

## Table of Benefits

We have set out a schedule of benefits applicable to your cover. Full details of these including the terms, conditions and exclusions can be found in the Policy Wording.

### Core Benefits

#### 1 Maximum Sum Insured


<b>Overall Maximum Sum Insured</b>	\$2,000,000
This is the maximum amount of money we will pay in respect of all benefits available under the selected level to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is Full Refund are collectively subject to the overall maximum benefit applying.	

#### 2 In-Patient & Day-Patient Benefits

<b>In-Patient Treatment</b>	Full Refund
The cost of hospital accommodation in a standard single bedded room, nursing, operating theatre fees, high dependency/intensive care/coronary care unit, special nursing fees, surgeons' fees, anaesthetics fees, consultant's fees, physician fees, diagnostic procedures (including x-rays), pathology, MRI/CT/ PET scans, physiotherapy and prescribed drugs, and medicines.	
<b>Day-Patient Treatment</b>	Full Refund
The cost of hospital accommodation, operating theatre fees, nursing fees, surgeons' fees, anaesthetist's fees, consultants' fees, physicians' fees, diagnostic procedures and prescribed drugs and medicines. This benefit is applicable for Medical treatment provided in a hospital where an insured person is formally admitted but is not required, out of medical necessity, to stay overnight.	
<b>Organ Implantation</b>	Full Refund
Costs directly related to the implantation of natural human organs (kidney, heart and lung).	
<b>Rehabilitation</b>	120 days
Rehabilitation, received on an in-patient and day-patient basis, in a recognised rehabilitation unit, where under the supervision and direction of a physician.	
<b>Surgical Appliances</b>	Full Refund
Surgical appliances or prosthesis where used as an integral part of a surgical procedure and fitted inside the body.	
<b>Accommodation to Stay with Child</b>	Full Refund
Hospital accommodation costs for 1 insured person to stay with an insured child dependant, who is under the age of 16, and being admitted to hospital as an in-patient for medical treatment covered by this policy.	
<b>Additional Hospital Accommodation</b>	Full Refund
Accommodation of 1 accompanying person to stay in the same room in the hospital in case of critical conditions.	
<b>Newborn Child Accommodation</b>	Full Refund Maximum 2 days
Hospital accommodation for the newborn immediately following birth.	

### 3 Newly Diagnosed Chronic Conditions



 *Enhanced modules available*


<p><b>Acute Treatment of a Newly Diagnosed Chronic Medical Condition</b> In-patient, day-patient and out-patient treatment including diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment of acute exacerbations of a chronic medical condition.</p>	Full Refund
<p><b>Routine Management &amp; Palliative Treatment for Each Newly Diagnosed Chronic Medical Condition</b> In-patient, day-patient and out-patient treatment including, diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment, routine management and palliative treatment of a chronic medical condition</p>	\$50,000 
<p><b>Kidney Dialysis</b> Treatment received on an in-patient, day-patient or out-patient basis. Pre-authorisation is required for this benefit.</p>	\$50,000
<p><b>HIV &amp; AIDS Treatment - Pre-Authorisation Required</b> Medical Treatment for HIV and AIDS including related diseases where contracted as a direct result of a blood transfusion received after the persons start date. <b>A 2 year waiting period applies to this benefit.</b></p>	\$5,000 each insured period up to a \$37,500 lifetime limit

### 4 Cancer Care

<p><b>Cancer Treatment - Pre-Authorisation Required</b> From the date an insured person is diagnosed with cancer, subject to it not pre-existing the start date of the policy, whether it is in its acute, chronic or terminal stage, all and any treatment received thereafter on an in-patient, day-patient or out-patient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, stem cell transplants (from either bone marrow or blood), routine management and palliative treatments; will be assessed and paid for under this benefit.</p> <p><i>Eligible costs incurred up until the point of diagnosis are not assessed under this benefit but may be covered under any out-patient benefit if included in your plan.</i></p>	Full Refund
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### 5 Pregnancy & Childbirth Benefits

 *Enhanced modules available*  
 *Along with an option to reduce cover*

<p><b>Routine Pregnancy &amp; Childbirth</b> The costs of normal pregnancy and childbirth, including all pre-natal care, delivery costs, hospital accommodation for the new born immediately following birth and post natal care for the mother. This benefit is payable per pregnancy.</p>	\$2,500 
<p><b>Complications</b> The costs of complications of pregnancy only for toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean and medically necessary abortions. Cover is for delivery costs and hospital accommodation for the new-born immediately following birth.</p>	\$50,000
<p><b>Paediatric Check-Up</b> Contribution towards the initial paediatric check-up for the new-born.</p>	\$200
<p><b>Premature Baby Cover</b> Medical treatment for a premature baby where received during the first 2 months from birth. Please note that no cover is available for continuing treatment after expiry of the initial 2 months' period other than for new and unrelated conditions.</p>	Full Refund

## 6 Medical Evacuation & Repatriation

### Emergency Medical Transfer

The costs of transporting the insured person to the nearest suitable hospital in either their country of residence or a nearby country, and returning the insured person to their country of residence after treatment.

Full Refund

### Overnight Accommodation

Overnight accommodation costs for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised. The amounts stated are on a per night basis up to a maximum of 10 nights for each new and separate event.

\$200

### Transportation of Children

Following an emergency medical transfer or evacuation under this section, we will arrange and pay to transport, to a specified destination, any children under the age of 19 left at home unattended, or pay for the travelling costs (1 economy class return ticket) of a person to take care of the children at home.

Full Refund

## 7 Transportation of Mortal Remains

### Transportations of Mortal Remains

Transportation of mortal remains to the deceased's home country.

\$3,000

## 8 Out of Area Treatment Benefit

### Emergency Out of Area Treatment

For emergency medical treatment and acute episodes of existing covered medical conditions, whilst the insured person is temporarily travelling outside their selected geographical area.

Paid up to \$15,000  
Up to 30 days travel only

## 9 Additional Benefits

**A. Congenital Benefit** for conditions not discovered at birth but which can subsequently be corrected with surgery. A maximum lifetime limit applies to this benefit.

Full refund  
Up to \$20,000 lifetime limit

*This benefit is only available if the insured person has been covered on the policy since birth. A 12 month wait period applies to this benefit.*

**B. Congenital/Birth Defects** for conditions diagnosed within one year of birth for babies conceived by natural means. A maximum lifetime limit applies to this benefit.

Full refund  
Up to \$20,000 lifetime limit

*This benefit is only available if the insured person has been covered on the policy since birth.*

# Optional Modules

<b>+</b> <b>Out-Patient Module 1</b>		<i>Add an alternative level of Out-Patient Benefits to your policy</i>
<b>Out-Patient Services</b> The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.		Full Refund up to the annual maximum for this benefit
<b>Physiotherapy</b> Amount available for the treatment of physiotherapy.		10 sessions per year
<b>Prescription Drugs</b> Prescribed drugs, medicines, slings, supports and bandages.		Full Refund up to the annual maximum for this benefit
<b>Mobility Aids</b> The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.		\$1,800
<b>Alternative Therapies</b> Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines, provided by a licensed practitioner, including prescribed drugs and medicines.		\$1,000
<b>Child Vaccination</b> Routine and preventative vaccinations for an insured child up to the age of 10.		Full Refund (reimbursement only)
<b>Child Speech Therapy</b> Speech therapy for children up to the renewal date following their 18th birthday. This includes cover for speech therapy needed for developmental delay.		Up to 5 sessions

<b>+</b> <b>Out-Patient Module 2</b>		<i>Add Out-Patient benefits to your policy</i>
<b>Out-Patient Services</b> The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.		Full Refund
<b>Physiotherapy</b> Amount available for the treatment of physiotherapy.		10 sessions per year
<b>Prescription Drugs</b> Prescribed drugs, medicines, slings, supports and bandages.		Full Refund
<b>Mobility Aids</b> The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.		\$1,800
<b>Alternative Therapies</b> Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines provided by a licensed practitioner, including prescribed drugs and medicines.		\$1,000
<b>Child Vaccination</b> Routine and preventative vaccinations for an insured child up to the age of 10.		Full Refund (reimbursement only)
<b>Child Speech Therapy</b> Speech therapy for children up to the renewal date following their 18th birthday. This includes cover for speech therapy needed for developmental delay.		Up to 5 sessions

**+** **Wellness & Dental Module** *Add Wellness & Dental benefits to your policy*

<b>Routine Dental Treatment</b> 1 annual check-up, 1 annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including prescribed antibiotics, temporary fillings and oral prophylaxis restricted to scaling and polishing only.	\$500
<b>Major Dental Treatment</b> Root canal treatment, new or repairs to porcelain crowns, and new or repairs to bridgework.	\$500
<b>Wisdom Tooth Extraction</b> Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis.	Full Refund
<b>Orthodontic</b> Orthodontic work for insured children under the age of 19.	\$270
<b>Travel Vaccinations</b> Vaccinations and immunization's that are directly related to overseas travel requirements.	\$250
<b>Full Wellness Check</b> Cost towards a preventative health check-up.	\$300
<b>Cancer Screening</b> Covers cervical smears, mammograms and prostate, colon, and testicular screening.	Full Refund
<b>Emergency Dental Treatment</b> Dental treatment necessary because of an accident caused by an extra-oral impact, received within 48 hours from the date and time of the accident for the immediate relief of pain, caused by natural teeth being lost or damaged.	Full Refund

**+** **Optical Module** *Select one of these options to add Optical benefits to your policy*

<b>Glasses &amp; Lenses Level 1</b> Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician and one annual eye test.	\$250
<b>Glasses &amp; Lenses Level 2</b> Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician and one annual eye test.	\$500

**+** **Psychiatric Module** *Add Psychiatric benefits to your policy*

<b>Annual Maximum</b> Maximum amount payable under this particular Module	\$18,000
<b>In-Patient Psychiatric Treatment</b> Medical treatment provided when you are admitted as a registered in-patient in a recognised psychiatric unit of a hospital. It includes the cost of hospital accommodation in a standard single bedded room (where available), consultant psychiatrist's/psychologist's fees, diagnostic procedures and prescribed drugs and medicines.	30 nights
<b>Out-Patient Psychiatric Treatment</b> Treatment of any psychiatric and psychological disorders by a consultant psychiatrist/ psychotherapist, diagnosed after the start date of the policy, including consultations and prescribed drugs and medicines. This is subject to a referral from a primary physician.	10 sessions

Please note, selecting any of the below **Enhanced Modules** override the existing core benefit or any Additional Selected Modules and are not in addition to the core benefits.

<span style="background-color: #0070C0; color: white; padding: 5px;">+</span> <b>Enhanced Physiotherapy Modules</b> <span style="float: right; color: #0070C0; font-weight: normal;"><i>Select one of these options to enhance your Physiotherapy benefits</i></span>	
<p><b>Physiotherapy Increase Level 1</b> Amount available for the treatment of physiotherapy, maximum 15 sessions per year, increase from 10 sessions on the Additional Selected Modules of Out-patient or Reduced Out-patient Cover Module.</p>	15 sessions per year
<p><b>Physiotherapy Increase Level 2</b> Amount available for the treatment of physiotherapy, maximum 20 sessions per year, increase from 10 sessions on the Additional Selected Modules of Out-patient or Reduced Out-patient Cover Module.</p>	20 sessions per year
<p><b>Physiotherapy Increase Level 3</b> Amount available for the treatment of physiotherapy, maximum 30 sessions per year, increase from 10 sessions on the Additional Selected Modules of Out-patient or Reduced Out-patient Cover Module.</p>	30 sessions per year

<span style="background-color: #0070C0; color: white; padding: 5px;">+</span> <b>Enhanced Routine Chronic Module</b> <span style="float: right; color: #0070C0; font-weight: normal;"><i>Enhance your cover for newly diagnosed chronic medical conditions</i></span>	
<p><b>Routine Management &amp; Palliative Treatment for Each Chronic Medical Condition</b> In-patient, day-patient and out-patient treatment including diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment, routine management and palliative treatment of a chronic medical condition. Increased from \$50,000 on the Options Core Product.</p> <p>Please note, that the limit for Kidney Dialysis treatment will remain at \$50,000 if this option is chosen.</p>	Full Refund

<span style="background-color: #0070C0; color: white; padding: 5px;">+</span> <b>Enhanced Pregnancy and Childbirth Benefits</b> <span style="float: right; color: #0070C0; font-weight: normal;"><i>Enhance your Pregnancy &amp; Childbirth benefits</i></span>	
<p><b>Routine Pregnancy &amp; Childbirth Level 1</b> The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.</p> <p>Please note that no cover is available for:</p> <ul style="list-style-type: none"> <li>• Terminations of pregnancy on non-medical grounds.</li> <li>• Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.</li> <li>• Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.</li> </ul> <p><i>There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.</i></p>	\$5,000

**+** **Enhanced Pregnancy and Childbirth Benefits — continued** *Enhance your Pregnancy & Childbirth benefits*

**Routine Pregnancy & Childbirth Level 2** \$10,000

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

**Complications Level 1 & 2** Full Refund

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

**Paediatric Check-Up Level 1 & 2** \$200

Contribution towards the costs of an initial paediatric check-up for the newborn.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

**Premature Baby Cover Level 1 & 2** Full Refund

The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

**- Reduced Pregnancy and Childbirth Module** *Reduce your premium by removing cover for routine Pregnancy and Childbirth treatment*

<b>Routine Pregnancy &amp; Childbirth</b>	Not Covered
<p><b>Complications</b></p> <p>The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).</p> <p>Please note that no cover is available for:</p> <ul style="list-style-type: none"> <li>• Terminations of pregnancy on non-medical grounds.</li> <li>• Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.</li> <li>• Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.</li> </ul> <p><i>There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.</i></p>	\$50,000
<p><b>Paediatric Check-Up</b></p> <p>Contribution towards the initial paediatric check-up for the new-born.</p>	\$200
<p><b>Premature Baby Cover</b></p> <p>Medical treatment for a premature baby where received during the first 2 months from birth. Please note that no cover is available for continuing treatment after expiry of the initial 2 months' period other than for new and unrelated conditions.</p>	Full Refund

**+ Enhanced Alternative Therapies Module** *Enhance your Alternative Therapies Benefit*

<p><b>Alternative Therapies</b></p> <p>Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines provided by a licensed practitioners, including prescribed drugs and medicines.</p>	\$2,000
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