cover
HIV/AIDS treatment					
Treatment for HIV and/or AIDS (24-month waiting period)	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover
Rehabilitation treatment					
In-patient rehabilitation treatment	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover
Home nursing costs					
Home nursing	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover
Terminal illness					
Palliative care of a medical condition	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover
Medical appliances					
Medical aids	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover
Prosthetic implants	○ Full cover	○ Full cover	○ Full cover	○ Full cover	○ Full cover
Prosthetic devices	○ No cover	○ No cover	○ Partial cover	○ Partial cover	○ Partial cover
Congenital abnormalities or hereditary conditions					
Treatment for a congenital abnormality	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover	○ Partial cover
Chronic conditions					
Acute flare-ups	○ Partial cover	○ Partial cover	○ Partial cover	○ Full cover	○ Full cover
Monitoring and maintenance	○ No cover	○ Partial cover	○ No cover	○ Full cover	○ Full cover

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

	Essential Care	Essential Care Plus	Bronze	Silver	Gold
Dental costs					
In-patient emergency restorative dental treatment	Partial cover	Partial cover	Full cover	Full cover	Full cover
Out-patient emergency restorative dental treatment	No cover	No cover	No cover	Partial cover	Partial cover
Dental basic (6-month waiting period)	No cover	No cover	No cover	Optional	Partial cover
Dental plus (12-month waiting period)	No cover	No cover	No cover	Optional	Optional
Maternity costs					
Complications of pregnancy (10-month waiting period)	No cover	Partial cover	Partial cover	Partial cover	Full cover
Childbirth necessitating an emergency surgical procedure (10-month waiting period)	No cover	No cover	No cover	No cover	Full cover
Routine maternity care and childbirth (10-month waiting period)	No cover	No cover	No cover	No cover	Partial cover
Cover for newborn babies (10-month waiting period)	No cover	No cover	No cover	Partial cover	Partial cover
Expat benefits					
Medevac basic	Full cover	Full cover	Full cover	Full cover	Full cover
Medevac plus	No cover	No cover	Optional	Optional	Optional
Return airfare	Full cover	Full cover	Full cover	Full cover	Full cover
Travelling expenses of a companion	Full cover	Full cover	Full cover	Full cover	Full cover
Accommodation expenses of a companion	No cover	No cover	Partial cover	Partial cover	Partial cover
Compassionate home visit (12-month waiting period)	No cover	No cover	Partial cover	Partial cover	Partial cover
Repatriation of mortal remains	Partial cover	Partial cover	Full cover	Full cover	Full cover
Burial or cremation	Partial cover	Partial cover	Partial cover	Partial cover	Partial cover

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