

# Summary Schedule of Benefits

PLAN DETAILS	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM
	<b>Overall policy limit</b>	£1,000,000 € 1,000,000 US\$1,000,000	£2,000,000 € 2,000,000 US\$2,000,000	£3,000,000 € 3,000,000 US\$3,000,000	£4,000,000 € 4,000,000 US\$4,000,000
<b>USA – treatment received</b> <i>Subject to the appropriate area of cover, any eligible medical treatment received in the USA must be within the PPO Network.</i>	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network
<b>In-patient &amp; day-patient Treatment</b>					
<b>Accommodation</b> <i>(in hospital)</i>	✓	✓	✓	✓	✓
<b>Parent Accommodation</b> <i>(in hospital)</i>	✓	✓	✓	✓	✓
<b>Professional Fees</b>	✓	✓	✓	✓	✓
<b>Medication</b>	✓	✓	✓	✓	✓
<b>Diagnostics</b>	✓	✓	✓	✓	✓
<b>Theatre Fees</b>	✓	✓	✓	✓	✓
<b>Reconstructive Surgery</b>	✓	✓	✓	✓	✓
<b>Chronic Conditions - Acute</b>	✓	✓	✓	✓	✓
<b>Chronic Conditions - Routine Management and Palliative Treatment</b>	N/A	N/A	Limited to £10,000/€10,000/ US\$10,000	Limited to £50,000/€50,000/ US\$50,000	✓
<b>Kidney Dialysis Acute episode</b>	✓	✓	✓	✓	✓
<b>Kidney Dialysis Routine management</b>	N/A	N/A	N/A	Limited to £20,000/€20,000/ US\$20,000	Limited to £50,000/€50,000/ US\$50,000
<b>Oncology</b>	✓	✓	✓	✓	✓
<b>HIV/AIDS</b>	N/A	N/A	N/A	Limited to £10,000/€10,000/ US\$10,000	Limited to £20,000/€20,000/ US\$20,000
<b>IVF Treatment</b>	N/A	N/A	N/A	N/A	Limited to £2,000/€2,000/US\$2,000 per cycle and a maximum of 3 cycles per lifetime. This benefit is subject to 50% co-insurance
<b>Organ Transplants</b>	£100,000/€100,000/US\$100,000 Lifetime Limit	£100,000/€100,000/US\$100,000 Lifetime Limit	£250,000/€250,000/US\$250,000 Lifetime Limit	£250,000/€250,000/US\$250,000 Lifetime Limit	£500,000/€500,000/US\$500,000 Lifetime Limit
<b>Complications of Pregnancy</b> <i>(wait period applies)</i>	✓	✓	✓	✓	✓

These policies provide cover for the following benefits in respect of treatment of an insured person provided during the period of cover for an eligible medical condition. All benefits, including full refunds, are conditional upon charges being reasonable and customary.

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## Summary Schedule of Benefits (Continued)

PHYSICAL HEALTH

BENEFIT	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM
<b>Newborn Cover - Premature Births</b>	N/A	N/A	Cover for the first 30 days from birth is limited to maximum sum insured of £10,000/€10,000/US\$10,000 each baby. Thereafter, cover will exclude any medical conditions which exists at the end of the first 30 day period.	Cover for the first 30 days from birth is limited to maximum sum insured of £15,000/€15,000/US\$15,000 each baby. Thereafter, cover will exclude any medical conditions which exists at the end of the first 30 day period.	Cover for the first 30 from birth is limited to maximum sum insured of £20,000/€20,000/US\$20,000 each baby. Thereafter, cover will exclude any medical conditions which exists at the end of the first 30 day period.
<b>Newborn Cover - Congenital</b>	N/A	N/A	£50,000/€50,000/US\$50,000 Lifetime Limit	£75,000/€75,000/US\$75,000 Lifetime Limit	£100,000/€100,000/US\$100,000 Lifetime Limit
<b>Physiotherapy</b>	✓	✓	✓	✓	✓
<b>Rehabilitation</b>	N/A	N/A	N/A	✓	✓
<b>Psychiatric Illness</b>	N/A	Limited to 15 days each year	Limited to 30 days each year	Limited to 30 days each year	Limited to 45 days each year
<b>Ancillary Charges</b> <i>The purchase or rental of crutches or wheelchairs following treatment as an in-patient or day-patient.</i>	Limited to £200/€200/US\$200	Limited to £200/€200/US\$200	Limited to £300/€300/US\$300	Limited to £300/€300/US\$300	Limited to £500/€500/US\$500
<b>Ancillary Charges</b> <i>Provision of external prostheses following treatment of an eligible medical condition.</i>	N/A	N/A	N/A	N/A	Limited to £2,000/€2,000/US\$2,000
<b>Home Nursing</b>	Maximum 30 days each year, limited to £100/€100/US\$100 per visit	Maximum 30 days each year, limited to £100/€100/US\$100 per visit	Maximum 60 days each year, limited to £100/€100/US\$100 per visit	Maximum 60 days each year, limited to £100/€100/US\$100 per visit	Maximum 90 days each year, limited to £100/€100/US\$100 per visit
<b>Transportation</b>	✓	✓	✓	✓	✓
<b>Cash Benefit</b> <i>Where hospital accommodation and all treatment costs are provided in a State or Charitable Hospital and no claim is submitted under this policy for reimbursement of any in-patient costs, and providing that the medical condition suffered would be eligible for benefit.</i>	£100/€100/US\$100 each night up to a maximum of 30 nights	£100/€100/US\$100 each night up to a maximum of 30 nights	£200/€200/US\$200 each night up to a maximum of 45 nights	£200/€200/US\$200 each night up to a maximum of 45 nights	£300/€300/US\$300 each night up to a maximum of 60 nights
<b>Emergency Treatment Outside Area of Cover</b> <i>Treatment (through a medical practitioner or specialist commencing within 24 hours of the emergency event), when admitted to a hospital bed as an in-patient or day-patient, required as result of an accident or the sudden beginning or worsening of an eligible medical condition where failure to seek immediate medical attention would result in death or serious damage to bodily functions.</i>	Maximum 30 nights each year Maximum sum insured of £20,000/€20,000/US\$20,000 Limited to trips of under 30 days	Maximum 30 nights each year Maximum sum insured of £20,000/€20,000/US\$20,000 Limited to trips of under 30 days	Maximum 30 nights each year Maximum sum insured of £30,000/€30,000/US\$30,000 Limited to trips of under 30 days	Maximum 30 nights each year Maximum sum insured of £40,000/€40,000/US\$40,000 Limited to trips of under 30 days	Maximum 30 nights each year Maximum sum insured of £50,000/€50,000/US\$50,000 Limited to trips of under 30 days

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## Summary Schedule of Benefits (Continued)

BENEFIT	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM
	Out-patient Treatment				
<b>Overall Out-patient Limit</b>	Out-patient limit of £2,500/€2,500/ US\$2,500 within overall policy limit of £1,000,000/€1,000,000/ US\$1,000,000	Out-patient limit of £5,000/€5,000/ US\$5,000, within overall policy limit of £2,000,000/€2,000,000/ US\$2,000,000	Out-patient limit of £10,000/ €10,000/US\$10,000, within overall policy limit of £3,000,000/ €3,000,000/US\$3,000,000	Limited to the overall policy limit of £4,000,000/€4,000,000/ US\$4,000,000	Limited to the overall policy limit of £5,000,000/€5,000,000/ US\$5,000,000
<b>Professional Fees</b>	Medical practitioner and qualified nurse fees - Not Covered  Pre & post-operative specialist fees prior to or following eligible in- patient/day-patient or out-patient surgery, received within 30 days of surgery.  Limited to £250/€250/US\$250 each year within the overall out-patient limit	✓  Within overall out-patient limit	✓  Within overall out-patient limit	✓	✓
<b>Diagnostic</b>	Limited to £250/€250/US\$250 per diagnostic procedure within the overall out-patient limit	Limited to £500/€500/US\$500 per diagnostic procedure within the overall out-patient limit	✓  Within overall out-patient limit	✓	✓
<b>Surgical Treatment</b>	✓  Within the overall policy limit £1,000,000/€1,000,000/ US\$1,000,000	✓  Within the overall policy limit £2,000,000/€2,000,000/ US\$2,000,000	✓  Within overall policy limit of £3,000,000/€3,000,000/ US\$3,000,000	✓	✓
<b>Medication</b>	Limited to £500/€500/US\$500 each year within overall out-patient limit and following eligible in-patient/ day-patient or out-patient surgery, received within 30 days of surgery.	Limited to £1,000/€1,000/US\$1,000 each year within overall out-patient limit	✓  Within overall out-patient limit	✓	✓
<b>Transportation</b>	✓  Within overall out-patient limit	✓  Within overall out-patient limit	✓  Within overall out-patient limit	✓	✓
<b>Chronic Conditions - Acute</b>	N/A	✓  Within overall out-patient limit	✓  Within overall out-patient limit	✓	✓
<b>Chronic Conditions - Routine Management and Palliative Treatment</b>	N/A	N/A	Limited to £1,000/€1,000/US\$1,000 each year within overall out-patient limit	Limited to £5,000/€5,000/US\$5,000 each year	Limited to £10,000/€10,000/ US\$10,000 each year
<b>Kidney Dialysis Acute episode</b>	✓  Within overall out-patient limit	✓  Within overall out-patient limit	✓  Within overall out-patient limit	✓	✓
<b>Kidney Dialysis Routine management</b>	N/A	N/A	N/A	Limited to £5,000/€5,000/US\$5,000 each year	Limited to £10,000/€10,000/ US\$10,000 each year

## Summary Schedule of Benefits (Continued)

	BENEFIT	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM
PHYSICAL HEALTH	Oncology	✓ Within overall policy limit £1,000,000/€1,000,000/ US\$1,000,000  £250/€250/US\$250 per lifetime wigs during active treatment	✓ Within overall policy limit £2,000,000/€2,000,000/ US\$2,000,000  £250/€250/US\$250 per lifetime wigs during active treatment	✓ Within overall policy limit of £3,000,000/€3,000,000/ US\$3,000,000  £500/€500/US\$500 per lifetime wigs during active treatment	✓  £500/€500/US\$500 per lifetime wigs during active treatment	✓  £1,000/€1,000/US\$1,000 per lifetime wigs during active treatment
	HIV/AIDS	N/A	N/A	N/A	Limited to £10,000/€10,000/ US\$10,000 each year within overall in-patient/day-patient HIV/AIDS benefit limit	Limited to £20,000/€20,000/ US\$20,000 each year within overall in-patient/day-patient HIV/AIDS benefit limit
	Physiotherapy	£50/€50/US\$50 per visit Limited to 10 visits each year within overall out-patient limit following eligible in-patient/day-patient or out-patient surgery, received within 60 days of surgery	£50/€50/US\$50 per visit Limited to 10 visits each year within overall out-patient limit	£75/€75/US\$75 per visit Limited to 20 visits each year within overall out-patient limit	£75/€75/US\$75 per visit Limited to 20 visits each year	£100/€100/US\$100 per visit Limited to 30 visits each year
	Chiropody or Podiatry	N/A	N/A	Limited to £250/€250/US\$250 each year within overall out-patient limit	Limited to £250/€250/US\$250 each year	Limited to £500/€500/US\$500 each year
	Complementary Treatment	N/A	N/A	£75/€75/US\$75 per visit limited to 10 visits each year within overall out-patient limit	£75/€75/US\$75 per visit limited to 20 visits each year	£100/€100/US\$100 per visit limited to 30 visits each year
	Hormone Replacement Therapy (HRT)	N/A	N/A	N/A	✓ Limited to 18 months cover from date of diagnosis	✓
	Optical <i>Standard eye examination</i>	N/A	N/A	Full Refund limited to one examination each year within overall out-patient limit	Full Refund limited to one examination each year	Full Refund limited to one examination each year
	Prescribed glasses and contact lenses	N/A	N/A	Limited to £150/€150/US\$150 each year within overall out-patient limit	Limited to £250/€250/US\$250 each year	Limited to £500/€500/US\$500 each year
	Well-being Benefit Hearing Test Routine health <i>(waiting period applies)</i>	N/A	N/A	The total of the benefits available within the Well-being is limited to £250/€250/US\$250 each year within the overall out-patient limit  One test each year  ✓ within Well-being limit	The total of the benefits available within the Well-being is limited to £500/€500/US\$500 each year  One test each year  ✓ within Well-being limit	The total of the benefits available within the Well-being is limited to £1,000/€1,000/US\$1,000 each year  One test each year  ✓ within Well-being limit

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## Summary Schedule of Benefits (Continued)

	BENEFIT	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM
PHYSICAL HEALTH	<b>Routine Health Checks</b>	N/A	N/A	✓ Within Well-being Benefit limit Children up to the age of 6 years, limited to 15 visits per lifetime	✓ Within Well-being Benefit limit Children up to the age of 6 years, limited to 15 visits per lifetime	✓ Within Well-being Benefit limit Children up to the age of 6 years, limited to 15 visits per lifetime
	<b>Vaccinations</b>	N/A	N/A	N/A	Limited to £250/€250/US\$250 each year	Limited to £500/€500/US\$500 each year
	<b>Emergency Dental Treatment – Accidental Damage To Teeth</b>	N/A	N/A	✓ Within overall out-patient limit	✓	✓
	<b>Emergency Dental Treatment – Pain Relief</b>	N/A	N/A	N/A	N/A	Limited to £250/€250/US\$250 each year
MENTAL WELLNESS	<b>Telemedicine services</b> <i>(Non-Insurance Benefit)</i>	N/A	✓	✓	✓	✓
	<b>Psychiatric Illness</b>	N/A	N/A	N/A	Limited to £5,000/€5,000/US\$5,000 each year	Limited to £10,000/€10,000/ US\$10,000 each year
	<b>Support Programme</b> <i>(Non-Insurance Benefit)</i>	N/A	N/A	N/A	✓	✓
<b>Evacuation or Repatriation</b>						
CRISIS SUPPORT	<b>Evacuation</b>	✓	✓	✓	✓	✓
	<b>Following evacuation</b> <i>(Hotel Accommodation)</i>	N/A	N/A	Limited to £250/€250/US\$250 each day, for each person ✓	Limited to £250/€250/US\$250 each day, for each person ✓	Limited to £500/€500/US\$500 each day, for each person ✓
	<b>Repatriation</b>	✓	✓	✓	✓	✓
	<b>Following Evacuation - Return Airflight</b>	N/A	N/A	✓	✓	✓
	<b>Mortal Remains</b>	Limited to £5,000/€5,000/US\$5,000	Limited to £5,000/€5,000/US\$5,000	Limited to £5,000/€5,000/US\$5,000	Limited to £5,000/€5,000/US\$5,000	Limited to £5,000/€5,000/US\$5,000
	<b>Travel Intelligence</b>	✓	✓	✓	✓	✓

## Summary Schedule of Benefits (Continued)

BENEFIT	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM	
	<b>Optional Benefit - Routine Pregnancy &amp; Childbirth</b> <i>(waiting period applies)</i>					
<b>Routine pregnancy and childbirth costs</b>	Optional pregnancy limits (for each pregnancy) £5,000/€5,000/US\$5,000 £10,000/€10,000/US\$10,000 £20,000/€20,000/US\$20,000					
<b>Well Baby Examination</b>	✔ Within the applicable pregnancy limit					
<b>Newborn Accommodation</b>	✔ Within the applicable pregnancy limit					
<b>Cash Benefit</b> <i>(where no claim is submitted)</i>	Limited to £100/€100/US\$100 each night up to a maximum of 30 nights	Limited to £100/€100/US\$100 each night up to a maximum of 30 nights	Limited to £100/€100/US\$100 each night up to a maximum of 30 nights	Limited to £100/€100/US\$100 each night up to a maximum of 30 nights	Limited to £100/€100/US\$100 each night up to a maximum of 30 nights	

PHYSICAL HEALTH

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## Summary Schedule of Benefits (Continued)

BENEFIT	BRONZE (NO PRE-EX COVER)	BRONZE PLUS	SILVER	GOLD	PLATINUM
<b>Optional Benefit - Dental Treatment</b> <i>(waiting period applies)</i>					
<b>Overall Dental Treatment Limit</b>	Optional dental treatment limits £1,000/€1,000/US\$1,000 £2,000/€2,000/US\$2,000				
<b>Class 1</b> <ul style="list-style-type: none"> <li>Routine examination, including check-up and routine x-rays.</li> <li>Cleaning and polishing (whether performed by a dental practitioner or hygienist)</li> <li>Fillings (amalgam or composite)</li> <li>Extractions of teeth other than wisdom teeth.</li> </ul>	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance
<b>Class 2</b> <ul style="list-style-type: none"> <li>Diagnostics tests and procedures.</li> <li>Wisdom tooth extraction when performed in a dental surgery.</li> <li>New porcelain crown/inlay.</li> <li>Repair of crown/inlay.</li> <li>Root canal treatment.</li> <li>New bridge. All costs relating to fitting a new bridge, including extractions of teeth and any of crowns required to support the new bridge.</li> <li>Repair of bridge. All costs relating to repairing a bridge, including extractions of teeth and any crowns required to support the bridge.</li> <li>New dentures.</li> </ul>	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance
<b>Class 3</b> <ul style="list-style-type: none"> <li>Orthodontic treatment (to move teeth or adjust underlying bone) when medically necessary for oral health.</li> <li>Dental implants to restore function or appearance following an accident. Notification of treatment must be received within five (5) days from the date of the accident occurring.</li> <li>Dental Surgery undertaken in a hospital or dental surgery by an oral and maxillofacial surgeon or surgical dentist: Surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots. Apicectomy</li> </ul>	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance
<b>Emergency dental treatment</b> <i>Emergency dental treatment for the relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling. The treatment must be received within thirty-six (36) hours of the emergency event.</i>	Limited to £250/€250/US\$250 within the overall dental treatment limit	Limited to £250/€250/US\$250 within the overall dental treatment limit	Limited to £250/€250/US\$250 within the overall dental treatment limit	Limited to £250/€250/US\$250 within the overall dental treatment limit	Limited to £250 €250 US\$250 within the overall dental treatment limit
<b>Accidental Damage</b> <i>Accidental Damage caused to sound natural teeth lost or damaged in an accident. Treatment must be received within five (5) days from the date of the accident occurring.</i>	✔ Within overall policy limit £1,000,000/€1,000,000/ US\$1,000,000	✔ Within overall policy limit £2,000,000/€2,000,000/ US\$2,000,000	✔ Within overall policy limit £3,000,000/€3,000,000/ US\$3,000,000	✔ Up to the overall policy limit	✔ Up to the overall policy limit