

Benefit	PLATINUM PLAN
<b>TOTAL ANNUAL BENEFIT LIMIT PER INSURED PERSON</b>	
The overall maximum limit to the amount that <b>you</b> can <b>claim</b> during any one <b>period of cover</b> .	£1,562,500 or \$2,500,000 or €1,875,000
<b>IN-PATIENT &amp; DAY-PATIENT TREATMENT</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL BENEFITS INCLUDED IN THIS SECTION</i>	
<b>Hospital accommodation charges</b> limited to the cost of a standard single room with an en-suite bath or shower room, when <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> .  <b>Treatment you</b> receive whilst <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> , including surgeons' anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, theatre charges and intensive care, pathology, x-rays, scans, <b>diagnostic tests</b> and physiotherapy.	Full Refund
<b>Parent accommodation charges</b> The cost of one parent staying in <b>hospital</b> with a child under 18 years old while the child is receiving eligible <b>treatment</b> covered by their <b>plan</b> .	Full Refund
<b>Hospital cash benefit</b> Payable for each night spent in a <b>hospital</b> when <b>you</b> receive <b>treatment</b> eligible for cover by <b>your plan</b> for which no charge is made by the <b>hospital</b> . Benefit is paid for up to a maximum of 60 nights during any <b>period of cover</b> .	£219 or \$350 or €263 per night
<b>Road Ambulance</b> The cost of a private road ambulance if <b>you</b> need <b>in-patient</b> or <b>day-patient treatment</b> for which <b>you</b> are covered by <b>your plan</b> and it is <b>medically necessary</b> for <b>you</b> to travel to the <b>hospital</b> by local road ambulance.	Full Refund
<b>CANCER TREATMENT</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL CANCER TREATMENT</i>	
Cancer <b>treatment</b> required as an <b>in-patient</b> or <b>day-patient</b> including chemotherapy and radiotherapy.	Full Refund
<b>Out-patient</b> consultations, tests and scans.	Full Refund
<b>Wig benefit</b> Help towards the cost of a wig following chemotherapy, covered by <b>your plan</b> up to the limits shown.	Not Covered
<b>Counselling</b> Consultations with a registered psychologist/counsellor when <b>you</b> have received cancer <b>treatment</b> covered by <b>your plan</b> up to a life-time limit of 10 consultations. <b>We</b> do not pay for any drugs prescribed under this benefit.	Not Covered
<b>Dietician</b> Consultation with a registered <b>dietician</b> when <b>you</b> have received cancer <b>treatment</b> covered by <b>your plan</b> , up to a life-time limit of 2 consultations.	Not Covered
<b>RECONSTRUCTIVE SURGERY</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL RECONSTRUCTIVE SURGERY</i>	
Surgery to restore <b>your</b> appearance after an <b>accident</b> , or after surgery for breast cancer, provided the original <b>treatment</b> for the <b>accident</b> or breast cancer surgery was paid for by <b>us</b> , and provided the reconstructive surgery takes place within two years of the <b>accident</b> or the original breast cancer surgery.	Full Refund
<b>ORGAN, BONE MARROW AND TISSUE TRANSPLANTS</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL TREATMENT RELATING TO A TRANSPLANT</i>	
Costs incurred whilst hospitalised, and all related <b>out-patient treatment</b> required prior to and after the transplant. <b>We</b> only pay for transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines. <b>We</b> do not cover any costs associated with the acquisition of the organ, or any of the donor's costs.	Full Refund
<b>RENAL DIALYSIS</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL RENAL DIALYSIS</i>	
Short-term kidney dialysis of up to 4 weeks if <b>you</b> need this immediately before or after a kidney transplant operation covered by <b>your plan</b> . <b>We</b> will also pay for dialysis for up to 4 weeks if this is needed temporarily for sudden kidney failure resulting from a disease or injury, covered by <b>your plan</b> , which affects another part of <b>your</b> body.	Full Refund

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<b>PSYCHIATRIC TREATMENT</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL PSYCHIATRIC TREATMENT</i>	
<b>Life-time limit for all psychiatric treatment</b>	£50,000 or \$80,000 or €60,000
<b>In-patient and day-patient psychiatric treatment (24 month waiting period)</b> In a recognised psychiatric unit of a <b>hospital</b> . Cover is limited to 30 days per <b>period of cover</b> . All <b>treatment</b> must be administered under the direct control of a registered psychiatrist.	<b>Full Refund</b>
<b>Out-patient psychiatric treatment (24 month waiting period)</b> <b>Specialist psychiatric</b> consultations with a registered psychiatrist when <b>you</b> have been referred by a <b>medical doctor</b> . Cover is limited to 10 consultations per <b>period of cover</b> . <b>We</b> do not pay for drugs prescribed for <b>out-patient psychiatric treatment</b> .	<b>Full Refund</b>
<b>OUT-PATIENT TREATMENT</b>	
<b>Emergency ward treatment</b> Emergency <b>treatment</b> that <b>you</b> have received at a <b>hospital</b> .	<b>Full Refund</b>
<b>Out-patient surgical procedure</b>	<b>Full Refund</b>
<b>Medical doctor</b> and <b>specialist consultations</b> , prescribed drugs and dressings, pathology, scans, radiology and <b>diagnostic tests</b> received as an <b>out-patient</b> .	<b>Full Refund</b>
<b>Advanced diagnostic tests</b> MRI, and CAT (CT) scans performed on the advice of a <b>medical doctor</b> . PET scans performed on the advice of a <b>specialist</b> . Your <b>medical referral letter</b> will be required.  <b>We</b> will pay for one consultation only to obtain the results of the <b>diagnostic tests</b> .	<b>Full Refund</b>
<b>Treatment by a Chiropractor, Osteopath, Homeopath or Acupuncturist</b> Cover is limited to the maximum number of <b>sessions</b> shown, per <b>period of cover</b> in respect of all <b>treatment</b> types. <b>Treatment</b> by a <b>chiropractor</b> or <b>osteopath</b> must be on the advice of a <b>medical doctor</b> . Your <b>medical referral letter</b> will be required. If <b>your</b> condition becomes a <b>chronic condition</b> and on-going <b>treatment</b> is aimed at maintaining it rather than curing it, no further payments will be made.	<b>Full Refund</b> (maximum 10 sessions)
<b>Hormone Replacement Therapy prescribed by a medical doctor</b> When <b>you</b> have been diagnosed with premature ovarian failure i.e. loss of ovarian function before the age of 40.	<b>Full Refund</b> for a maximum of 18 months from date of diagnosis
<b>Traditional Chinese medicine</b> Up to a maximum of 10 <b>sessions</b> per <b>period of cover</b> with a traditional Chinese <b>medical practitioner</b> .	£20 or \$32 or €24 <b>per session</b>
<b>Physiotherapy</b> <b>We</b> will pay for up to 10 <b>sessions</b> of physiotherapy provided <b>you</b> have a <b>medical referral letter</b> .  After the 10th <b>session</b> , if <b>you</b> need more <b>sessions</b> , <b>you</b> must contact <b>us</b> for pre-authorisation and <b>we</b> will require a further <b>medical referral letter</b> .  If <b>your</b> condition becomes a <b>chronic condition</b> and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.	<b>Full Refund</b>
<b>WELL-BEING BENEFITS</b>	
<b>Preventative Health checks (6 month waiting period)</b> <b>You</b> may use this benefit to pay towards <b>preventative health checks</b> , an annual optical examination, immunisations, booster injections and travel vaccinations. The <b>preventative health check</b> benefit is not available to children insured as dependants under <b>your plan</b> .	£344 or \$550 or €413.9 <b>per period of cover</b>
<b>Well-child benefit (12 month waiting period)</b> Routine vaccinations and developmental check-ups. There is no <b>waiting period</b> for children added to the <b>plan</b> within their first 30 days of life provided one parent has been insured with <b>us</b> for at least 12 months.	Lifetime limit of £313 or \$500 or €376

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<b>HIV &amp; AIDS</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL TREATMENT FOR HIV &amp; AIDS</i>	
<p><b>(24 month waiting period)</b>  <b>Treatment</b> arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) for a maximum period of 5 years, provided the HIV virus was contracted after <b>your date of entry</b> up to the limits shown.</p>	<p>£6,250 or \$10,000 or €7,500 <b>per period of cover</b></p>
<b>REHABILITATION</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL REHABILITATION TREATMENT</i>	
<p><b>In-patient rehabilitation</b> carried out under the control and supervision of a <b>specialist</b> in a recognised <b>rehabilitation hospital or unit</b> only when it immediately follows <b>in-patient treatment</b> covered by <b>your plan</b>. Benefit is payable only when the admission takes place on the written recommendation of <b>your treating specialist</b> and the admission must take place immediately following <b>your discharge</b> from <b>hospital</b>.</p>	<p>£6,250 or \$10,000 or €7,500 per period of cover</p>
<b>HOME NURSING</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR HOME NURSING</i>	
<p>The medical services of a qualified nurse to treat <b>you</b> in <b>your own home</b> when it is <b>medically necessary</b> and relates directly to an illness or injury covered by <b>your plan</b>. Cover is restricted to a maximum of 12 weeks per medical condition per <b>period of cover</b>.</p>	<p><b>Full Refund</b></p>
<b>HOSPICE &amp; PALLIATIVE CARE</b> <i>YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL HOSPICE AND PALLIATIVE CARE EXPENSES</i>	
<p>The palliative care of a medical condition covered by <b>your plan</b> up to the lifetime limit shown.</p>	<p>Lifetime limit of £46,875 or \$75,000 or €56,250</p>
<b>MEDICAL AIDS AND DEVICES</b>	
<p>Supplying, fitting or hiring instruments, apparatus or devices which are medically prescribed as an aid to <b>your</b> function or capacity, such as crutches, wheelchairs, orthopaedic supports/braces, stoma supplies and compression stockings, only when it immediately follows <b>in-patient, day-patient</b> or emergency ward <b>treatment</b> covered by <b>your plan</b>. Costs for medical aids that form part of the care of a <b>chronic condition</b> are not eligible for cover under this benefit.</p>	<p>Lifetime limit of £625 or \$1,000 or €750 <b>per period of cover</b></p>
<b>PROSTHESES</b>	
<p>Surgically implanted artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove <b>excess</b> fluid from the brain. <b>We</b> will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.</p>	<p><b>Full Refund</b></p>
<p><b>Prosthetic devices</b>            External prosthetic body parts, such as prosthetic limbs, fitted at the time of a surgical operation covered by <b>your plan</b>.</p>	<p>£1,563 or \$2500 or €1,876 per device</p>
<b>PREGNANCY &amp; CHILDBIRTH BENEFITS</b>	
<p><b>Complications of pregnancy (12 month waiting period)</b>  <b>In-patient</b> or <b>day-patient treatment</b> necessary as a direct result of a <b>complication of pregnancy</b>.</p> <p>No cover is provided under this benefit for childbirth including <b>planned</b> or <b>emergency caesarean section</b>.</p>	<p><b>Full Refund</b></p>
<p><b>Childbirth necessitating an emergency surgical procedure (12 month waiting period)</b>            Surgeons', anaesthetists' and theatre fees for childbirth which necessitates an emergency surgical procedure and any additional accommodation charges incurred as the result of the surgical procedure.</p> <p>Any charges incurred as the result of normal childbirth – including <b>planned caesarean section</b> – will be paid from the routine maternity care and childbirth benefit and cannot be claimed under any other benefit.</p>	<p><b>Full Refund</b></p>
<p><b>Routine maternity care and childbirth (12 month waiting period)</b>            Routine <b>pre-natal tests</b> and examinations, and post natal <b>treatments</b> and examinations, and natural childbirth or childbirth by <b>planned caesarean section</b>.</p>	<p>£7,500 or \$12,000 or €9,000 per pregnancy</p>

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<b>PREGNANCY &amp; CHILDBIRTH BENEFITS</b> continued	
<p><b>Cover for new-born babies</b> This benefit only applies to children born to <b>you</b> after <b>you</b> have been insured by the Silver or Gold <b>plan</b> for a continuous period of 12 months.</p> <p>During <b>your</b> child's first 28 days of life <b>we</b> will pay for <b>in-patient</b> and <b>day-patient treatment</b> including the <b>treatment</b> of birth defects and <b>congenital conditions</b>. If <b>your</b> new-born child is hospitalised, <b>we</b> will pay for the cost of one parent to stay with them in <b>hospital</b>.</p> <p><b>We</b> will also pay for a physical examination, Vitamin K, Hepatitis B vaccine, BCG vaccine, one hearing test and blood tests for PKU, congenital hypothyroidism and G6PD.</p> <p>*The limits shown apply to each pregnancy, regardless of the number of children born.</p>	£62,500 or \$100,000 or €75,000
<p><b>Infertility Investigations (24 month waiting period)</b> To establish the cause of infertility when recommended by a specialist. This benefit does not include cover for <b>your</b> spouse or partner unless they have also been insured on the Platinum <b>plan</b> for 24 months. If <b>you</b> and <b>your</b> spouse or partner require fertility investigations, the total amount payable is subject to the limits shown. This benefit does not cover treatment for infertility, such as assisted reproduction or IVF.</p>	80% of costs up to lifetime limit of £1,563 or \$2,500 or €1,876
<b>DENTAL BENEFITS</b>	
<p><b>In-patient emergency restorative dental treatment</b> Required to restore sound, natural teeth following an <b>accident</b> covered by <b>your plan</b> and received within 15 days of the <b>accident</b>.</p>	<b>Full Refund</b>
<p><b>Out-patient emergency dental treatment</b> Restorative dental <b>treatment</b> required to treat or replace sound, natural teeth lost or damaged following an accidental injury to the mouth. The dental <b>treatment</b> must be carried out by a <b>dentist</b> in a <b>hospital</b> emergency room or dental surgery, and must be received within 72 hours of the <b>accident</b>. <b>We</b> do not pay for drugs prescribed for <b>dental treatment</b>. <b>We</b> do not pay for <b>treatment</b> that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth.</p>	£938 or \$1,500 or €1,126 per period of cover
<p><b>Routine dental treatment (6 month waiting period)</b></p> <ul style="list-style-type: none"> <li>• Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary;</li> <li>• Preventative scaling, polishing, and sealing (once per year);</li> <li>• Fillings (standard amalgam or composite fillings only);</li> <li>• Extractions;</li> <li>• Root-canal <b>treatment</b> (but not the fitting of a crown following root canal <b>treatment</b>).</li> </ul> <p><b>We</b> do not pay for drugs prescribed for dental <b>treatment</b>. <b>We</b> do not pay for <b>treatment</b> that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth.</p>	£625 or \$1,000 or €750 per period of cover
<p><b>Complex dental treatment (12 month waiting period)</b></p> <ul style="list-style-type: none"> <li>• Crowns;</li> <li>• Inlays;</li> <li>• Bridges.</li> </ul> <p><b>We</b> do not pay for drugs prescribed for <b>dental treatment</b>. <b>We</b> do not pay for <b>treatment</b> that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth</p>	£1,563 or \$2500 or €1,876
<b>EMERGENCY EVACUATION BENEFIT</b> <i>ALL COSTS MUST BE PRE-AUTHORISED AND ARRANGED BY THE ASSISTANCE SERVICE</i>	
<p><b>Emergency evacuation</b> If <b>you</b>, (or any child covered by the <b>new-born</b> benefit within its first 90 days of life), have a <b>life-threatening condition</b> covered by <b>your plan</b> which requires immediate <b>in-patient treatment</b> that cannot be adequately provided locally, the <b>Assistance Service</b> will arrange for <b>you</b> to be moved by air and/or by surface transportation, to the nearest <b>hospital</b> within <b>your area of cover</b> where appropriate medical <b>treatment</b> is available. The <b>Assistance Service</b> retains the absolute right to decide whether <b>your</b> medical condition is <b>life-threatening</b>, whether or not the <b>treatment</b> could be adequately provided locally, where <b>you</b> are evacuated to and the means and method of the evacuation. <b>We</b> do not pay for any other costs related to <b>your</b> evacuation such as hotel accommodation charges. <b>We</b> do not pay for emergency evacuation to the USA.</p>	<b>Full Refund</b>
<p><b>Return airfare</b> Following an emergency evacuation covered by <b>your plan</b>, <b>we</b> will pay for <b>your</b> economy return airfare to <b>your country of residence</b>.</p>	<b>Full Refund</b>

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<b>EMERGENCY EVACUATION BENEFIT</b> continued ALL COSTS MUST BE PRE-AUTHORISED AND ARRANGED BY THE ASSISTANCE SERVICE	
<b>Travelling expenses of a companion</b> The transportation costs of another person to accompany <b>you</b> on <b>your</b> emergency evacuation, and their economy class ticket back. If it is not possible for them to accompany <b>you</b> on <b>your</b> medical evacuation flight, <b>we</b> will pay for their economy class airfare on a scheduled flight.	Full Refund
<b>Accommodation expenses of a companion</b> If <b>your</b> companion is required to stay with <b>you</b> whilst <b>you</b> receive <b>in-patient treatment</b> <b>we</b> will pay towards their hotel accommodation. Benefit is limited to a maximum of 15 nights during <b>your period of cover</b> .	£100 or \$160 or €120
<b>Compassionate home travel (12 month waiting period)</b> If a <b>close family member</b> dies during <b>your period of cover</b> <b>we</b> will pay for <b>your</b> return economy airfare to attend the funeral. Travel must take place within 28 days of the date of death. There is a life-time limit of one <b>claim</b> per <b>insured person</b> .	Full Refund
<b>Repatriation of mortal remains</b> If <b>you</b> die as the result of a condition that is covered by <b>your plan</b> whilst <b>you</b> are outside <b>your home country</b> <b>we</b> will pay for <b>your</b> body or ashes to be transported to <b>your home country</b> or <b>country of residence</b> . This benefit is not available if a <b>claim</b> is made for burial or cremation at the place where you died.	£12,500 or \$20,000 or €15,000
<b>Burial or Cremation</b> If <b>you</b> die as the result of a condition that is covered by <b>your plan</b> whilst <b>you</b> are outside <b>your home country</b> <b>we</b> will pay for <b>you</b> to be buried or cremated at the place where <b>you</b> died. <b>We</b> do not pay for the costs of a religious practitioner. There is no cover if <b>you</b> die in <b>your home country</b> .	£1,000 or \$1,600 or €1,200