

## Benefit Schedules

Benefit	Essential	Advance	Apex
<b>Annual Maximum Group Plan Limit</b>	<b>USD 3m/EUR 2.4m/ GBP 1.9m</b>	<b>USD 3.5m/EUR 2.8m/ GBP 2.2m</b>	<b>USD 4.5m/EUR 3.6m/ GBP 2.8m</b>
<b>1. Maintenance of Chronic Medical Conditions</b>	<i>Not covered</i>	<i>Up to USD 15,000/ EUR 12,000/GBP 9,375</i>	<i>Full refund</i>
<b>2. Hospital Charges, Medical Practitioner and Specialist Fees</b>			
<i>i) Hospital charges for in-patient and day-patient treatment</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>
<i>ii) Related ancillary charges</i>	<i>(ii) Up to USD 1,500/ EUR 1,200/GBP 930 per medical condition</i>	<i>(ii) Up to USD 1,500/ EUR 1,200/GBP 930 per medical condition</i>	<i>(ii) Up to USD 2,500/ EUR 2,000/GBP 1,550 per medical condition</i>
<b>3. Diagnostic Procedures</b>	<i>Full refund for in- patient pre and post- operative scans</i>	<i>Full refund</i>	<i>Full refund</i>
<b>4. Emergency Ambulance Transportation</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>
<b>5. Parent Accommodation</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>
<b>6. Renal Failure and Renal Dialysis</b>	<i>Up to six weeks full refund for in-patient pre and post-operative care</i>	<i>Up to USD 10,000/ EUR 8,000/GBP 6,250</i>	<i>Up to USD 75,000/ EUR 60,000/GBP 46,875</i>
<b>7. Organ Transplant</b>			
<i>i) Treatment</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>
<i>ii) Donor medical costs</i>	<i>(ii) Up to USD 50,000/ EUR 40,000/GBP 31,250</i>	<i>(ii) Up to USD 50,000/ EUR 40,000/GBP 31,250</i>	<i>(ii) Up to USD 50,000/ EUR 40,000/GBP 31,250</i>
<b>8. Cancer Treatment</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>

<b>9. Pregnancy and Childbirth Medical Conditions</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>
<b>10. New Born Cover</b>	<i>Up to USD 100,000/ EUR 80,000/GBP 62,500</i>	<i>Up to USD 100,000/ EUR 80,000/GBP 62,500</i>	<i>Up to USD 150,000/ EUR 120,000/GBP 93,750</i>
<b>11. Hospital Accommodation for New Born Accompanying their Mother</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>
<b>12. Congenital Disorder</b>	<i>Up to USD 100,000/ EUR 80,000/GBP 62,500</i>	<i>Up to USD 100,000/ EUR 80,000/GBP 62,500</i>	<i>Up to USD 150,000/EUR 120,000/GBP 93,750</i>
<b>13. Reconstructive Surgery</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>
<b>14. Rehabilitation</b>	<i>Full refund for eligible in-patient treatment only up to 30 days per medical condition</i>	<i>Full refund for up to 180 days per medical condition</i>	<i>Full refund</i>
<b>15. In-Patient Emergency Dental Treatment</b>	<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>
<b>16. In-Patient Psychiatric Treatment</b>	<i>Full refund for up to 30 days</i>	<i>Full refund for up to 30 days</i>	<i>Full refund for up to 30 days</i>
<b>17. Terminal Illness</b>	<i>In-patient and day- patient treatment up to USD 50,000/EUR 40,000/ GBP 31,250 lifetime limit</i>	<i>Up to USD 50,000/ EUR 40,000/GBP 31,250 lifetime limit</i>	<i>Up to USD 100,000/ EUR 80,000/GBP 62,500 lifetime limit</i>

**18. Emergency Non-Elective Treatment USA Cover**

<p><i>Full refund for accident requiring in-patient or day-patient care Illness: up to USD 25,000/ EUR 20,000/GBP 15,625</i></p>	<p><i>Full refund for accident Illness: Up to USD 25,000/ EUR 20,000/GBP 15,625</i></p>	<p><i>Full refund for accident Illness: Up to USD 50,000/ EUR 40,000/GBP 31,250</i></p>
--	---	---

**19. Evacuation and Repatriation**

*Evacuation*

*i) Transportation costs*

*ii) Reasonable local travel costs to and from medical appointments*

*iii) Reasonable travel costs for a locally-accompanying person*

*iv) Non-hospital accommodation costs*

*Repatriation to country of residence or nationality following treatment*

<i>(i) Full refund</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>
<i>(ii) Full refund</i>	<i>(ii) Full refund</i>	<i>(ii) Full refund</i>
<i>(iii) Full refund</i>	<i>(iii) Full refund</i>	<i>(iii) Full refund</i>
<i>(iv) Up to USD 200/EUR 160/ GBP 125 per day, up to USD 7,500/EUR 6,000/ GBP 4,600 per person, per evacuation</i>	<i>(iv) Up to USD 200/EUR 160/ GBP 125 per day, up to USD 7,500/EUR 6,000/ GBP 4,600 per person, per evacuation</i>	<i>(iv) Up to USD 300/EUR 240/ GBP 185 per day, up to USD 10,000/EUR 8,000/ GBP 6,250 per person, per evacuation</i>
<i>Full refund</i>	<i>Full refund</i>	<i>Full refund</i>

**20. Mortal Remains**

***i) Transportation of body or ashes of insured person to country of residence or country of nationality***

***ii) Burial or cremation costs at the place of death***

<i>(i) Full refund</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>
<i>(ii) Up to USD 10,000/ EUR 8,000/GBP 6,250</i>	<i>(ii) Up to USD 10,000/ EUR 8,000/GBP 6,251</i>	<i>(ii) Up to USD 20,000/ EUR 16,000/GBP 12,500</i>

<b>21. Hospital Cash Benefit</b>	USD 125/EUR 100/GBP 75 per night	USD 175/EUR 140/GBP 105 per night	USD 275/EUR 220/GBP 165 per night
<b>22. Out-Patient Charges</b>			
<i>i) Medical practitioner fees</i>	<i>(i) Pre-operative consultations and diagnostic procedures 15 days from admission and post hospitalisation to max USD 2,000/EUR 1,600/GBP 1,250 or 30 days per medical condition</i>	<i>(i) Full refund</i>	<i>(i) Full refund</i>
<i>ii) Physiotherapy</i>	<i>(ii) Not covered</i>	<i>(ii) Full refund up to 30 sessions</i>	<i>(ii) Full refund</i>
<b>23. Day-Patient and Out-Patient Surgery</b>	Full refund	Full refund	Full refund
<b>24. Out-Patient Psychiatric Illness</b>	Not covered	Up to USD 2,500/EUR 2,000/GBP 1,550	Up to USD 7,500/ EUR 6,000/GBP 4,600
<b>25. Alternative Therapies</b>	Not covered	Full refund up to a maximum of 30 visits	Full refund
<b>26. Nursing Care at Home</b>			
<i>i) Care given by a qualified nurse</i>	<i>(i) Not covered</i>	<i>(i) Full refund up to 45 days per medical condition</i>	<i>(i) Full refund up to 120 days per medical condition</i>
<i>ii) Emergency out-of-hours medical practitioner (GP) home visits</i>	<i>(ii) Not covered</i>	<i>(ii) Not covered</i>	<i>(ii) Up to five visits</i>

<p><b>27. AIDS</b></p> <p><i>Cover only available after three years of continuous membership</i></p>	<p><i>In-patient and day-patient treatment only up to USD 25,000/EUR 20,000/ GBP 15,625</i></p>	<p><i>Up to USD 25,000/ EUR 20,000/GBP 15,625</i></p>	<p><i>Up to USD 50,000/ EUR 40,000/GBP 31,250</i></p>
<p><b>28. Maternity</b></p> <p><i>Costs incurred within 12 months of plan start date are excluded</i></p>	<p><i>Not covered</i></p>	<p><i>Not covered</i></p>	<p><i>Up to USD 15,000/ EUR 12,000/GBP 9,375</i></p>
<p><b>29. Dental Care</b></p> <p><i>i) Routine dental treatment</i></p> <p><i>ii) Complex dental treatment</i></p> <p><i>Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies. Orthodontics subject to 50% co-insurance.</i></p>	<p><i>(i) Not covered</i></p> <p><i>(ii) Not covered</i></p>	<p><i>(i) Not covered</i></p> <p><i>(ii) Not covered</i></p>	<p><i>(i) Up to USD 1,500/ EUR 1,200/GBP 930</i></p> <p><i>(ii) Up to USD 3,000/ EUR 2,400/GBP 1,875</i></p>
<p><b>Additional options</b></p> <p><b>30. USA Elective Treatment</b></p>	<p><i>Optional</i></p> <p><i>Up to USD 1.5m/ EUR 1.2m/GBP 937,500</i></p>	<p><i>Optional</i></p> <p><i>Up to USD 1.5m/ EUR 1.2m/GBP 937,500</i></p>	<p><i>Optional</i></p> <p><i>Up to USD 1.5m/EUR 1.2m/GBP 937,500</i></p>
<p><b>34. Wellness, Optical and Vaccinations</b></p>	<p><i>Not Covered</i></p>	<p><i>Combined limit up to USD 500/EUR 400/GBP 312</i></p>	<p><i>Combined limit up to USD 500/EUR 400/GBP 312</i></p>
<p><b>Excess</b></p>	<p><i>Nil</i></p>	<p><i>USD 100/EUR 80/GBP 60</i></p>	<p><i>USD 100/EUR 80/GBP 60</i></p>