

## Benefit Schedule Indonesia WorldCare Essential - Individuals and families Plan

Benefit	Essential
<b>Annual Maximum Plan Limit</b> 24/7 helpline and assistance services available on all Plans	USD 3m
<p><b>1. Maintenance of Chronic Medical Conditions:</b></p> <p>Maintenance of chronic <b>Medical Conditions</b> such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, <b>Drugs and Dressings</b> and/or tests up to the <b>Benefit</b> limits following <b>Your Entry Date</b>. This <b>Benefit</b> does not cover renal failure and dialysis. Claims for this will fall under <b>Benefit 6</b>. Claims for <b>Cancer</b> will fall under <b>Benefit 8</b>.</p>	<p>▶ Not covered</p>
<p><b>2. Hospital Charges, Medical Practitioner and Specialist Fees:</b></p> <p>i) Charges for <b>In-Patient</b> or <b>Day-Patient Treatment</b> made by a <b>Hospital</b> including charges for accommodation (ward/semi-private or private); <b>Diagnostic Tests</b>; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a <b>Qualified Nurse</b>; <b>Drugs and Dressings</b> prescribed by a <b>Medical Practitioner</b> or <b>Specialist</b>; and surgical appliances used by the <b>Medical Practitioner</b> during surgery. This includes pre and post-operative consultations while an <b>In-Patient</b> or <b>Day-Patient</b> and includes charges for intensive care.</p> <p>ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an <b>Eligible Medical Condition</b> which required <b>In-Patient</b> or <b>Day-Patient Hospital Treatment</b>.</p>	<p>(i) ▶ Full refund <b>Pre-Authorisation for (i)</b> 📄</p> <p>(ii) ▶ Up to USD 1,500 per <b>Medical Condition</b></p>
<p><b>3. Diagnostic Procedures:</b></p> <p><b>Medically Necessary</b> diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an <b>In-Patient</b>, <b>Day-Patient</b> or <b>Out-Patient</b>.</p>	<p><b>Pre-Authorisation for PET</b> 📄</p> <p>▶ Full refund</p>
<p><b>4. Emergency Ambulance Transportation:</b></p> <p><b>Emergency</b> road ambulance transport costs to or between <b>Hospitals</b>, or when considered <b>Medically Necessary</b> by a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>	<p>▶ Full refund</p>
<p><b>5. Parent Accommodation:</b></p> <p>The cost of one parent staying in <b>Hospital</b> overnight with an <b>Insured Person</b> under 18 years old while the child is admitted as an <b>In-Patient</b> for <b>Eligible Treatment</b>.</p>	<p>▶ Full refund</p>
<p><b>6. Renal Failure and Renal Dialysis:</b></p> <p>i) <b>Treatment</b> of renal failure, including renal dialysis on an <b>In-Patient</b> basis.</p> <p>ii) <b>Treatment</b> of renal failure, including renal dialysis on a <b>Day-Patient</b> or <b>Out-Patient</b> basis.</p>	<p>(i) ▶ Full refund for <b>In-Patient</b> pre and post-operative care</p> <p>(ii) ▶ Not covered</p>
<p><b>7. Organ Transplant:</b></p> <p>i) <b>Treatment</b> for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the <b>Insured Person</b> as a recipient.</p> <p>In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under <b>Benefit 12</b> but excluded from <b>Benefit 7 – Organ Transplant</b>.</p> <p>ii) Medical costs associated with the donor as an <b>In-Patient</b> or <b>Day-Patient</b>, with the exception of the cost of the donor organ search.</p> <p>We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with <b>WHO</b> guidelines.</p>	<p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 50,000 per <b>Period of Cover</b></p>
<p><b>8. Cancer Treatment:</b></p> <p><b>Treatment</b> given for <b>Cancer</b> received as an <b>In-Patient</b>, <b>Day-Patient</b> or <b>Out-Patient</b>. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</p>	<p>▶ Full refund</p>

▶ Full refund   ▶ Not covered   ▶ Subject to limits   ▶ Optional

\*The maximum annual **Plan** limit in Singapore is USD 4.5m per **Period of Cover**.

Benefit	Essential
<p><b>9. Pregnancy and Childbirth Medical Conditions:</b></p> <p><i>In-Patient Treatment</i> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• hydatidiform mole (abnormal cell growth in the womb)</li> <li>• retained placenta (afterbirth retained in the womb)</li> <li>• placenta praevia</li> <li>• eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• failure to progress in labour</li> </ul>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>10. New Born Cover:</b></p> <p><i>In-Patient Treatment</i> of premature birth (i.e. prior to age 37 weeks gestation) or an <b>Acute Condition</b> being suffered by a <b>New Born</b> baby of an <b>Insured Person</b> which manifests itself within 30 days following birth. Provided that the <b>New Born</b> baby is added to the <b>Plan</b> within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 100,000 per <b>Period of Cover</b></p>
<p><b>11. Hospital Accommodation for New Born Accompanying their Mother:</b></p> <p><i>Hospital Accommodation</i> costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b>) while she is receiving <b>Eligible Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b>.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>12. Congenital Disorder:</b></p> <p><i>In-Patient Treatment</i> for a <b>Congenital Disorder</b>. In circumstances where a <b>Congenital Disorder</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>Benefit 10</b> but excluded from <b>Benefit 12 – Congenital Disorders</b>.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 100,000 per <b>Period of Cover</b></p>
<p><b>13. Reconstructive Surgery:</b></p> <p>Reconstructive surgery required to restore natural function or appearance following an <b>Accident</b> or following a <b>Surgical Procedure</b> for an <b>Eligible Medical Condition</b>, which occurred after an <b>Insured Person's Entry Date</b> or <b>Start Date</b> whichever is later.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>14. Rehabilitation:</b></p> <p>On the advice of a <b>Specialist</b> as an integral part of <b>Treatment</b> for a <b>Medical Condition</b> necessitating admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b>. Where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days, and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from <b>Hospital</b>. Such <b>Treatment</b> should be under the direct supervision and control of a <b>Specialist</b> and would cover:</p> <ol style="list-style-type: none"> <li>Use of special <b>Treatment</b> rooms</li> <li>Physical therapy fees</li> <li>Speech therapy fees</li> <li>Occupational therapy fees</li> </ol>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund for <b>Eligible In-Patient Treatment</b> only up to 30 days per <b>Medical Condition</b></p>
<p><b>15. In-Patient Emergency Dental Treatment:</b></p> <p>This means <b>Emergency</b> restorative dental <b>Treatment</b> required to sound, natural teeth following an <b>Accident</b> which necessitates <b>Your</b> admission to <b>Hospital</b> for at least one night.</p> <p>The dental <b>Treatment</b> must be received within 10 days of the <b>Accident</b>. This <b>Benefit</b> covers all costs incurred for <b>Treatment</b> made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> <li>• If the <b>Treatment</b> involves replacing a crown, bridge facing, veneer or denture, <b>We</b> will pay only the reasonable and customary cost of a replacement of similar type or quality</li> <li>• If implants are clinically needed <b>We</b> will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead</li> <li>• Damage to dentures providing they were being worn at the time of the injury</li> </ul>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>16. In-Patient Psychiatric Treatment:</b></p> <p><i>In-Patient Treatment</i> in a recognised <b>Psychiatric</b> unit of a <b>Hospital</b>. All <b>Treatment</b> must be administered under the direct control of a Registered Psychiatrist.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Pre-Authorisation 📄</p> <p style="text-align: center;">Full Refund limited to 30 days per <b>Period of Cover</b></p>

Benefit	Essential
<p><b>17. Terminal Illness:</b></p> <p><i>Palliative and Hospice Care: On diagnosis of a <b>Terminal</b> illness, costs for any <b>In-Patient, Day-Patient</b> or <b>Out-Patient Treatment</b> given on the advice of a <b>Medical Practitioner</b> or <b>Specialist</b> for the purpose of offering temporary relief of symptoms. Charges for <b>Hospital</b> or hospice accommodation, nursing care by a <b>Qualified Nurse</b> and prescribed <b>Drugs and Dressings</b> are covered.</i></p>	<p>▶</p> <p><b>Eligible In-Patient and Day-Patient Treatment</b> only up to USD 50,000 lifetime limit</p>
<p><b>18. Emergency Non-Elective Treatment USA Cover:</b></p> <p><i>For planned trips up to 30 days of duration. <b>Treatment</b> by a <b>Medical Practitioner</b> or <b>Specialist</b> starting within 24 hours of the <b>Emergency</b> event, required as a result of an <b>Accident</b> or the sudden beginning of a severe illness resulting in a <b>Medical Condition</b> that presents an immediate threat to the <b>Insured Person's</b> health.</i></p> <p><i>Charges relating to routine <b>Pregnancy</b> and <b>Pregnancy and Childbirth Medical Conditions</b> are specifically excluded from this <b>Benefit</b>.</i></p>	<p>▶</p> <p><b>Accident:</b> Full refund for <b>Accident</b> requiring <b>In-Patient</b> and <b>Day-Patient</b> care</p> <p>▶</p> <p><b>Illness:</b> <b>In-Patient</b> and <b>Day-Patient</b> care up to USD 25,000 per <b>Period of Cover</b></p> <p><b>Out-Patient Treatment</b> in an <b>Accident and Emergency Department</b> in a <b>Hospital</b> up to USD 500 per <b>Period of Cover</b></p>
<p><b>19. Evacuation and Repatriation:</b></p> <p><b>Evacuation</b></p> <p><i>Arrangements will be made to move an <b>Insured Person</b> who has a critical, life-threatening <b>Eligible Medical Condition</b> to the nearest medical facility for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b>.</i></p> <p><i>Reasonable expenses for:</i></p> <ul style="list-style-type: none"> <li><i>i) Transportation costs of an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> and <b>Medically Necessary</b> transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.</i></li> <li><i>ii) Reasonable local travel costs to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</i></li> <li><i>iii) Reasonable travel costs for a locally-accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</i></li> <li><i>iv) Reasonable costs for non-<b>Hospital Accommodation</b> only for immediate pre and post-<b>Hospital</b> admission periods provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</i></li> </ul> <p><i>Costs of <b>Evacuation</b> do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.</i></p> <p><i><b>Our</b> medical advisers will decide the most appropriate method of transportation for the <b>Evacuation</b> and this <b>Benefit</b> will not cover travel if it is against the advice of <b>Our</b> medical advisers or where the medical facility does not have appropriate facilities to treat the <b>Eligible Medical Condition</b>.</i></p> <p><b>Repatriation</b></p> <p><i>An economy class airfare ticket to return the <b>Insured Person</b> and a locally-accompanying person who has travelled as an escort to the site of <b>Treatment</b> or the <b>Insured Person's</b> principal <b>Country of Nationality</b> or principal <b>Country of Residence</b>, as long as the journey is made within one month of completion of <b>Treatment</b>.</i></p> <p><i>Charges relating to routine <b>Pregnancy</b> and <b>Pregnancy and Childbirth Medical Conditions</b> are specifically excluded from this <b>Benefit</b>.</i></p>	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> <li><i>(i)</i> ▶ Full refund</li> <li><i>(ii)</i> ▶ Full refund</li> <li><i>(iii)</i> ▶ Full refund</li> <li><i>(iv)</i> ▶ Up to USD 200 per day Up to USD 7,500 per person, per <b>Evacuation</b></li> </ul> <p>Pre-Authorisation 📄</p> <p>▶ Full refund</p>
<p><b>20. Mortal Remains:</b></p> <p><i>In the event of death from an <b>Eligible Medical Condition</b>, <b>Reasonable and Customary Charges</b> for:</i></p> <ul style="list-style-type: none"> <li><i>i) Costs of transportation of body or ashes of an <b>Insured Person</b> to his/her <b>Country of Nationality</b> or <b>Country of Residence</b>, or</i></li> <li><i>ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.</i></li> </ul>	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> <li><i>(i)</i> ▶ Full refund</li> <li><i>(ii)</i> ▶ Up to USD 10,000</li> </ul>

Benefit	Essential
<p><b>21. Hospital Cash Benefit:</b></p> <p><i>This <b>Benefit</b> is payable for each night an <b>Insured Person</b> receives <b>In-Patient Treatment</b> and only if an <b>Insured Person</b> is admitted for <b>In-Patient Treatment</b> before midnight, and the <b>Treatment</b> is received free of charge that would have otherwise been <b>Eligible for Benefit</b> privately under this <b>Plan</b>. Cover under this <b>Benefit</b> is limited to a maximum of 30 nights per <b>Period of Cover</b>. For this <b>Benefit</b> exclusion 5.8 does not apply.</i></p>	<p style="text-align: right;">▶ USD 125 per night</p>
<p><b>22. Out-Patient Charges:</b></p> <p>i) <b>Medical Practitioner</b> fees including consultations; <b>Specialist</b> fees; <b>Diagnostic Tests</b>; prescribed <b>Drugs and Dressings</b>.</p> <p>ii) <b>Physiotherapy</b> by a Registered <b>Physiotherapist</b>, when referred by a <b>Medical Practitioner</b>, or <b>Specialist</b>.</p>	<p>(i) ▶ Pre-operative consultation within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from <b>Hospital</b> Up to max USD 2,000 per <b>Medical Condition</b> per <b>Period of Cover</b></p> <p>(ii) ▶ Not covered</p>
<p><b>23. Day-Patient or Out-Patient Surgery:</b></p> <p><i><b>Treatment</b> costs for a <b>Surgical Procedure</b> performed in a surgery, <b>Hospital</b>, day-care facility or <b>Out-Patient</b> department. Any pre or post-operative consultations are payable under <b>Benefit 22 – Out-Patient</b> charges.</i></p>	<p style="text-align: right;">▶ Full refund</p>
<p><b>24. Out Patient Psychiatric Illness:</b></p> <p><i><b>Out-Patient Treatment</b> administered under the direct control of a Registered Psychiatrist when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>.</i></p>	<p style="text-align: right;">▶ Not covered</p>
<p><b>25. Alternative Therapies:</b></p> <p>i) Complementary medicine and <b>Treatment</b> by a therapist, when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>. This <b>Benefit</b> extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture <b>Treatment</b>.</p> <p>ii) <b>Out-Patient Treatment</b> for therapies administered by a recognised traditional Chinese <b>Medical Practitioner</b> or an Ayurvedic <b>Medical Practitioner</b>.</p> <p><i>We do not cover charges for general chiropody or podiatry. For this <b>Benefit</b> the <b>Plan Out-Patient Per Visit Excess</b> does not apply.</i></p>	<p>(i) ▶ Not covered</p> <p>(ii) ▶ Not covered</p>
<p><b>26. Nursing Care at Home:</b></p> <p>i) Care given by <b>Qualified Nurse</b> in the <b>Insured Person's</b> own home, which is immediately received subsequent to <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> on the recommendation of a <b>Medical Practitioner</b> or <b>Specialist</b>.</p> <p>ii) <b>Emergency Medical Practitioner (GP)</b> home visits out of normal clinic hours.</p>	<p><b>Pre-Authorisation</b> 📞</p> <p>(i) ▶ Up to USD 100 per day, up to 30 days per <b>Medical Condition</b></p> <p>(ii) ▶ Not covered</p>
<p><b>27. AIDS:</b></p> <p><i>Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupational <b>Accident*</b> or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, <b>Drugs and Dressings</b> (except experimental or those unproven), <b>Hospital Accommodation</b> and nursing fees.</i></p> <p>* For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the <b>Entry Date</b> or <b>Start Date</b>, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the <b>Insured Person's</b> occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational <b>Accident</b>.</p> <p>** As long as the blood transfusion was received as an <b>In-Patient</b> as part of <b>Medically Necessary Treatment</b>.</p> <p><b>Waiting Period:</b> Cover only available after three years of continuous membership.</p>	<p><b>Pre-Authorisation</b> 📞</p> <p style="text-align: right;">▶</p> <p><b>Eligible In-Patient and Day-Patient Treatment</b> only up to USD 25,000 per <b>Period of Cover</b></p>

Options to Core Benefits	Essential
<p><b>28. USA Elective Treatment:</b></p> <ul style="list-style-type: none"> <li>i) Costs associated with <b>Eligible In-Patient Treatment</b> and <b>Day-Patient Treatment</b> in the USA will be paid in full where <b>Treatment</b> is received in the <b>Provider Network</b>.</li> <li>ii) Costs associated with <b>Eligible Out-Patient Treatment</b> in the USA will be paid in full where <b>Treatment</b> is received in the <b>Provider Network</b>.</li> </ul> <p><b>Treatment</b> that is not received in the <b>Provider Network</b> will be subject to a 50% <b>Co-Insurance</b>.</p>	<p><b>Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment</b> 🚫</p> <p>Optional Up to USD 1.5m per <b>Insured Person</b> per <b>Period of Cover</b></p>
<p><b>29. Out-Patient Charges:</b></p> <ul style="list-style-type: none"> <li>i) <b>Medical Practitioner</b> fees including consultation, <b>Specialist</b> fees, <b>Diagnostic Tests</b>, prescribed <b>Drugs and Dressings</b>.</li> <li>ii) <b>Physiotherapy</b> by a registered <b>Physiotherapist</b>, when referred by a <b>Medical Practitioner</b>, or <b>Specialist</b>.</li> </ul> <p>Any pre-operative and post-hospitalisation consultations are payable under this <b>Benefit</b>. This <b>Benefit</b> replaces <b>Benefit 22 – Out-Patient Charges</b>.</p> <p>Please note that if this option is chosen, the only <b>Plan Deductible</b> options that can be chosen are USD 1,000, USD 2,500 or USD 5,000.</p> <p>If <b>You</b> choose an optional <b>Deductible</b>, <b>You</b> must also select a <b>Co-Insurance Out-Patient Treatment</b> option.</p>	<p>Optional (i) Up to USD 4,500 per <b>Period of Cover</b></p> <p>Optional (ii) Full refund up to a maximum 10 sessions per <b>Period of Cover</b></p>
<p><b>30. Out-Patient Charges Option 2:</b></p> <ul style="list-style-type: none"> <li>i) <b>Medical Practitioner</b> fees including consultation, <b>Specialist</b> fees, <b>Diagnostic Tests</b> and cost associated with Maintenance of chronic <b>Medical Conditions</b>, prescribed <b>Drugs and Dressings</b>.</li> <li>ii) <b>Physiotherapy</b> by a registered <b>Physiotherapist</b>, when referred by a <b>Medical Practitioner</b>, or <b>Specialist</b>.</li> </ul> <p>Any pre-operative and post-hospitalisation consultations are payable under this <b>Benefit</b>. This <b>Benefit</b> replaces <b>Benefit 22 – Out-Patient Charges</b>.</p> <p>Please note that if this option is chosen, the only <b>Plan Deductible</b> options that can be chosen are USD 1,000, USD 2,500 or USD 5,000.</p> <p>If <b>You</b> choose an optional <b>Deductible</b>, <b>You</b> must also select a <b>Co-Insurance Out-Patient Treatment</b> option.</p>	<p>Optional (i) Up to USD 4,500 per <b>Period of Cover</b></p> <p>Optional (ii) Full refund up to a maximum 10 sessions per <b>Period of Cover</b></p>
<p><b>31. Co-Insurance Out-Patient Treatment:</b></p> <p>A 10% <b>Co-Insurance</b> will apply to all <b>Eligible Out-Patient Treatment</b>. Should <b>Your Plan</b> include the <b>Maternity, Dental care or Wellness, Optical and Vaccinations Benefits</b>, any applicable <b>Co-Insurance</b> will be detailed in <b>Your Benefit Schedule</b>.</p> <p>Please note that the <b>Co-Insurance</b> will not apply to <b>Treatment</b> relating to <b>Renal dialysis/ Renal failure, Cancer or Organ Transplants</b>.</p>	<p>Optional</p>
<p><b>32. Co-Insurance Out-Patient Treatment Option 2:</b></p> <p>A 20% <b>Co-Insurance</b> will apply to all <b>Eligible Out-Patient Treatment</b>. Should <b>Your Plan</b> include the <b>Maternity, Dental care or Wellness, Optical and Vaccinations Benefits</b>, any applicable <b>Co-Insurance</b> will be detailed in <b>Your Benefit Schedule</b>.</p> <p>Please note that the <b>Co-Insurance</b> will not apply to <b>Treatment</b> relating to <b>Renal dialysis/ Renal failure, Cancer or Organ Transplants</b>.</p>	<p>Optional</p>
<p><b>33. Hospital room restriction for residents in Indonesia and Singapore:</b></p> <p>As described in <b>Benefit 2. i)</b>, but with a restriction to limit the <b>Hospital</b> accommodation to ward or semi-private for <b>Hospital</b> admission in Indonesia and Singapore.</p> <p>Choosing this option means that <b>Hospital</b> rooms will be restricted to ward or semi-private in Indonesia and Singapore. <b>Hospital</b> rooms outside Indonesia and Singapore remain at standard private level.</p>	<p>Optional</p>

## Options to Core Benefits

### 34. Extended Evacuation and Repatriation:

#### Evacuation

Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **Country of Residence**, **Country of Nationality** or the **Insured Member's** country of choice for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.

Reasonable expenses for:

- i) Transportation costs of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.
- ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.
- iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.
- iv) Reasonable costs for non-**Hospital** Accommodation only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.

Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

The **Insured Member's** country of choice is subject to the availability of the appropriate medical facilities being in place. **Our** medical advisers will determine whether the selected country has the suitable medical facility to treat the **Insured Member's Eligible Medical Condition**. **Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.

#### Repatriation

An economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**. Reasonable cost of the above will be paid in full.

Charges relating to routine **Pregnancy** and **Pregnancy and Childbirth Medical Conditions** are specifically excluded from this **Benefit**.


## Essential

#### Pre-Authorisation

(i)  Full refund

(ii)  Full refund

(iii)  Full refund

(iv)  Up to USD 200 per day  
Up to USD 7,500 per person, per **Evacuation**

#### Pre-Authorisation

 Full refund

## Deductible Options

## Essential

#### Standard Deductible

Nil

#### Optional Deductible:

Please note:

**Deductibles** would apply to any **Medically Necessary Treatment** required under **Benefit 19** and **Benefit 34**.

USD 1,000

USD 2,500

USD 5,000

USD 10,000

USD 15,000