

INTERNATIONAL MEDICAL INSURANCE

Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum.

Your chosen level of cover is detailed in the table below. All amounts apply per *beneficiary* and per *period of cover* (except where otherwise noted).

International Medical Insurance is *your* essential cover for *inpatient*, *daypatient* and accommodation costs, as well as cover for cancer, mental health care and much more. Our Gold and Platinum plans also give *you* cover for *inpatient* and *daypatient* maternity care.

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover. This includes claims paid across all sections of International Medical Insurance.	\$1,000,000 €800,000 £650,000	\$2,000,000 €1,600,000 £1,300,000	Unlimited

YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Hospital charges for: Nursing and accommodation for <i>inpatient</i> and <i>daypatient</i> treatment and recovery room.	Paid in full for a semi-private room	Paid in full for a private room	Paid in full for a private room
<div> <div> <p>› We will pay for nursing care and accommodation whilst a <i>beneficiary</i> is receiving <i>inpatient</i> or <i>daypatient</i> treatment; or the cost of a <i>treatment</i> room while a <i>beneficiary</i> is undergoing <i>outpatient</i> surgery, if one is required.</p> <p>› We will only pay these costs if:</p> <ul style="list-style-type: none"> it is <i>medically necessary</i> for the <i>beneficiary</i> to be treated on an <i>inpatient</i> or <i>daypatient</i> basis; they stay in <i>hospital</i> for a medically appropriate period of time; the <i>treatment</i> which they receive is provided or managed by a <i>specialist</i>; and they stay in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only). they stay in a semi-private room with shared bathroom (applicable on the Silver plan only). </div> <div> <p>› If a <i>hospital's</i> fees vary depending on the type of room which the <i>beneficiary</i> stays in, then the maximum amount which we will pay is the amount which would have been charged if the <i>beneficiary</i> had stayed in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only), or a semi-private room with shared bathroom or equivalent (applicable on the Silver plan only).</p> <p>› If the treating <i>medical practitioner</i> decides that the <i>beneficiary</i> needs to stay in <i>hospital</i> for a longer period than we have approved in advance, or decides that the <i>treatment</i> which the <i>beneficiary</i> needs is different to that which we have approved in advance, then that <i>medical practitioner</i> must provide us with a report, explaining: how long the <i>beneficiary</i> will need to stay in <i>hospital</i>; the diagnosis (if this has changed); and the <i>treatment</i> which the <i>beneficiary</i> has received, and needs to receive.</p> </div> </div>			

	Silver	Gold	Platinum
Hospital charges for: <ul style="list-style-type: none"> operating theatre. prescribed medicines, drugs and dressings for <i>inpatient</i> or <i>daypatient</i> treatment. treatment room fees for <i>outpatient</i> surgery. 	Paid in full	Paid in full	Paid in full
<div> <div> Operating theatre costs <ul style="list-style-type: none"> We will pay any costs and charges relating to the use of an operating theatre, if the <i>treatment</i> being given is covered under this <i>policy</i>. </div> <div> Medicines, drugs and dressings <ul style="list-style-type: none"> We will pay for medicines, drugs and dressings which are prescribed for the <i>beneficiary</i> whilst he or she is receiving <i>inpatient</i> or <i>daypatient</i> treatment. We will only pay for medicines, drugs and dressings which are prescribed for use at home if the <i>beneficiary</i> has cover under the International Outpatient option (unless they are prescribed as part of <i>cancer treatment</i>). </div> </div>			

	Silver	Gold	Platinum
Intensive care: <ul style="list-style-type: none"> intensive therapy. coronary care. high dependency unit. 	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for a <i>beneficiary</i> to be treated in an <i>intensive care</i>, intensive therapy, coronary care or high dependency facility if: <ul style="list-style-type: none"> that facility is the most appropriate place for them to be treated; the care provided by that facility is an essential part of their <i>treatment</i>; and the care provided by that facility is routinely required by patients suffering from the same type of illness or <i>injury</i>, or receiving the same type of <i>treatment</i>. 			

	Silver	Gold	Platinum
Surgeons' and anaesthetists' fees	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for <i>inpatient</i>, <i>daypatient</i> or <i>outpatient</i> costs for: <ul style="list-style-type: none"> surgeons' and anaesthetists' surgery fees; and surgeons' and anaesthetists' fees in respect of <i>treatment</i> which is needed immediately before or after surgery (i.e. on the same day as the surgery). We will only pay for <i>outpatient treatments</i> received before or after surgery if the <i>beneficiary</i> has cover under the International Outpatient option (unless the <i>treatment</i> is given as part of <i>cancer treatment</i>). 			

	Silver	Gold	Platinum
Specialists' consultation fees	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for regular visits by a <i>specialist</i> during stays in <i>hospital</i> including <i>intensive care</i> by a <i>specialist</i> for as long as is required by <i>medical necessity</i>. We will pay for consultations with a <i>specialist</i> during stays in a <i>hospital</i> where the <i>beneficiary</i>: <ul style="list-style-type: none"> is being treated on an <i>inpatient</i> or <i>daypatient</i> basis; is having surgery; or where the consultation is a <i>medical necessity</i>. 			

	Silver	Gold	Platinum
Hospital accommodation for a parent or guardian Up to the maximum amount shown per <i>period of cover</i> .	\$1,000 €740 £665	\$1,000 €740 £665	Paid in full
<p> > If a <i>beneficiary</i> who is under the age of 18 years old needs <i>inpatient treatment</i> and has to stay in <i>hospital</i> overnight, we will also pay for <i>hospital</i> accommodation for a parent or legal guardian, if: <ul style="list-style-type: none"> • accommodation is available in the same <i>hospital</i>; and • the cost is reasonable. </p> <p> > We will only pay for <i>hospital</i> accommodation for a parent or legal guardian if the <i>treatment</i> which the <i>beneficiary</i> is receiving during their stay in <i>hospital</i> is covered under this <i>policy</i>. </p>			

	Silver	Gold	Platinum
Transplant services for organ, bone marrow and stem cell transplants	Paid in full	Paid in full	Paid in full
<p> > We will pay for <i>inpatient treatment</i> directly associated with an organ transplant, for the <i>beneficiary</i> if: <ul style="list-style-type: none"> • the transplant is <i>medically necessary</i>, and the organ to be transplanted has been donated by a member of the <i>beneficiary's</i> family or comes from a verified and legitimate source. </p> <p> > We will pay for anti-rejection medicines following a transplant, when they are given on an <i>inpatient</i> basis. </p> <p> > We will pay for <i>inpatient treatment</i> directly associated with a bone marrow or peripheral stem cell transplant if: <ul style="list-style-type: none"> • the transplant is <i>medically necessary</i>; and • the material to be transplanted is the <i>beneficiary's</i> own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source. </p> <p> > We will not pay for bone marrow or peripheral stem cell transplants under this part of this <i>policy</i> if the transplants form part of <i>cancer treatment</i>. The cover which we provide in respect of <i>cancer treatment</i> is explained in other parts of this <i>policy</i>. </p> <p> > If a person donates bone marrow or an organ to a <i>beneficiary</i>, we will pay for: <ul style="list-style-type: none"> • the harvesting of the organ or bone marrow; • any <i>medically necessary</i> tissue matching tests or procedures; • the donor's <i>hospital</i> costs; and • any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure; whether or not the donor is covered by this <i>policy</i>. </p> <p> > The amount which we will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source. </p> <p> > We will not pay for <i>outpatient treatment</i> for either the <i>beneficiary</i> or donor, unless the <i>beneficiary</i> has cover under the International Outpatient option for the specific <i>outpatient treatment</i> required. </p> <p> > If a <i>beneficiary</i> donates an organ for a <i>medically necessary</i> transplant, we will cover the medical costs incurred by the <i>beneficiary</i> associated with this donation up to any <i>policy</i> limits. However, we will only pay for the harvesting of the donated organ if the intended recipient is also a <i>beneficiary</i> under this plan. </p> <p> > We will consider all <i>medically necessary</i> transplants. Other transplants (such as transplants which are considered to be experimental procedures) are not covered under this <i>policy</i>. This is because of conditions or limitations to coverage which are explained elsewhere in this <i>policy</i>. </p> <p> Important note </p> <p> > A <i>beneficiary</i> must contact us and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant. </p>			

	Silver	Gold	Platinum
Kidney dialysis	Paid in full	Paid in full	Paid in full
<p>› <i>Treatment</i> for kidney dialysis will be covered if such <i>treatment</i> is available in the <i>beneficiary's</i> country of residence. We will pay for this on an <i>inpatient</i>, <i>daypatient</i>, or <i>outpatient</i> basis.</p> <p>› We will pay for kidney dialysis <i>treatment</i> outside the <i>beneficiary's</i> country of habitual residence if the country where that <i>treatment</i> is provided is within the <i>beneficiary's</i> selected area of coverage. We will pay for this on a <i>daypatient</i> basis. Travel and accommodation expenses incurred in connection with such <i>treatment</i> will not be covered.</p>			

	Silver	Gold	Platinum
Pathology, radiology and <i>diagnostic tests</i> (excluding Advanced Medical Imaging)	Paid in full	Paid in full	Paid in full
<p>› Where investigations are provided on an <i>inpatient</i> or <i>daypatient</i> basis.</p> <p>› We will pay for:</p> <ul style="list-style-type: none"> • blood and urine tests; • X-rays; • ultrasound scans; • electrocardiograms (ECG); and • other <i>diagnostic tests</i> (excluding advanced medical imaging); <p>where they are <i>medically necessary</i> and are recommended by a <i>specialist</i> as part of a <i>beneficiary's</i> hospital stay for <i>inpatient</i> or <i>daypatient</i> treatment.</p>			

	Silver	Gold	Platinum
Advanced Medical Imaging (MRI, CT and PET scans) Up to the maximum amount shown per <i>period</i> of cover.	\$5,000 €3,700 £3,325	\$10,000 €7,400 £6,650	Paid in full
<p>› We will pay for the following scans if they are recommended by a <i>specialist</i> as a part of a <i>beneficiary's</i> <i>inpatient</i>, <i>daypatient</i> or <i>outpatient</i> treatment:</p> <ul style="list-style-type: none"> • magnetic resonance imaging (MRI); • computed tomography (CT); and / or • positron emission tomography (PET); <p>› We may require a medical report in advance of a magnetic resonance imaging (MRI) scan.</p>			

	Silver	Gold	Platinum
Physiotherapy and complementary therapies Up to the maximum amount shown per <i>period</i> of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› Where <i>treatment</i> is provided on an <i>inpatient</i> or <i>daypatient</i> basis.</p> <p>› We will pay for <i>treatment</i> provided by physiotherapist and complementary therapists; (acupuncturists, homeopaths, and practitioners of Chinese medicine) if these therapies are recommended by a <i>specialist</i> as part of the <i>beneficiary's</i> hospital stay for <i>inpatient</i> or <i>daypatient</i> treatment (but are not the primary <i>treatment</i> which they are in <i>hospital</i> to receive).</p>			

	Silver	Gold	Platinum
Home nursing Up to 30 days and the maximum amount shown per <i>period of cover</i> .	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p> > We will pay for a <i>beneficiary</i> to have up to 30 days of <i>home nursing</i> care per <i>period of cover</i> if: <ul style="list-style-type: none"> it is recommended by a <i>specialist</i> following <i>inpatient</i> or <i>daypatient treatment</i> which is covered by this <i>policy</i>; it starts immediately after the <i>beneficiary</i> leaves <i>hospital</i>; and it reduces the length of time for which the <i>beneficiary</i> needs to stay in <i>hospital</i>. </p> <p>Important note</p> <p> > We will only pay for <i>home nursing</i> if it is provided in the <i>beneficiary's</i> home by a <i>qualified nurse</i> and it comprises <i>medically necessary</i> care that would normally be provided in a <i>hospital</i>. We will not pay for <i>home nursing</i> which only provides non-medical care or personal assistance. </p>			

	Silver	Gold	Platinum
Rehabilitation Up to 30 days and the maximum amount shown per <i>period of cover</i> .	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p> > We will pay for rehabilitation <i>treatments</i> (physical, occupational and speech therapies), which are recommended by a <i>specialist</i> and are <i>medically necessary</i> after a traumatic event such as a stroke or spinal <i>injury</i>. </p> <p> > If the <i>rehabilitation treatment</i> is required in a residential <i>rehabilitation</i> centre we will pay for accommodation and board for up to 30 days for each separate condition that requires <i>rehabilitation treatment</i>. </p> <p>In determining when the 30 day limit has been reached:</p> <ul style="list-style-type: none"> we count each overnight stay during which a <i>beneficiary</i> receives <i>inpatient treatment</i> as one day we count each day on which a <i>beneficiary</i> receives <i>outpatient</i> and <i>daypatient treatment</i> as one day. <p> > Subject to prior approval being obtained, prior to the commencement of any <i>treatment</i>, we will pay for <i>rehabilitation treatment</i> for more than 30 days, if further <i>treatment</i> is <i>medically necessary</i> and is recommended by the treating <i>specialist</i>. </p> <p>Important note</p> <p> > We will only pay for <i>rehabilitation treatment</i> if it is needed after, or as a result of, <i>treatment</i> which is covered by this <i>policy</i> and it begins within 30 days of the end of that original <i>treatment</i>. </p> <p> > All <i>rehabilitation treatment</i> must be approved by us in advance. We will only approve <i>rehabilitation treatment</i> if the treating <i>specialist</i> provides us with a report, explaining: <ul style="list-style-type: none"> i) how long the <i>beneficiary</i> will need to stay in <i>hospital</i>; ii) the diagnosis; and iii) the <i>treatment</i> which the <i>beneficiary</i> has received, or needs to receive. </p>			

	Silver	Gold	Platinum
Hospice and palliative care Up to the maximum amount shown per lifetime.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p> > If a <i>beneficiary</i> is given a terminal diagnosis, and there is no available <i>treatment</i> which will be effective in aiding recovery, we will pay for <i>hospital</i> or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care. </p>			

Internal prosthetic devices / surgical and medical appliances Up to the maximum amount shown per <i>period of cover</i> .	Silver	Gold	Platinum
	Paid in full	Paid in full	Paid in full
<p>› We will pay for internal prosthetic implants, devices or appliances which are put in place during <i>surgery</i> as part of a <i>beneficiary's treatment</i>.</p> <p>› A <i>surgical appliance</i> or a <i>medical appliance</i> can mean:</p> <ul style="list-style-type: none"> • an artificial limb, prosthesis or device which is required for the purpose of or in connection with <i>surgery</i>; or • an artificial device or prosthesis which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as required by <i>medical necessity</i>; or • a prosthesis or appliance which is <i>medically necessary</i> and is part of the recuperation process on a <i>short-term</i> basis. 			

External prosthetic devices/surgical and medical appliances Up to the maximum amount shown per <i>period of cover</i> .	Silver	Gold	Platinum
	For each prosthetic device	For each prosthetic device	For each prosthetic device
	\$3,100	\$3,100	\$3,100
	€2,400	€2,400	€2,400
	£2,000	£2,000	£2,000
<p>› We will pay for external prosthetics, devices or appliances which are necessary as part of a <i>beneficiary's treatment</i> (subject to the limitations explained below).</p> <p>› We will pay for:</p> <ul style="list-style-type: none"> • a prosthetic device or appliance which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as is required by <i>medical necessity</i>; • a prosthetic device or appliance which is <i>medically necessary</i> and is part of the recuperation process on a short-term basis. <p>› We will pay for an initial external prosthetic device for <i>beneficiaries</i> aged 18 or over per <i>period of cover</i>. We do not pay for any replacement prosthetic devices for <i>beneficiaries</i> who are aged 18 and over.</p> <p>› We will pay for an initial external prosthetic device and up to two replacements for <i>beneficiaries</i> aged 17 or younger per <i>period of cover</i>.</p> <p>› By an external 'prosthetic device', we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is <i>medically necessary</i> as part of <i>treatment</i> immediately following the <i>beneficiary's surgery</i> or as part of the recuperation process on a <i>short-term</i> basis.</p>			

	Silver	Gold	Platinum
Local ambulance and air ambulance services	Paid in full	Paid in full	Paid in full
<p>› Where it is <i>medically necessary</i>, we will pay for a local ambulance to transport a <i>beneficiary</i>:</p> <ul style="list-style-type: none"> from the scene of an accident or <i>injury</i> to a <i>hospital</i>; from one <i>hospital</i> to another; or from their home to a <i>hospital</i>. <p>› We will only pay for a local road ambulance where its use relates to <i>treatment</i> which a <i>beneficiary</i> needs to receive in <i>hospital</i>. Where it is <i>medically necessary</i>, we will pay for an air ambulance to transport the <i>beneficiary</i> from the scene of an accident or <i>injury</i> to a <i>hospital</i> or from one <i>hospital</i> to another.</p> <p>Important notes</p> <p>› Air ambulance cover is subject to the following conditions and limitations:</p> <ul style="list-style-type: none"> In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, we will not arrange or pay for an air ambulance. This <i>policy</i> does not guarantee that an air ambulance will always be available when requested, even if it is medically appropriate. We will only pay for a local air ambulance, such as a helicopter, to transport a <i>beneficiary</i> for distances up to 100 miles (160 kilometres) and we will only pay for an air ambulance where its use relates to <i>treatment</i> which a <i>beneficiary</i> needs to receive in <i>hospital</i>. <p>› This <i>policy</i> does not provide cover for mountain rescue services.</p> <p>› Cover for medical evacuation or repatriation is only available if <i>you</i> have cover under the International Medical Evacuation option. Please refer to the relevant section of this <i>Customer Guide</i> for details of that option.</p>			

	Silver	Gold	Platinum
Inpatient cash benefit Per night up to 30 nights per <i>period of cover</i> .	\$100 €75 £65	\$100 €75 £65	\$200 €150 £130
<p>› We will make a cash payment directly to a <i>beneficiary</i> when they:</p> <ul style="list-style-type: none"> receive <i>treatment</i> in <i>hospital</i> which is covered under this plan; stay in a <i>hospital</i> overnight; and have not been charged for their room, board and <i>treatment</i> costs. 			

	Silver	Gold	Platinum
Emergency <i>inpatient</i> dental <i>treatment</i>	Paid in full	Paid in full	Paid in full
<p>› We will cover dental <i>treatment</i> in <i>hospital</i> after a serious accident, subject to the conditions set out below.</p> <p>› We will pay for emergency dental <i>treatment</i> which is required by a <i>beneficiary</i> while they are in <i>hospital</i> as an <i>inpatient</i>, if that emergency <i>inpatient</i> dental <i>treatment</i> is recommended by the treating <i>medical practitioner</i> because of a <i>dental emergency</i> (but is not the primary <i>treatment</i> which the <i>beneficiary</i> is in <i>hospital</i> to receive).</p> <p>› This <i>benefit</i> is paid instead of any other dental <i>benefits</i> the <i>beneficiary</i> may be entitled to in these circumstances.</p>			

Treatment for mental health conditions and disorders and addiction treatment

Up to the maximum amount shown per *period of cover*.

Silver

\$5,000
€3,700
£3,325

Gold

\$10,000
€7,400
£6,650

Platinum

Paid in full

- › Subject to the limits explained below we will pay for:
 - the *treatment* of mental health conditions and disorders; and
 - the diagnosis of addictions (including alcoholism);

Addiction treatment

- › We will pay for one course or programme of addiction *treatment* at a specialist centre providing *evidence-based treatment*, if that treatment is *medically necessary* and recommended by a *medical practitioner*.
- › We pay for up to three attempts at *detoxification*, following which we will only pay for further *detoxification* treatment if the *beneficiary* completes a formal *outpatient* course or programme of addiction treatment.
- › We will not pay for any other *treatment* related to alcoholism or addiction; or *treatment* of any related condition (such as depression, dementia or liver failure); where we reasonably believe that the condition which requires *treatment* was the direct result of alcoholism or addiction.

Important notes

- › For *treatment* of mental health conditions and disorders and addiction *treatment*, we will only pay for *evidence-based, medically necessary treatment* and recommended by a *medical practitioner*.
- › We will pay for up to a combined maximum total of 90 days of *treatment* for mental health conditions and disorders and addiction *treatment* in any one *period of cover*, including up to 30 days of *inpatient treatment*.
- › We will pay for up to a combined maximum total of 180 days of *treatment* for mental health conditions and disorders; and addiction *treatment* in any five year period. For example, if a *beneficiary* uses 90 days of mental health or addiction *treatment* in one period of cover, and 90 days of mental health or addiction *treatment* in the following *period of cover*, we will not pay for any further mental health or addiction *treatment* for the next three consecutive years of cover.
- › In determining when these 30, 90 and 180 day limits have been reached:
 - we count each overnight stay during which a *beneficiary* received *inpatient treatment* as one day; and
 - we count each day on which a *beneficiary* receives *outpatient* and *daypatient treatment* as one day.
- › We will not pay for prescription drugs or medication prescribed on an *outpatient* basis for any of these conditions, unless *you* have purchased the International Outpatient option.
- › Subject to prior approval and provided the *medical practitioner* is within your *selected area of coverage*, we may pay for consultations that take place by use of electronic means or telephone.

Cancer care

Silver

Paid in full

Gold

Paid in full

Platinum

Paid in full

- › Following a diagnosis of *cancer*, we will pay for costs for the *treatment* of *cancer* if the *treatment* is considered by *us* to be *active treatment* and *evidence-based treatment*. This includes chemotherapy, radiotherapy, oncology, *diagnostic tests* and drugs, whether the *beneficiary* is staying in a *hospital* overnight or receiving *treatment* as a *daypatient* or *outpatient*.
- › We do not pay for genetic *cancer* screening.

PARENT AND BABY CARE

	Silver	Gold	Platinum
Routine maternity benefit care <i>(Gold and Platinum plans only)</i> Up to the maximum amount shown per <i>period of cover</i> . Available once the mother has been covered by the <i>policy</i> for twelve (12) months or more.	Not covered	\$7,000 €5,500 £4,500	\$14,000 €11,000 £9,000
<ul style="list-style-type: none"> › We will pay for the following parent and baby care and <i>treatment</i>, on an <i>inpatient</i> or <i>daypatient</i> basis as appropriate, if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of at least twelve (12) months or more: <ul style="list-style-type: none"> • <i>hospital</i>, obstetricians' and midwives' fees for routine childbirth; and • any fees as a result of post-natal care required by the mother immediately following routine childbirth. › We will not pay for surrogacy or any related <i>treatment</i>. We will not pay for <i>maternity benefit care</i> or <i>treatment</i> for a <i>beneficiary</i> acting as a surrogate or anyone acting as a surrogate for a <i>beneficiary</i>. 			
	Silver	Gold	Platinum
Complications from maternity <i>(Gold and Platinum plans only)</i> Up to the maximum amount shown per <i>period of cover</i> . Available once the mother has been covered by the <i>policy</i> for twelve (12) months or more.	Not covered	\$14,000 €11,000 £9,000	\$28,000 €22,000 £18,000
<ul style="list-style-type: none"> › We will pay for <i>inpatient</i> or <i>outpatient treatment</i> relating to complications resulting from pregnancy or childbirth if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of at least twelve (12) months or more. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth, including miscarriage and ectopic pregnancy. › This part of the <i>policy</i> does not provide cover for home births. › We will only pay for a Caesarean section, where it is <i>medically necessary</i>. If we cannot confirm that it was <i>medically necessary</i>, we will only pay up to the limit of the mother's routine <i>maternity benefit care</i> cover. › We will not pay for surrogacy or any related <i>treatment</i>. We will not pay for <i>maternity benefit care</i> or <i>treatment</i> for a <i>beneficiary</i> acting as a surrogate or anyone acting as a surrogate for a <i>beneficiary</i>. 			
	Silver	Gold	Platinum
Homebirths <i>(Gold and Platinum plans only)</i> Up to the maximum amount shown per <i>period of cover</i> . Available once the mother has been covered by the <i>policy</i> for twelve (12) months or more.	Not covered	\$500 €370 £335	\$1,100 €850 £700
<ul style="list-style-type: none"> › We will pay midwives' and <i>specialists'</i> fees relating to routine home births if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of twelve (12) months or more. › Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the <i>list of benefits</i>. 			

	Silver	Gold	Platinum
Newborn care Up to the maximum amount shown for <i>treatment</i> within the first 90 days following birth. Available once at least one parent has been covered by the <i>policy</i> for 12 months or more.	\$25,000 €18,500 £16,500	\$75,000 €55,500 £48,000	\$156,000 €122,000 £100,000
<p> > Provided the newborn is added to the <i>policy</i>, we will pay for: <ul style="list-style-type: none"> • up to 10 days routine care for the baby following birth; and • all <i>treatment</i> required for the baby during the first 90 days after birth instead of any other <i>benefit</i>; if at least one parent has been covered by the <i>policy</i> for a continuous period of 12 months or more prior to the newborn's birth. </p> <p> We will not require information about the newborn's health or a medical examination if an <i>application</i> is received by <i>us</i> to add the newborn to the <i>policy</i> within 30 days of the newborn's date of birth. If an <i>application</i> is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire whereby we may apply special restrictions or exclusions. </p> <p> > We will pay for: <ul style="list-style-type: none"> • up to 10 days routine care for the baby following birth; and • all <i>treatment</i> required for the baby during the first 90 days after birth instead of any other <i>benefit</i>; if neither parent has been covered by the <i>policy</i> for a continuous period of 12 months or more prior to the newborn's birth and an <i>application</i> is received by <i>us</i> to add the newborn to the <i>policy</i> as a <i>beneficiary</i>. The newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby we may apply special restrictions or exclusions. </p> <p> > The newborn care benefits explained above are not available for children who are born following fertility treatment (such as IVF), are born to a surrogate, or have been adopted. In these circumstances children can only be covered by the <i>policy</i> when they are 90 days old. Cover for the baby will be subject to completion of a medical health questionnaire whereby we may apply special restrictions or exclusions. </p>			

	Silver	Gold	Platinum
Congenital conditions Up to the maximum amount shown per <i>period of cover</i> .	\$5,000 €3,700 £3,325	\$20,000 €14,800 £13,300	\$39,000 €30,500 £25,000
<p> > We will pay for <i>treatment</i> of congenital conditions on an <i>inpatient</i> or <i>daypatient</i> basis which manifest themselves before the beneficiary's 18th birthday if: <ul style="list-style-type: none"> • at least one parent has been covered by the <i>policy</i> for a continuous period of 12 months or more prior to the newborn's birth and the newborn is added to the <i>policy</i> within 30 days of the birth. • they were not evident at <i>policy</i> inception. </p>			

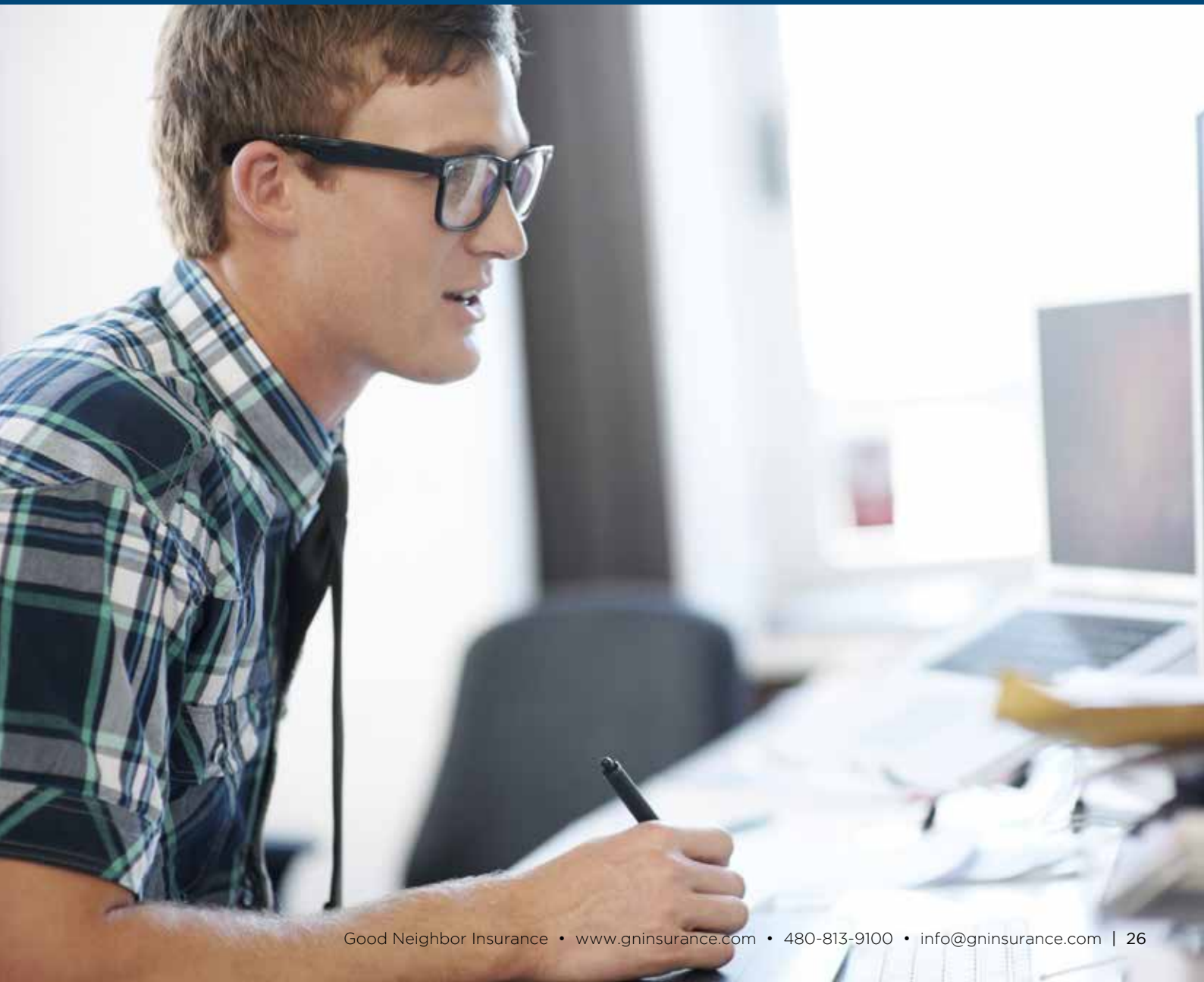
YOUR DEDUCTIBLE AND COST SHARE OPTIONS

Deductible (various) A <i>deductible</i> is the amount which <i>you</i> must pay before any claims are covered by <i>your</i> plan.	\$0 / \$375 / \$750 / \$1,500 / \$3,000 / \$7,500 / \$10,000 €0 / €275 / €550 / €1,100 / €2,200 / €5,500 / €7,400 £0 / £250 / £500 / £1,000 / £2,000 / £5,000 / £6,650
Cost share after deductible and out of pocket maximum <i>Cost share</i> is the percentage of each claim not covered by <i>your</i> plan. The <i>out of pocket maximum</i> is the maximum amount of <i>cost share</i> you would have to pay in a <i>period of cover</i> . The <i>cost share</i> amount is calculated after the <i>deductible</i> is taken into account. Only amounts <i>you</i> pay related to <i>cost share</i> contribute to the <i>out of pocket maximum</i> .	<p>First, choose your <i>cost share</i> percentage:</p> <p>0% / 10% / 20% / 30%</p> <p>Next, choose your <i>out of pocket maximum</i>:</p> <p>\$2,000 or \$5,000 €1,480 or €3,700 £1,330 or £3,325</p>

THE FOLLOWING PAGES DETAIL THE
OPTIONAL BENEFITS YOU MAY HAVE
CHOSEN TO ADD TO YOUR CORE COVER –
INTERNATIONAL MEDICAL INSURANCE.



**TAKE A LOOK AT YOUR
CERTIFICATE OF INSURANCE
TO REMIND YOURSELF EXACTLY
WHAT COVER YOU HAVE.**



INTERNATIONAL OUTPATIENT

International Outpatient covers *you* more comprehensively for *outpatient* care and medical emergencies that may arise where a *hospital* admission as a *daypatient* or *inpatient* is not required. As well as this, consultations with *specialists* and *medical practitioners*, prescribed *outpatient* drugs and dressings, pre-natal and post-natal *outpatient* care, physiotherapy, osteopathy, chiropractic and much more.

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual <i>benefit</i> - maximum per <i>beneficiary</i> per <i>period of cover</i> This includes claims paid across all sections of International Outpatient.	\$10,000 €7,400 £6,650	\$25,000 €18,500 £16,625	Unlimited

YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Consultation with <i>medical practitioners</i> and <i>Specialists</i> Up to the maximum amount shown per <i>period of cover</i> .	\$125/€90/£80 limit per visit. Up to 15 visits per year.	\$250/€185/£165 limit per visit. Up to 30 visits per year.	Paid in full

- › We will pay for consultations or meetings with a *medical practitioner* which are necessary to diagnose an illness, or to arrange or receive *treatment* up to the maximum number of visits shown in the *benefit* table.
- › We will pay for non-surgical *treatment* on an *outpatient* basis, which is recommended by a *specialist* as being *medically necessary*.
- › Subject to prior approval and provided the *medical practitioner* is within your *selected area of coverage*, we may pay for consultations that take place by use of electronic means or telephone.

	Silver	Gold	Platinum
Pre-natal and post-natal care (<i>Gold and Platinum plans only</i>) Up to the maximum amount shown per <i>period of cover</i> . Available once the mother has been covered on this option for twelve (12) months or more.	Not covered	\$3,500 €2,750 £2,250	\$7,000 €5,500 £4,500

- › We will pay for *medically necessary* pre-natal and post-natal care on an *outpatient* basis, if the mother has been a *beneficiary* under the International Outpatient optional *benefit* for a continuous period of at least 12 months or more.

Examples of such *treatment* and tests include:

- Routine obstetricians' and midwives' fees;
- All scheduled ultrasounds and examinations;
- Prescribed medicines, drugs and dressings;
- Routine pre-natal blood tests, if required;
- Amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS);
- Non-invasive pre-natal testing (NIPT) for high risk individuals; and
- Any fees as a result of post-natal care required by the mother immediately following routine childbirth.

Pathology, radiology and <i>diagnostic tests</i> (excluding Advanced Medical Imaging) Up to the maximum amount shown per <i>period of cover</i> .	Silver \$2,500 €1,850 £1,650	Gold \$5,000 €3,700 £3,325	Platinum Paid in full
<p> > We will pay for the following tests where they are <i>medically necessary</i> and are recommended by a <i>specialist</i> as part of a <i>beneficiary's outpatient treatment</i>: <ul style="list-style-type: none"> • blood and urine tests; • X-rays; • ultrasound scans; • electrocardiograms (ECG); and • other <i>diagnostic tests</i> (excluding advanced medical imaging). </p>			
Physiotherapy <i>treatment</i> Up to the maximum amount shown per <i>period of cover</i> .	Silver \$2,500 €1,850 £1,650	Gold \$5,000 €3,700 £3,325	Platinum Paid in full
<p> > We will pay for physiotherapy <i>treatment</i> on an <i>outpatient</i> basis that is <i>medically necessary</i> and restorative in nature to help <i>you</i> to carry out <i>your</i> normal activities of daily living. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the <i>treatment</i> is received. This excludes any sports medicine <i>treatment</i>. </p> <p> > We will require a medical report and <i>treatment</i> plan prior to approval. </p>			
Osteopathy and chiropractic <i>treatment</i> Up to the maximum amount shown per <i>period of cover</i> .	Silver Paid in full up to 15 visits	Gold Paid in full up to 15 visits	Platinum Paid in full up to 30 visits
<p> > We will pay up to a combined maximum total of visits in any one <i>period of cover</i> for osteopathy and chiropractic <i>treatment</i> which is <i>evidence-based treatment</i>, <i>medically necessary</i> and recommended by a <i>treating specialist</i>, if a <i>medical practitioner</i> recommends the <i>treatment</i> and provides a referral. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the <i>treatment</i> is received. We will require a medical report and <i>treatment</i> plan prior to approval. This excludes any sports medicine <i>treatment</i>. </p>			
Acupuncture, Homeopathy, and Chinese medicine Up to a combined maximum of 15 visits per <i>period of cover</i> .	Silver Paid in full	Gold Paid in full	Platinum Paid in full
<p> > We will pay for a combined maximum total of 15 consultations with acupuncturists, homeopaths and practitioners of Chinese medicine for each <i>beneficiary</i> in any one <i>period of cover</i>, if those <i>treatments</i> are recommended by a <i>medical practitioner</i>. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the <i>treatment</i> is received. </p>			

	Silver	Gold	Platinum
Restorative speech therapy Up to the maximum amount shown per <i>period of cover</i> .	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p> > We will pay for restorative speech therapy if: <ul style="list-style-type: none"> it is required immediately following <i>treatment</i> which is covered under this <i>policy</i> (for example, as part of a <i>beneficiary's</i> follow-up care after they have suffered a stroke); it is confirmed by a <i>specialist</i> to be <i>medically necessary</i> on a <i>short-term</i> basis. </p> <p>Important notes</p> <p> > We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. </p> <p> > We will not pay for speech therapy which: <ul style="list-style-type: none"> aims to improve speech skills which are not fully developed; is educational in nature; is intended to maintain speech communication; aims to improve speech or language disorders (such as stammering); or is as a result of learning difficulties, developmental problems (such as dyslexia), attention-deficit hyperactivity disorder or autism. </p>			

	Silver	Gold	Platinum
Prescribed drugs and dressings Up to the maximum amount shown per <i>period of cover</i> .	\$500 €370 £330	\$2,000 €1,480 £1,330	Paid in full
<p> > We will pay for prescription drugs and dressings which are prescribed by a <i>medical practitioner</i> on an <i>outpatient</i> basis. </p>			

	Silver	Gold	Platinum
Rental of durable equipment Up to a maximum of 45 days in the <i>period of cover</i> .	Paid in full	Paid in full	Paid in full
<p> > We will pay for the rental of durable medical equipment for up to 45 days per <i>period of cover</i>, if the use of that equipment is recommended by a <i>specialist</i> in order to support the <i>beneficiary's treatment</i>. </p> <p> > We will only pay for the rental of durable medical equipment which: <ul style="list-style-type: none"> is not disposable, and is capable of being used more than once; serves a medical purpose; is fit for use in the home; and is of a type only normally used by a person who is suffering from the effect of a disease, illness or <i>injury</i>. </p>			

	Silver	Gold	Platinum		
Adult vaccinations Up to the maximum amount shown per <i>period of cover</i> .	\$250 €185 £165	Paid in full	Paid in full		
<p>➤ We will pay for certain vaccinations and immunisations that are clinically appropriate namely:</p> <table><tr><td><ul style="list-style-type: none">• Influenza (flu);• Tetanus (once every 10 years);• Hepatitis A;• Hepatitis B;• Meningitis;• Rabies;</td><td><ul style="list-style-type: none">• Cholera;• Yellow Fever;• Japanese Encephalitis;• Polio booster;• Typhoid; and• Malaria (in tablet form, either daily or weekly).</td></tr></table>				<ul style="list-style-type: none">• Influenza (flu);• Tetanus (once every 10 years);• Hepatitis A;• Hepatitis B;• Meningitis;• Rabies;	<ul style="list-style-type: none">• Cholera;• Yellow Fever;• Japanese Encephalitis;• Polio booster;• Typhoid; and• Malaria (in tablet form, either daily or weekly).
<ul style="list-style-type: none">• Influenza (flu);• Tetanus (once every 10 years);• Hepatitis A;• Hepatitis B;• Meningitis;• Rabies;	<ul style="list-style-type: none">• Cholera;• Yellow Fever;• Japanese Encephalitis;• Polio booster;• Typhoid; and• Malaria (in tablet form, either daily or weekly).				

	Silver	Gold	Platinum
Dental accidents Up to the maximum amount shown per <i>period of cover</i> .	\$1,000 €740 £665	Paid in full	Paid in full
<p> > If a <i>beneficiary</i> needs <i>dental treatment</i> as a result of injuries which they have suffered in an accident, we will pay for <i>outpatient dental treatment</i> for any <i>sound natural tooth/teeth</i> damaged or affected by the accident, provided the <i>treatment</i> commences immediately after the accident and is completed within 30 days of the date of the accident. </p> <p> > In order to approve this <i>treatment</i>, we will require confirmation from the <i>beneficiary's</i> treating <i>dentist</i> of: <ul style="list-style-type: none"> the date of the accident; and the fact that the tooth/teeth which are the subject of the proposed <i>treatment</i> are <i>sound natural tooth/teeth</i>. </p> <p> > We will pay for this <i>treatment</i> instead of any other <i>dental treatment</i> the <i>beneficiary</i> may be entitled to under this <i>policy</i>, when they need <i>treatment</i> following accidental damage to a tooth or teeth. </p> <p> > We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this <i>policy</i>. </p>			

	Silver	Gold	Platinum
Well child tests	Paid in full	Paid in full	Paid in full
<p> > Payable for children at <i>appropriate age intervals</i> up to the age of 6. </p> <p> > We will pay for well child routine tests at any of the <i>appropriate age intervals</i> (birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years) and for a <i>medical practitioner</i> to provide preventative care consisting of: <ul style="list-style-type: none"> evaluating medical history; physical examinations; development assessment; anticipatory guidance; and appropriate immunisations and laboratory tests; for children aged 6 or younger. </p> <p> We will pay for one visit to a <i>medical practitioner</i> at each of the <i>appropriate age intervals</i> (up to a total of 13 visits for each child) for the purposes of receiving preventative care services. </p> <p> > In addition, we will pay for: <ul style="list-style-type: none"> one school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger. diabetic retinopathy screening for children over the age of 12 who have diabetes. </p>			

	Silver	Gold	Platinum
Child immunisations	Paid in full	Paid in full	Paid in full
<p> > We will pay for the following immunisations for children aged 17 or younger: <ul style="list-style-type: none"> DPT (Diphtheria, Pertussis and Tetanus); MMR (Measles, Mumps and Rubella); HiB (Haemophilus influenza type b); Polio; Influenza; Hepatitis B; Meningitis; and Human Papilloma Virus (HPV). </p>			

	Silver	Gold	Platinum
Annual routine tests	Paid in full	Paid in full	Paid in full
<p>› We will pay for the following routine tests for children aged 15 or younger:</p> <ul style="list-style-type: none"> • one eye test; and • one hearing test. 			

YOUR DEDUCTIBLE AND COST SHARE OPTIONS

<p>Deductible (various)</p> <p>A <i>deductible</i> is the amount which <i>you</i> must pay before any claims are covered by <i>your</i> plan.</p>	<p>\$0 / \$150 / \$500 / \$1,000 / \$1,500 €0 / €110 / €370 / €700 / €1,100 £0 / £100 / £335 / £600 / £1,000</p>
<p>Cost share after deductible and out of pocket maximum</p> <p><i>Cost share</i> is the percentage of each claim not covered by <i>your</i> plan.</p> <p>The <i>out of pocket maximum</i> is the maximum amount of <i>cost share</i> you would have to pay in a <i>period of cover</i>.</p> <p>The <i>cost share</i> amount is calculated after the <i>deductible</i> is taken into account. Only amounts <i>you</i> pay related to <i>cost share</i> contribute to the <i>out of pocket maximum</i>.</p>	<p>First, choose <i>your cost share</i> percentage:</p> <p>0% / 10% / 20% / 30%</p> <p><i>Your out of pocket maximum</i> is:</p> <p>\$3,000 €2,200 £2,000</p>

INTERNATIONAL MEDICAL EVACUATION

International Medical Evacuation provides coverage for reasonable transportation costs to the nearest centre of medical excellence in the event that the *treatment* is not available locally in an emergency. This option also includes repatriation coverage, allowing the *beneficiary* to return to their *country of habitual residence* or *country of nationality* to be treated in a familiar location. It also includes compassionate visits for a parent, *spouse*, partner, sibling or child to visit a *beneficiary* after an accident or sudden illness and the *beneficiary* has not been evacuated or repatriated.

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover	Paid in full	Paid in full	Paid in full

YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Medical Evacuation	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Transfer to the nearest centre of medical excellence if the <i>treatment</i> the <i>beneficiary</i> needs is not available locally in an emergency. If a <i>beneficiary</i> requires <i>emergency treatment</i>, we will pay for medical evacuation for them: <ul style="list-style-type: none"> to be taken to the nearest <i>hospital</i> where the necessary <i>treatment</i> is available (even if this is in another part of the country, or in another country); and to return to the place they were taken from, provided the return journey takes place not more than 14 days after the <i>treatment</i> is completed. As regards the return journey, we will pay: <ul style="list-style-type: none"> the price of an economy class air ticket; or the reasonable cost of travel by land or sea; whichever is lesser. We will only pay for taxi fares if: <ul style="list-style-type: none"> it is medically preferable for the <i>beneficiary</i> to travel to the airport by taxi, rather than by ambulance; and approval is obtained in advance from the <i>medical assistance service</i>. We will pay for evacuation (but not repatriation) if the <i>beneficiary</i> needs <i>diagnostic tests</i> or <i>cancer treatment</i> (such as chemotherapy) if, in the opinion of our <i>medical assistance service</i>, evacuation is appropriate and <i>medically necessary</i> in the circumstances. We will not pay any other costs related to an evacuation (such as accommodation costs). <p>Important note</p> <ul style="list-style-type: none"> If you require to return to the <i>hospital</i> where you were evacuated for follow up <i>treatment</i>, we will not pay for travel costs or living allowance costs. 			

	Silver	Gold	Platinum
Medical repatriation	Paid in full	Paid in full	Paid in full
<p> > If a <i>beneficiary</i> requires a medical repatriation, we will pay: <ul style="list-style-type: none"> • for them to be returned to their <i>country of habitual residence</i> or <i>country of nationality</i>; and • to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the <i>treatment</i> is completed. </p> <p> > The above journey must be approved in advance by our <i>medical assistance service</i> and to avoid doubt all transportation costs are required to be reasonable and customary. </p> <p> > As regards the return journey, we will pay: <ul style="list-style-type: none"> • the price of an economy class air ticket; or • the reasonable cost of travel by land or sea; whichever is lesser. </p> <p> > We will only pay for taxi fares if: <ul style="list-style-type: none"> • it is medically preferable for the <i>beneficiary</i> to travel to the airport by taxi, rather than by ambulance; and • approval is obtained in advance from the <i>medical assistance service</i>. </p> <p> > We will not pay any other costs related to a repatriation (such as accommodation costs). </p> <p>Important notes</p> <p> > If <i>you</i> require to return to the <i>hospital</i> where <i>you</i> were repatriated for follow up <i>treatment</i>, we will not pay for travel costs or living allowance costs. </p> <p> > If a <i>beneficiary</i> contacts the <i>medical assistance service</i> to ask for prior approval for repatriation, but the <i>medical assistance service</i> does not consider repatriation to be medically appropriate, we may instead arrange for the <i>beneficiary</i> to be evacuated to the nearest <i>hospital</i> where the necessary <i>treatment</i> is available. We will then repatriate the <i>beneficiary</i> to his or her specified <i>country of nationality</i> or <i>country of habitual residence</i> when his or her condition is stable, and it is medically appropriate to do so. </p>			

	Silver	Gold	Platinum
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full
<p> > If a <i>beneficiary</i> dies outside their <i>country of habitual residence</i> during the <i>period of cover</i>, the <i>medical assistance service</i> will arrange for their mortal remains to be returned to their <i>country of habitual residence</i> or <i>country of nationality</i> as soon as reasonably practicable, subject to airlines requirements and restrictions. </p> <p> > We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the <i>beneficiary's</i> mortal remains. </p>			

	Silver	Gold	Platinum
Travel costs for an accompanying person	Paid in full	Paid in full	Paid in full
<p> > If a <i>beneficiary</i> needs a parent, sibling, child, <i>spouse</i> or partner, to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they: <ul style="list-style-type: none"> • need help getting on or off an aeroplane or other vehicle; • are travelling 1000 miles (or 1600km) or further; • are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort and; or • are very seriously ill or injured; we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the <i>medical assistance service</i> and the return journey must take place not more than 14 days after the <i>treatment</i> is completed. </p> <p> > We will pay: <ul style="list-style-type: none"> • the price of an economy class air ticket; or • the reasonable cost of travel by land or sea; whichever is the lesser. </p> <p>If it is appropriate, considering the <i>beneficiary's</i> medical requirements, the family member or partner who is accompanying them may travel in a different class.</p> <p>If it is <i>medically necessary</i> for a <i>beneficiary</i> to be evacuated or repatriated, and they are going to be accompanied by their <i>spouse</i> or partner, we will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian.</p> <p>Important notes</p> <p> > We will not pay for a third party to accompany a <i>beneficiary</i> if the original purpose of the evacuation was to enable the <i>beneficiary</i> to receive <i>outpatient treatment</i>. </p> <p> > We will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation. </p>			

If you have purchased this option, we will also make available the provision below for compassionate visits to you by immediate family members.

	Silver	Gold	Platinum
Compassionate visits - travel costs Up to a maximum of 5 trips per lifetime. Up to the maximum amount shown per <i>period of cover</i> .	\$1,200 €1,000 £800	\$1,200 €1,000 £800	\$1,200 €1,000 £800
Compassionate visits - living allowance costs Up to the maximum amount shown per day for each visit with a maximum of 10 days per visit. Up to the maximum amount shown per <i>period of cover</i> .	\$155 €125 £100	\$155 €125 £100	\$155 €125 £100
<p> > For each <i>beneficiary</i> we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by our <i>medical assistance service</i>. </p> <p> > We will pay the cost of economy class return travel for a parent, <i>spouse</i>, partner, sibling or child to visit a <i>beneficiary</i> after an accident or sudden illness, if the <i>beneficiary</i> is in a different country and is anticipated to be hospitalised for five days or more, or has been given a <i>short-term</i> terminal prognosis. </p> <p> > We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days per visit while they are away from their <i>country of habitual residence</i> up to the limits shown in the <i>list of benefits</i> (subject to being provided with receipts in respect of the costs incurred). </p> <p>Important note</p> <p> > We will not pay for a compassionate visit when the <i>beneficiary</i> has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, we will not pay any further third party transportation costs. </p>			

The following important notes and general conditions apply to all of the cover which is provided under the International Medical Evacuation option.

Important notes

The services described in this section are provided or arranged by the *medical assistance service* under this policy.

The following conditions apply to both emergency medical evacuations and repatriations:

- › all evacuations and repatriations must be approved in advance by the *medical assistance service*, which is contactable through the Customer Care Team;
- › the *treatment* for which, or following which, the evacuation or repatriation is required must be recommended by a *qualified nurse or medical practitioner*;
- › evacuation and repatriation services are only available under this *policy* if the *beneficiary* is being treated (or needs to be treated) on an *inpatient or daypatient* basis;
- › the *treatment* because of which the evacuation or repatriation service is required must:
 - be *treatment* for which the *beneficiary* is covered under this *policy*; and
 - not be available in the location from which the *beneficiary* is to be evacuated or repatriated;
 - the *beneficiary* must already have cover under the International Medical Evacuation option, before they need the evacuation or repatriation service;
 - the *beneficiary* must have cover in the *selected area of coverage* which includes the country where the *treatment* will be provided after the evacuation or repatriation (*treatment* in the USA is excluded unless the *beneficiary* has purchased *Worldwide including USA cover*).
- › We will only pay for evacuation or repatriation services if all arrangements are approved in advance by *our medical assistance service*. Before that approval will be given, we must be provided with any information or proof that we may reasonably request;
- › We will not approve or pay for an evacuation or repatriation if, in *our* reasonable opinion, it is not appropriate, or if it is against medical advice. In coming to a decision as to whether an evacuation or repatriation is appropriate, we will refer to established clinical and medical practice;
- › From time to time we may carry out a review of this cover and reserve the right to contact *you* to obtain further information when it is reasonable for *us* to do so.

General conditions

- › Where local conditions make it impossible, impractical, or unreasonably dangerous to enter an area, for example because of political instability or war, we may not be able to arrange evacuation or repatriation services. This *policy* does not guarantee that evacuation or repatriation services will always be available when requested, even if they are medically appropriate.
- › We will only pay for *hospital* accommodation for as long as the *beneficiary* is being treated. We will not pay for *hospital* accommodation if a *beneficiary* is no longer being treated but is waiting for a return flight.
- › Any medical *treatment* which a *beneficiary* receives before or after an evacuation or repatriation will be paid from the International Medical Insurance plan (or under another coverage option if appropriate) provided that the *treatment* is covered under this *policy* and *you* have purchased the relevant cover.
- › We cannot be held liable for any delays or lack of availability of evacuation or repatriation services which result from adverse weather conditions, technical or mechanical problems, conditions or restrictions imposed by public authorities, or any other factor which is beyond *our* reasonable control.
- › We will only pay for evacuation, repatriation and third party transportation if the *treatment* for which, or because of which, the evacuation or repatriation is necessary is covered under this *policy*.
- › All decisions as to:
 - the *medical necessity* of evacuation or repatriation;
 - the means and timing of any evacuation or repatriation;
 - the medical equipment and medical personnel to be used; and
 - the destination to which the *beneficiary* should be transported;

will be made by *our medical team*, after consultation with the *medical practitioners* who are treating the *beneficiary*, taking into account all of the relevant medical factors and considerations.

INTERNATIONAL HEALTH AND WELLBEING

International Health and Wellbeing covers the *beneficiary* for screenings, tests, examinations and counselling support for a range of life crises and tailored advice and support through *our* online health education and health risk assessment, helping the *beneficiary* to take control and manage their health the way they want.

During each *period of cover* we will pay for the following tests to be carried out by a *medical practitioner*.

	Silver	Gold	Platinum
Routine adult physical examinations Up to the maximum amount shown per <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	\$600 €440 £400
<p>➤ We will pay for routine adult physical examinations (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc), for persons aged 18 or older.</p>			

	Silver	Gold	Platinum
Pap smear Up to the maximum amount shown per <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	Paid in full
<p>➤ We will pay for one papanicolaou test (pap smear) for female <i>beneficiaries</i>.</p>			

	Silver	Gold	Platinum
Prostate cancer screening Up to the maximum amount shown per <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	Paid in full
<p>➤ We will pay for one prostate examination (prostate specific antigen (PSA) test) for male <i>beneficiaries</i> aged 50 or over.</p>			

	Silver	Gold	Platinum
Mammograms for breast cancer screening Up to the maximum amount shown per <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	Paid in full
<p>➤ We will pay for:</p> <ul style="list-style-type: none"> • Aged 35-39: one baseline mammogram for asymptomatic women. • Aged 40-49: one mammogram for asymptomatic women every two years. • Aged 50 or older: one mammogram each year. 			

	Silver	Gold	Platinum
Bowel cancer screening Up to the maximum amount shown per <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	Paid in full
<p>› We will pay for one bowel cancer screening for <i>beneficiaries</i> aged 55 or older.</p>			

	Silver	Gold	Platinum
Bone densitometry Up to the maximum amount shown per <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	Paid in full
<p>› We will pay for one scan to determine the density of the <i>beneficiary's</i> bones.</p>			

	Silver	Gold	Platinum
Dietetic consultations	Not covered	Not covered	Paid in full
<p>› We will pay for up to 4 consultations with a dietician per <i>period of cover</i>, if the <i>beneficiary</i> requires dietary advice relating to a diagnosed disease or illness such as diabetes (<i>Platinum plan only</i>).</p>			

	Silver	Gold	Platinum
Life management assistance programme	Paid in full	Paid in full	Paid in full
<p>› Our Life Management service is available 24 hours a day, 7 days a week, 365 days a year. Professionals are ready to assist <i>you</i> with any issue that matters to <i>you</i>.</p> <p>› We will pay for up to 5 counselling sessions per issue per <i>period of cover</i>. This could be telephonic or face to face counselling support.</p> <p>› Unlimited in the moment telephonic support for live assistance.</p> <p>› Provides information, resources and counselling on any work, life, personal, or family issue that matters to <i>you</i>.</p> <p>› Information services provide support including assistance for day to day demands or the logistics of relocating. The information <i>specialists</i> can offer assistance over the phone and perform research and provide pre-qualified referrals to local resources.</p> <p>Please contact us for approval. The service is provided by our chosen counselling provider.</p>			

	Silver	Gold	Platinum
Online health education, health assessments and web-based coaching programmes	Paid in full	Paid in full	Paid in full
<p>› Access to <i>our</i> health and wellbeing section is available in <i>your</i> secure online Customer Area.</p>			

INTERNATIONAL VISION AND DENTAL

International Vision and Dental pays for the *beneficiary's* routine eye examination and pays costs for spectacles and lenses. It also covers a wide range of preventative, routine and major dental *treatments*.

VISION CARE

	Silver	Gold	Platinum
Eye examination Maximum per <i>beneficiary</i> per <i>period of cover</i> .	\$100 €75 £65	\$200 €150 £130	Paid in full
<ul style="list-style-type: none"> › We will pay for one routine eye examination per <i>period of cover</i>, to be carried out by either an ophthalmologist or optometrist. › We will not pay for more than one eye examination in any one <i>period of cover</i>. 			

	Silver	Gold	Platinum
Expenses for: <ul style="list-style-type: none"> › Spectacle lenses; › Contact lenses; › Spectacle frames; › Prescription sunglasses; when all are prescribed by an optometrist or ophthalmologist.	\$155 €125 £100	\$155 €125 £100	\$310 €245 £200
Up to the maximum amount shown per <i>period of cover</i> .			
<ul style="list-style-type: none"> › We will not pay for: <ul style="list-style-type: none"> • sunglasses, unless medically prescribed, by an ophthalmologist or optometrist; • glasses or lenses which are not <i>medically necessary</i> or not prescribed by an ophthalmologist or optometrist; or • <i>treatment</i> or <i>surgery</i>, including <i>treatment</i> or <i>surgery</i> which aims to correct eyesight, such as laser eye surgery, refractive keratotomy (RK) or photorefractive keratectomy (PRK). › A copy of a prescription or invoice for corrective lenses will need to be provided to <i>us</i> in support of any claim for frames. 			

DENTAL TREATMENT

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover	\$1,250 €930 £830	\$2,500 €1,850 £1,650	\$5,500 €4,300 £3,500

Preventative dental treatment After the <i>beneficiary</i> has been covered on this option for 3 months.	Silver Paid in full	Gold Paid in full	Platinum Paid in full
<p>› We will pay for the following preventative <i>dental treatment</i> recommended by a <i>dentist</i> after a <i>beneficiary</i> has had International Vision and Dental cover for at least 3 months:</p> <ul style="list-style-type: none"> • two dental check-ups per <i>period of cover</i>; • X-rays, including bitewing, single view, and orthopantomogram (OPG); • scaling and polishing including topical fluoride application when necessary (two per <i>period of cover</i>); • one mouth guard per <i>period of cover</i>; • one night guard per <i>period of cover</i>; and • Fissure sealant. 			
Routine dental treatment After the <i>beneficiary</i> has been covered on this option for 3 months.	Silver 80% refund per <i>period of cover</i>	Gold 90% refund per <i>period of cover</i>	Platinum Paid in full
<p>› We will pay <i>treatment</i> costs for the following routine <i>dental treatment</i> after the <i>beneficiary</i> has had International Vision and Dental cover for at least 3 months (if that <i>treatment</i> is necessary for continued <i>oral health</i> and is recommended by a <i>dentist</i>):</p> <ul style="list-style-type: none"> • root canal <i>treatment</i>; • extractions; • surgical procedures; • occasional <i>treatment</i>; • anaesthetics; and • periodontal <i>treatment</i>. 			
Major restorative dental treatment After the <i>beneficiary</i> has been covered on this option for 12 months.	Silver 70% refund per <i>period of cover</i>	Gold 80% refund per <i>period of cover</i>	Platinum Paid in full
<p>› We will pay <i>treatment</i> costs for the following major restorative <i>dental treatments</i> after the <i>beneficiary</i> has had International Vision and Dental cover for at least 12 months:</p> <ul style="list-style-type: none"> • dentures (acrylic/synthetic, metal and metal/acrylic); • crowns; • inlays; and • placement of dental implants. <p>› If a <i>beneficiary</i> needs major restorative <i>dental treatment</i> before they have had International Vision and Dental cover for 12 months, we will pay 50% of the <i>treatment</i> costs.</p>			
Orthodontic treatment After the <i>beneficiary</i> has been covered on this options for 2 consecutive years.	Silver 40% refund per <i>period of cover</i>	Gold 50% refund per <i>period of cover</i>	Platinum 50% refund per <i>period of cover</i>
<p>› We will pay for orthodontic <i>treatment</i> for <i>beneficiaries</i> aged 18 years old or younger, if they have had International Vision and Dental cover for at least 24 months.</p> <p>› We will only pay for orthodontic <i>treatment</i> if:</p> <ul style="list-style-type: none"> • the <i>dentist</i> or orthodontist who is going to provide the <i>treatment</i> provides us, in advance, with a detailed description of the proposed <i>treatment</i> (including X-rays and models), and an estimate of the cost of <i>treatment</i>; and • we have approved the <i>treatment</i> in advance. 			

Other dental treatment

If a *beneficiary* requires a form of *dental treatment* which is not provided for in this *Customer Guide*, they may contact *us* (before the *treatment* is received) to enquire whether *we* will provide cover for that *treatment*. *We* will consider the request, and will decide, at our discretion:

- whether *we* will pay for the *treatment*;
- if so, whether *we* will pay all or part of the cost; and
- which of the areas of cover it will come within (for the purposes of calculating when limits of cover are reached).
- prior approval should be obtained before any *treatment* is received.

Dental exclusions

The following exclusions apply to *dental treatment*, in addition to those set out elsewhere in this *policy* and in your *Certificate of Insurance*.

- › We will not pay for:
 - Purely *cosmetic* treatments, or other treatments which are not necessary for continued or improved *oral health*.
 - The replacement of any dental appliance which is lost or stolen, or associated *treatment*.
 - The replacement of a bridge, crown or denture which (in the reasonable opinion of a *dentist* of ordinary competence and skill in the *beneficiary's country of habitual residence*) is capable of being repaired and made usable.
 - The replacement of a bridge, crown or denture within five years of its original fitting unless:
 - it has been damaged beyond repair, whilst in use, as a result of a *dental injury* suffered by the *beneficiary* whilst they are covered under this *policy*; or
 - the replacement is necessary because the *beneficiary* requires the extraction of a *sound natural tooth/teeth*; or
 - the replacement is necessary because of the placement of an original opposing full denture.
 - Acrylic or porcelain veneers.
 - Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:
 - they are constructed of either porcelain; bonded-to-metal or metal alone (for example, a gold alloy crown); or
 - a temporary crown or pontic is necessary as part of routine or emergency *dental treatment*.
 - *Treatments*, procedures and materials which are experimental or do not meet generally accepted dental standards.
 - *Treatment* for dental implants directly or indirectly related to:
 - failure of the implant to integrate;
 - breakdown of osseointegration;
 - peri-implantitis;
 - replacement of crowns, bridges or dentures; or
 - any accident or *emergency treatment* including for any prosthetic device.
 - Advice relating to plaque control, oral hygiene and diet.
 - Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
 - Medical *treatment* carried out in *hospital* by an oral *specialist* may be covered under International Medical Insurance plan and/or International Outpatient, if this option has been bought, except when *dental treatment* is the reason for *you* being in *hospital*.
 - Orthodontic *treatment* for anyone after their 19th birthday.
 - Bite registration, precision or semi-precision attachments.
 - Any *treatment*, procedure, appliance or restoration (except full dentures) if its main purpose is to:
 - change vertical dimensions; or
 - diagnose or treat conditions or dysfunction of the temporomandibular joint; or
 - stabilise periodontally involved teeth; or
 - restore occlusion.



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Details of the *Cigna* company who provides the cover under *your policy* can be found in *your Policy Rules* and on your *Certificate of Insurance*.

Together, all the way.SM



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