What you're covered for

The following **table of benefits** sets out the cover provided by each **plan**. The **plan you** have is as shown on **your certificate of insurance**. **We** will pay only for the **treatment** or services stated in the **table of benefits** relating to **your plan**. Each benefit limit in the **table of benefits** is expressed in US dollars, sterling, and Euros. The currency of the benefit limits that **we** will apply to **your plan** is shown on **your certificate of insurance**. The limits shown in the **table of benefits** are the maximum amounts **we** will pay after the **application** of any **excess** and **co-insurance**, and will be subject to the annual benefit limit and any other specified applicable benefit limits.

Certain benefits in the **table of benefits** specify a **waiting period**. **You** must be covered by the same **plan** for the full duration of the specified **waiting period** before **you** can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**.

Wherever the term *Full cover* appears in the **table of benefits**, this means a full refund of **reasonable and customary** charges, less any **excess** or **co-insurance** applicable to **your policy**, and subject to any limits that are specified anywhere else in the **table of benefits** for the type of **treatment** or care **you** receive.

Where there is a lifetime benefit limit, this is the maximum amount **we** will pay in respect of that particular benefit during **your** lifetime. Certain benefits in the **table of benefits** are optional. **You** are only eligible for these benefits if **you** have selected them and they are stated on **your certificate of insurance**. There are certain benefits in the **table of benefits** for which **you** must obtain pre-authorisation. If **you** do not obtain pre-authorisation for these benefits, **we** will only pay 80% of the **reasonable and customary** cost of **treatment**.

The **table of benefits** should be read in conjunction with the *What* **you***'re not covered for* section of this **agreement**.

Key ✓ Full cover within annual benefit limit ✓ Partial or limited cover ✗ No cover ⊕ Optional cover

	Bronze	Silver*Lite*	Silver	Gold
Annual benefit limit The overall maximum limit that each **member** can **claim** during any one **policy year**.	US$1,500,000 or £1,000,000 or €1,125,000	US$1,500,000 or £1,000,000 or €1,125,000	US$2,500,000 or £1,666,000 or €1,875,000	US$5,000,000 or £3,333,000 or €3,750,000
Hospital costs Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Hospital accommodation With cover for a private **hospital** room, **we** will pay the cost of a standard single room with an en-suite bath or shower room when **you** are an **inpatient** or **daypatient**. With cover for a semi-private **hospital** room, **we** will pay the cost of a standard shared room with an en-suite bath or shower room when **you** are an **inpatient** or **daypatient**. Accommodation in a private **hospital** room is only available on the Bronze and Silver*Lite* **plans** if **you** have selected this option.	✓ Semi-private **hospital** room ⊕ Private **hospital** room	✓ Semi-private **hospital** room ⊕ Private **hospital** room	✓ Private **hospital** room	✓ Private **hospital** room
Hospital treatment **Treatment you** receive while **you** are an **inpatient** or **daypatient**, including surgeons' and anaesthetists' and **doctors'** fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, **imaging tests** and physiotherapy. **We** will also pay for **pre-admission tests** that **you** undergo on an **outpatient** basis for **hospital treatment you** are scheduled to receive that is covered by **your plan**. **We** will also pay for the **inpatient** surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month **waiting period** and covered only when the surgery is performed by a **doctor** (not a **dentist**) in a **hospital** (not a dental surgery) and under general anaesthetic.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover

	Bronze	Silver*Lite*	Silver	Gold
Hospital costs (continued) Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Parent accommodation The cost of one parent staying in **hospital** with a child under 18 years of age while the child is receiving eligible **treatment** covered by their **plan**.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Local ambulance The cost of a local road or air ambulance if **you** need **medically necessary hospital treatment** covered by **your plan**. Transport must be to the nearest available and appropriate **hospital** and an air ambulance is only covered if there is no viable alternative.	✓ Full cover	◐ Up to US$1,600 or £1,065 or €1,200 per **policy year**	✓ Full cover	✓ Full cover
Hospital cash benefit Payable for each night spent in a **hospital** when **you** receive **treatment** eligible for cover by **your plan** for which no charge is made by the **hospital** to **us**. Benefit is paid for up to a maximum of 60 nights per **policy year**. If **you** have an **excess**, **we** will not apply it to this benefit.	◐ US$150 or £100 or €113 per night	◐ US$200 or £132 or €150 per night	◐ US$200 or £132 or €150 per night	◐ US$350 or £231 or €263 per night
Advanced imaging tests MRI and CAT (CT) scans performed on the advice of a **doctor** and PET scans performed on the advice of a **specialist**. **Your medical referral letter** will be required. **We** will pay for one consultation only to obtain the results of the **imaging test**.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Cancer treatment Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Cancer treatment Cancer **treatment**, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. **We** will also pay for restorative **dental treatment** following chemotherapy or radiotherapy.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Cancer genome tests The cost of tests to sequence the genes of cancer cells.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Genetic testing for cancer (12-month waiting period) **We** will pay for genetic tests (and any associated genetic counselling) for BRCA1 and BRCA2 genes (for breast, ovarian, prostate, and pancreatic cancer) and familial adenomatous polyposis (FAP) (for colorectal cancer). **We** will only pay for such genetic tests if: • **your doctor** has referred **you**; or • **you** have a parent, sibling, or child with breast cancer or FAP, or their genetic testing has established the presence of a hereditary cancer syndrome; or • tests take place outside of the USA. **We** won't pay for genetic tests when similar tests are available free of charge in the public healthcare system of the country where **you're** receiving oncology **treatment**.	✗ No cover	✗ No cover	◐ Lifetime limit of US$2,000 or £1,320 or €1,500	◐ Lifetime limit of US$4,000 or £2,640 or €3,000

	Bronze	Silver*Lite*	Silver	Gold
Cancer treatment (continued) Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Preventive cancer treatment (12-month waiting period) **We** will only pay for mastectomy (surgery to remove breasts), oophorectomy (surgery to remove ovaries), and colectomy (surgery to remove all or part of the bowel). **We** will only pay for these surgeries if: • **your doctor** has referred **you**; or • **you** have a parent, sibling, or child with a disease that's part of a hereditary cancer syndrome (e.g., breast cancer, ovarian cancer), or their genetic testing has established the presence of a hereditary cancer syndrome; or • **treatment** takes place outside of the USA. **We** won't pay for such surgeries when they are available free of charge in the public healthcare system of the country where **you're** receiving oncology **treatment**.	✗ No cover	✗ No cover	✓ Lifetime limit of US$25,000 or £16,600 or €18,750, subject to a 20% **co-insurance**	✓ Lifetime limit of US$40,000 or £26,600 or €30,000
Cash benefit upon diagnosis of cancer (6-month waiting period) Payable if **you** are diagnosed with cancer. By cancer **we** mean the presence of tumours that consist of cells that are malignant, due to characteristics which can be shown microscopically. These cells can multiply and spread to other parts of the body uncontrollably (e.g., cancers such as breast cancer, lung cancer, bowel cancer, and cancers of the blood [also known as leukaemia]). The following are not covered: • non-melanoma skin cancer unless it has spread to lymph nodes or organs • prostate cancer unless it has spread to other glands or organs This benefit will not be paid if **you** were first diagnosed with any cancer before **you** were covered under the Gold **plan** for a period of six consecutive months.	✗ No cover	✗ No cover	✗ No cover	✓ US$5,000 or £3,330 or €3,750 with a lifetime limit of one **claim** per **member**
Wigs Help towards the cost of a wig following chemotherapy, covered by **your plan**.	✓ Lifetime limit of US$150 or £100 or €113	✓ Lifetime limit of US$150 or £100 or €113	✓ Lifetime limit of US$150 or £100 or €113	✓ Lifetime limit of US$250 or £165 or €188
Counselling Consultations with a registered psychologist/counsellor when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 10 consultations. Drugs prescribed by a **doctor** for **outpatient** mental health **treatment** are covered under this benefit.	✓ Lifetime limit of US$500 or £330 or €375	✓ Lifetime limit of US$500 or £330 or €375	✓ Lifetime limit of US$500 or £330 or €375	✓ Lifetime limit of US$750 or £500 or €563
Dietitian Consultation with a registered dietitian when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 2 consultations.	✓ Lifetime limit of US$100 or £67 or €75	✓ Lifetime limit of US$100 or £67 or €75	✓ Lifetime limit of US$100 or £67 or €75	✓ Lifetime limit of US$250 or £165 or €188

	Bronze	Silver*Lite*	Silver	Gold
Organ, bone marrow or tissue transplants Important notes: • **You** must obtain pre-authorisation for all benefits in this section. • **We** only cover transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines. • **We** do not cover any costs associated with the acquisition of the organ.				
Transplant and related treatment Costs incurred while hospitalised, including anti-rejection drugs, and all related **outpatient treatment** required prior to and after the transplant.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Donor costs Medical costs associated with the donor as an **inpatient** or **daypatient**.	✓ Up to US$25,000 or £16,600 or €18,750 per transplant	✓ Up to US$25,000 or £16,600 or €18,750 per transplant	✓ Up to US$25,000 or £16,600 or €18,750 per transplant	✓ Up to US$25,000 or £16,600 or €18,750 per transplant
Kidney dialysis Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Treatment for kidney dialysis while **you** are an **inpatient**, **daypatient** or **outpatient**.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Reconstructive surgery Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
A maximum of two surgeries per lifetime to restore **your** appearance after an **accident** or after surgery for cancer, provided the original **treatment** for the **accident** or cancer was paid for by **us**, and provided the reconstructive surgery takes place within two years of the **accident** or the original cancer surgery.	✓ **Inpatient**, **daypatient** and **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital** following reconstructive surgery	✓ Full cover	✓ Full cover	✓ Full cover
HIV/AIDS treatment Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
(24-month waiting period) **Treatment** arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC) for a maximum period of 5 years. **We** do not provide cover if the virus was contracted before **your date of entry**.	✓ **Inpatient** and **daypatient treatment** only, up to US$5,000 or £3,300 or €3,750 per **policy year**	✓ Up to US$5,000 or £3,300 or €3,750 per **policy year**	✓ Up to US$75,000 or £50,000 or €56,250 per **policy year**	✓ Up to US$100,000 or £66,600 or €75,000 per **policy year**

	Bronze	SilverLite	Silver	Gold
Congenital conditions or hereditary conditions Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Treatment for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**. This benefit does not extend to mental health **treatment**, complementary medicine or traditional Chinese medicine. There is no cover for **congenital conditions** or hereditary conditions if, prior to **your date of entry**, **you** have had any abnormal signs, symptoms or test results related to the **congenital condition** or hereditary condition (whether or not a specific diagnosis has been made). The lifetime limit shown applies irrespective of the number of **congenital conditions** and hereditary conditions. Newborn babies may be eligible for this benefit once the **congenital conditions** or hereditary conditions limits have been exhausted under the *maternity costs* section of the **table of benefits**.	◐ **Inpatient**, **daypatient** and **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**, up to a lifetime limit of US$50,000 or £33,300 or €37,500	◐ Lifetime limit of US$60,000 or £40,000 or €45,000	◐ Lifetime limit of US$80,000 or £53,300 or €60,000	◐ Lifetime limit of US$100,000 or £66,600 or €75,000
Mental health treatment Important notes: • **You** must obtain pre-authorisation for all benefits in this section. • All **treatment** must be administered under the direct control of a registered psychiatrist, psychologist or counsellor. • **We** do not cover investigations or **treatment** related to phobias, hypnotherapy, postnatal depression or marriage/relationship counselling, or psycho-geriatric conditions including Alzheimer's disease or dementia.				
Lifetime mental health treatment limit The overall maximum limit to the amount that **you** can **claim** for all benefits in the *mental health* **treatment** section that are covered by **your plan** during **your** lifetime.	US$50,000 or £33,300 or €37,500	No cover	US$75,000 or £50,000 or €56,250	US$100,000 or £66,600 or €75,000
Inpatient and daypatient mental health treatment (12-month waiting period) **Inpatient** and **daypatient treatment** received in a recognised mental health unit of a **hospital**. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.	◐ Up to 30 days per **policy year**	✗ No cover	◐ Cover up to the lifetime limit for mental health **treatment**	◐ Cover up to the lifetime limit for mental health **treatment**
Outpatient mental health treatment (12-month waiting period) **Specialist** mental health consultations with a registered psychiatrist or psychologist or mental health consultations with a registered counsellor when **you** have been referred by a **doctor**. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.	◐ Up to 10 consultations per **policy year** for **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital** following **inpatient** or **daypatient** mental health **treatment**	✗ No cover	◐ Up to 10 consultations per **policy year**	◐ Up to 10 consultations per **policy year**

	Bronze	Silver*Lite*	Silver	Gold
Mental health treatment (continued) Important notes: • **You** must obtain pre-authorisation for all benefits in this section. • All **treatment** must be administered under the direct control of a registered psychiatrist, psychologist or counsellor. • **We** do not cover investigations or **treatment** related to phobias, hypnotherapy, postnatal depression or marriage/relationship counselling, or psycho-geriatric conditions including Alzheimer's disease or dementia.				
Outpatient mental health medication (12-month waiting period) Medication prescribed by a **doctor** or registered psychiatrist to treat a mental health condition**. Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.	✓ Up to US$500 or £333 or €375 per **policy year** for **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital** following **inpatient** or **daypatient** mental health **treatment**, subject to a 20% **co-insurance**	✗ No cover	✓ Up to US$500 or £333 or €375 per **policy year**, subject to a 20% **co-insurance**	✓ Up to US$500 or £333 or €375 per **policy year**, subject to a 20% **co-insurance**
Medical appliances				
Medical aids Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to **you** (e.g., crutches, wheelchairs, orthopaedic supports/braces, orthotics, stoma supplies, compression stockings) when it immediately follows **inpatient**, **daypatient** or emergency ward **treatment** covered by **your plan**. **We** do not cover medical aids that form part of the care of a **chronic condition**. **We** do not cover unprescribed medical aids such as gym equipment, even if **you** have been advised to use such an aid.	✓ Up to US$250 or £160 or €188 per medical condition per **policy year**	✗ No cover	✓ Up to US$500 or £330 or €375 per medical condition per **policy year**	✓ Up to US$1,000 or £660 or €750 per medical condition per **policy year**
Prosthetic implants 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 **excess** fluid from the brain. As part of this benefit, **we** 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.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Prosthetic devices External prosthetic body parts, such as prosthetic limbs, fitted after the healing of an amputation covered by **your plan**.	✓ Up to US$500 or £330 or €375 per device	✓ Up to US$1,000 or £660 or €750 per device	✓ Up to US$1,000 or £660 or €750 per device	✓ Up to US$1,500 or £1,000 or €1,125 per device

	Bronze	Silver*Lite*	Silver	Gold
Outpatient treatment				
Annual limit for outpatient treatment The overall maximum limit to the amount **you** can **claim** for **treatment you** receive as an **outpatient** during any one **policy year**. For **members** with a Silver*Lite* **plan**: • If **you** select Option A, **your** annual limit for **outpatient treatment** increases to the limit shown. **Your** limit for the primary medical care benefit (below) also increases to the limit shown for Option A. • If **you** select Option B, **your** annual limit for **outpatient treatment** increases to the limit shown. **Your** limit for the primary medical care benefit (below) also increases to the limit shown for Option B. **You** are not eligible for the higher limits if **you** have not selected Option A or Option B.	Full cover up to **your** annual **plan** limit	◐ Up to US$5,000 or £3,300 or €3,750 **per policy year** ⊕ **Option A** Up to US$7,500 or £5,000 or €5,625 **per policy year** ⊕ **Option B** Up to US$10,000 or £6,600 or €7,500 **per policy year**	Full cover up to **your** annual **plan** limit	Full cover up to **your** annual **plan** limit
Primary medical care Consultations with a GP, **doctor**, or **specialist**. Consultations can be in-person or via technology (e.g., video or phone call). **We** do not cover home visits. **We** will also pay for the following primary medical care costs: • Prescription drugs and other pharmacy costs (must be prescribed by a GP, **doctor**, or **specialist**) • Pathology • Scans • Radiology • **Imaging tests** **We** cover COVID-19 PCR and Antigen testing when **you** have symptoms such as cough or fever or have been in close contact with someone who has tested positive for COVID-19. Tests must be prescribed by a **doctor** and undertaken under medical supervision in a recognised medical facility. **We** don't cover home testing kits. If **you** have a Silver*Lite* **plan** and **you** select Option A or Option B, **your** annual limit for primary medical care increases to the limit shown.	◐ **Post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**	◐ Up to US$1,500 or £1,000 or €1,125 **per policy year** (up to the annual limit for **outpatient treatment**) ⊕ **Option A** Up to US$2,500 or £1,665 or €1,875 **per policy year** (up to the annual limit for **outpatient treatment**) ⊕ **Option B** Up to US$3,500 or £2,310 or €2,625 **per policy year** (up to the annual limit for **outpatient treatment**)	✓ Full cover	✓ Full cover
Emergency ward treatment **Emergency treatment** that **you** have received at a **hospital**.	◐ Essential and immediate **treatment** necessary as the result of an **accident**, plus one follow-up appointment with a **doctor**	◐ Up to the annual limit for **outpatient treatment**	✓ Full cover	✓ Full cover
Outpatient surgical procedures Surgical procedures where it is not **medically necessary** for **you** to be admitted to **hospital** as an **inpatient** or **daypatient**.	✓ Full cover	◐ Up to the annual limit for **outpatient treatment**	✓ Full cover	✓ Full cover

	Bronze	Silver*Lite*	Silver	Gold
Outpatient treatment (continued)				
Complementary treatments **Treatment** by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist on the advice of a **doctor**. **Your medical referral letter** will be required for any **treatment** by a chiropractor, osteopath, chiropodist or podiatrist. If **your** condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining it rather than curing it, no further payments will be made. Cover is limited to the maximum number of **sessions** shown per **policy year** in respect of all **treatment** types. **Treatment** must be performed by a **medical practitioner**. Medication provided by complementary therapists is not covered under this benefit.	✎ Up to 10 **sessions** per **policy year** for **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**	✗ No cover	✎ Up to 10 **sessions** per **policy year**	✎ Up to 15 **sessions** per **policy year**
Hormone replacement therapy When prescribed by a **doctor** following **your** diagnosis with premature ovarian failure (i.e., loss of ovarian function before the age of 40).	✗ No cover	✗ No cover	✎ Maximum period of 12 months from the date of diagnosis	✎ Maximum period of 18 months from the date of diagnosis
Traditional Chinese medicine Cover is limited to the maximum number of **sessions** shown per **policy year**. **Treatment** must be performed by a **medical practitioner**.	✗ No cover	✗ No cover	✎ Up to US$50 or £33 or €38 per **session**, up to a maximum of 15 **sessions**	✎ Up to US$50 or £33 or €38 per **session**, up to a maximum of 20 **sessions**
Physiotherapy **Medically necessary** physiotherapy when **you** have been referred on the advice of **your doctor** to a physiotherapist who is registered to practice physiotherapy in the country where the **treatment** is administered. **You** must send **us your medical referral letter** in support of **your claim**. After **your** first 6 **sessions** of physiotherapy, if **you** need more **sessions you** must contact **us** for pre-authorisation. **We** will write to **your doctor** for a medical report in order to assess **your claim** further. After **your** first 6 **sessions**, **we** will not pay for any physiotherapy that **we** have not pre-authorised. If **your** condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining rather than curing it, no further payments will be made.	✎ **Post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**, up to US$1,000 or £660 or €750 per **policy year**	✎ Up to US$250 or £165 or €188 per **policy year** up to the annual limit for **outpatient treatment**	✓ Full cover	✓ Full cover
Chronic conditions				
Acute flare-ups Short-term **treatment** to treat acute flare-ups of a **chronic condition** covered by **your plan**.	✎ **Inpatient**, **daypatient**, and **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**	✎ **Inpatient** and **daypatient treatment**, with cover for **outpatient treatment** up to the benefit limit for primary medical care	✓ Full cover	✓ Full cover
Monitoring and maintenance Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a **chronic condition**.	✗ No cover	✎ Up to the benefit limit for primary medical care	✓ Full cover	✓ Full cover

	Bronze	Silver*Lite*	Silver	Gold
Well-being benefits Important notes: • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**.				
Preventive health and well-being (6-month waiting period) **Preventive health checks** and tests for adults, as follows: • blood tests (cholesterol, liver function, kidney function, high blood pressure, anaemia, diabetes testing/screening) • lung function test • cardiac risk testing • bone densitometry testing (every five years for women aged 50+) • neurological examination (physical examination) • hearing test • allergy patch testing (lifetime limit of one test per **member**) • smoking cessation aids prescribed by a **doctor** (up to US$100 or £67 or €75 per **policy year**) • eye examination (limited to one test per **policy year**) Cancer screening for adults, as follows: • annual Papanicolaou test (PAP/smear test) • mammogram (one every two years for **members** aged 45+) • annual prostate cancer test (only for **members** aged 45+) • colonoscopy (one every five years for **members** aged 50+) If **you** have a Silver or Gold **plan**, **you** can select a higher limit to enhance the well-being cover.	✗ No cover	✗ No cover	⚠ Up to US$400 or £260 or €300 per **policy year** ⊕ Up to US$750 or £500 or €563 per **policy year** (if **you** have selected the enhanced option)	⚠ Up to US$1,200 or £780 or €900 per **policy year** ⊕ Up to US$2,000 or £1,330 or €1,500 per **policy year** (if **you** have selected the enhanced option)
Vaccinations for adults Vaccinations for adults as follows: • immunisation and booster injections required under regulation of the country in which **treatment** is being given • **medically necessary** travel vaccinations • malaria prophylaxis • flu jabs • approved COVID-19 vaccinations (where not available free of charge in **your country of residence**)	✗ No cover	✗ No cover	⚠ Up to US$300 or £200 or €225 per **policy year**	⚠ Up to US$500 or £330 or €375 per **policy year**
Well-child benefit (6-month waiting period) Immunisations and booster injections that form part of government-recommended programmes within the child's **country of residence**, allergy patch testing, and routine developmental check-ups (including vision and hearing). **We** will waive the **waiting period** if either parent has been insured on the **policy** for at least 6 months on the date when children are added to the **policy**.	✗ No cover	✗ No cover	⚠ Up to US$400 or £260 or €300 per **policy year**	⚠ Up to US$800 or £520 or €600 per **policy year**

	Bronze	Silver*Lite*	Silver	Gold
Rehabilitation treatment Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Rehabilitation treatment you receive when carried out under the control and supervision of a **specialist** in a recognised **rehabilitation hospital or unit**, and only when it immediately follows **inpatient treatment** for illness or injury covered by **your plan**. **Rehabilitation treatment** in the form of a therapy or a combination of therapies (e.g., physical therapy, occupational therapy, speech therapy) after an acute event like a stroke. This benefit is payable only on the written recommendation of **your** treating **specialist** and when **treatment** begins within 30 days of **your** discharge from **hospital**.	◐ Up to US$2,000 or £1,330 or €1,500 per **policy year**	◐ Up to US$2,000 or £1,330 or €1,500 per **policy year**	◐ Up to US$4,000 or £2,660 or €3,000 per **policy year**	◐ Up to US$6,000 or £4,000 or €4,500 per **policy year**
Home nursing costs Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
The medical services of a **qualified nurse** to treat **you** in **your** own home when it is **medically necessary** and relates directly to an illness or injury covered by **your plan**.	◐ Up to US$5,000 or £3,330 or €3,750 per medical condition per **policy year**	◐ Up to US$8,000 or £5,300 or €6,000 per medical condition per **policy year**	◐ Up to US$10,000 or £6,660 or €7,500 per medical condition per **policy year**	◐ Up to US$15,000 or £10,000 or €11,250 per medical condition per **policy year**
Lifetime care Important notes: • **You** must obtain pre-authorisation for all benefits in this section.				
Lifetime limit for all lifetime care The overall maximum limit to the amount that **you** can **claim** for all benefits in the *lifetime care* section that are covered by **your plan** during **your** lifetime.	US$25,000 or £16,600 or €18,750	US$50,000 or £33,300 or €37,500	US$50,000 or £33,300 or €37,500	US$100,000 or £66,600 or €75,000
Hospice and palliative care On diagnosis of a **terminal medical condition** covered by **your plan**, all costs for **treatment** received on the advice of a **medical practitioner** or **specialist** for the purpose of offering relief of symptoms. This includes all **hospital** or hospice accommodation, and nursing care by a **qualified nurse**.	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care
Artificial life maintenance **Treatment you** require after **you** have already been on **artificial life maintenance** for 8 weeks.	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care
Persistent vegetative state and neurological damage **Treatment you** require after **you** have been in **hospital** for 8 weeks for permanent neurological damage or if **you** are in a persistent **vegetative state**.	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care	◐ Up to the lifetime limit for all lifetime care

	Bronze	Silver*Lite*	Silver	Gold
Dental costs Important notes: • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**. • All **dental treatment** must be carried out by a **dentist** in a **hospital** emergency room or dental surgery. • **Treatment** for damaged crowns, dentures, bridge work or false teeth is only covered under the Dental Plus benefit. • **We** do not cover orthodontic or periodontic consultations or **treatment** of any kind.				
Emergency restorative treatment you receive as an inpatient **Inpatient treatment** required to restore sound and natural teeth following an **accident** covered by **your plan**, provided that **treatment** is received within 15 days of the **accident**.	✓ Full cover	✓ Up to US$5,000 or £3,330 or €3,750 per **policy year**	✓ Full cover	✓ Full cover
Emergency restorative treatment you receive as an outpatient **Outpatient treatment** required to treat or replace sound and natural teeth which are lost or damaged following an **accident**, provided that **treatment** is received within 72 hours of the **accident**.	✗ No cover	✗ No cover	✓ Up to US$500 or £330 or €375 per **policy year**	✓ Up to US$1,000 or £660 or €750 per **policy year**
Dental Basic (6-month waiting period) **We** will pay for the following basic dental costs: • screening (e.g., the checking for and/or the assessment of any diseased, missing and filled teeth including X-rays where necessary) twice per year • scaling and polishing and sealing (twice per year) • fillings (both composite and amalgam) • simple extractions • root canal **treatment** The benefit is optional on the Silver*Lite* and Silver **plans**. It's included as standard on the Gold **plan**.	✗ No cover	+ Up to US$500 or £330 or €375 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Basic option)	+ Up to US$1,000 or £660 or €750 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Basic option)	✓ Up to US$1,500 or £1,000 or €1,125 per **policy year**
Dental Plus (10-month waiting period) **We** will pay for the following advanced dental costs: • denture repair • full/partial dentures • dental bridges • crowns, inlays, and onlays • dental implants This benefit is optional on the Silver and Gold **plans**. Silver **policyholders** wishing to select Dental Plus must also select the Dental Basic option	✗ No cover	✗ No cover	+ Up to US$1,500 or £1,000 or €1,125 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Plus option)	+ Up to US$2,000 or £1,330 or €1,500 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Plus option)

	Bronze	Silver*Lite*	Silver	Gold
Maternity costs Important notes: • **Dependant** children included on **your policy** are not eligible for these benefits. • **You** must obtain pre-authorisation for all benefits in this section. • **Treatment** of any newborn born following **assisted reproduction** (e.g., IVF) and within 36 weeks of conception is limited to the complications of childbirth benefit. • Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and routine care of newborns benefit. • **We** do not cover pregnancy testing, or pre-natal classes and doulas. • **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy (unless there is a threat to the mother's health and **treatment** is provided in a recognised medical facility). • **We** do not cover breast pumps.				
Routine maternity care and routine care of newborns (12-month waiting period) **We** will pay for the following routine maternity costs: • pre-natal tests and examinations • post-natal **treatments** and examinations • natural childbirth • childbirth by **planned caesarean section** • any **hospital** accommodation costs for the newborn • basic newborn healthcare (physical examination, vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, blood tests for PKU, congenital hypothyroidism and G6PD, prior to discharge from the **hospital**) • home birth, where a midwife is present • supplements and vitamins as recommended by a **doctor** The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any **hospital** or birthing centre accommodation costs will be limited to the cost of a standard **hospital** room.	✗ No cover	✗ No cover	✗ No cover	✓ Up to US$18,500 or £12,200 or €13,875 per pregnancy
Complications of childbirth (12-month waiting period) **We** will pay for complications experienced in childbirth, including post-partum haemorrhage, retained placental membrane, and childbirth by **emergency caesarean section**. If **your** childbirth necessitates an emergency surgical procedure and **you** have already exhausted the benefit for routine maternity care and routine care of newborns, **you** may use this benefit as additional cover for: • surgeons', anaesthetists', and theatre fees for complex deliveries • additional accommodation charges incurred following a surgical procedure **We** will also pay under this benefit for the **treatment** of any newborn born following **assisted reproduction** (e.g., IVF) when the birth occurs within 36 weeks of conception. This is subject to a maximum limit of US$30,000 or £20,000, or €22,500.	✗ No cover	✗ No cover	✗ No cover	✓ Full cover

	Bronze	Silver*Lite*	Silver	Gold
Maternity costs (continued) Important notes: • **Dependant** children included on **your policy** are not eligible for these benefits. • **You** must obtain pre-authorisation for all benefits in this section. • **Treatment** of any newborn born following **assisted reproduction** (e.g., IVF) and within 36 weeks of conception is limited to the complications of childbirth benefit. • Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and routine care of newborns benefit. • **We** do not cover pregnancy testing, or pre-natal classes and doulas. • **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy (unless there is a threat to the mother's health and **treatment** is provided in a recognised medical facility). • **We** do not cover breast pumps.				
Complications of pregnancy affecting the mother (12-month waiting period) **Inpatient** or **daypatient treatment** necessary as a direct result of a complication experienced during pregnancy. **We** will pay only for the following complications (which arise only during pregnancy): ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth, and hydatidiform mole (also known as molar pregnancy). **We** do not provide cover for childbirth under this benefit. **We** do not provide cover under this benefit for complications arising from a pregnancy established through **assisted reproduction** (e.g., IVF) until after the standard 12-week scan, irrespective of how long **you've** been covered by **your policy**.	◐ Up to US$4,800 or £3,200 or €3,600 per **policy year**	◐ Up to US$10,000 or £6,600 or €7,500 per **policy year**	◐ Up to US$15,000 or £10,000 or €11,250 per **policy year**	✓ Full cover
Treatment for congenital conditions or hereditary conditions for newborn babies **Treatment** that **your newborn** receives for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**. This benefit is subject to the following conditions: • **your** newborn must be added to **your policy** within 30-days of birth and any additional **premium** paid • **your** newborn must have the same **plan** as **you** • either parent must have been insured on a Silver or Gold **plan** for a minimum of 12 months prior to the birth The limits shown apply to each pregnancy, regardless of the number of children born.	✗ No cover	✗ No cover	◐ **Inpatient** or **daypatient treatment** received within the 90-day period following birth, up to US$10,000 or £6,600 or €7,500 per pregnancy	◐ **Inpatient** or **daypatient treatment** received within the 90-day period following birth, up to US$100,000 or £66,600 or €75,000 per pregnancy

	Bronze	Silver*Lite*	Silver	Gold
Expat benefits Important notes: • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**. • **You** must obtain pre-authorisation for all benefits in this section.				
24-hour medical assistance helpline If **you** have a medical emergency which requires immediate medical assistance, **you** must contact **our** 24-hour helpline (provided by the CEGA) at +44 (0) 1243 621 155 or william.russell@cegagroup.com.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Medevac Basic If **you** have a life-threatening or limb-threatening condition covered by **your plan** which requires immediate **inpatient treatment** that cannot be adequately provided locally, the **Assistance Service** will arrange for **you** to be moved by air and/or by surface transportation to the nearest **hospital** within **your coverage zone** where appropriate medical **treatment** is available. **We** do not cover any other costs under this benefit such as hotel accommodation charges. **We** do not cover emergency evacuation to, from or within the United States of America. The **Assistance Service** retains the absolute right to decide whether **your** medical condition is eligible for evacuation, where **you** are evacuated to, and the means and method of the evacuation.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Return airfare Following an emergency evacuation covered by **your plan**, **we** will pay for **your** economy return airfare to **your country of residence**.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Travel expenses of a companion The transportation costs of another person to accompany **you** on **your** emergency evacuation, and their economy-class ticket back. If it is not possible for them to accompany **you** on **your** medical evacuation because of the method of evacuation, **we** will pay either for their economy-class round-trip airfare on a scheduled flight, or their suitable round-trip surface transportation, whichever is the most appropriate.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Accommodation expenses of a companion If **your** companion is then staying with **you** while **you** are hospitalised following **your** emergency evacuation, **we** will pay towards the costs of their hotel accommodation (limited to a maximum of 15 nights per **policy year**).	✓ Up to US$75 or £50 or €56 per night	✓ Up to US$100 or £67 or €75 per night	✓ Up to US$150 or £100 or €113 per night	✓ Up to US$250 or £167 or €188 per night
Compassionate home visit (12-month waiting period) If a **close family member** dies during **your policy year** and after **you** have been insured by **your plan** for a continuous period of 12 months, **we** will pay for **your** economy-class round-trip airfare to attend the funeral. **Your** travel must take place within 28 days of the date of death.	✓ Lifetime limit of one **claim** per **member**	✗ No cover	✓ Lifetime limit of one **claim** per **member**	✓ Lifetime limit of one **claim** per **member**
Repatriation of mortal remains If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **your** body or ashes to be transported to **your country of nationality** or **country of residence**. This benefit is not available if a **claim** is made for the burial or cremation benefit at the place where **you** died.	✓ Full cover	✓ Up to US$5,000 or £3,330 or €3,750	✓ Full cover	✓ Full cover

	Bronze	Silver*Lite*	Silver	Gold
Expat benefits (continued)				
Important notes: • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**. • **You** must obtain pre-authorisation for all benefits in this section.				
Burial or cremation If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **you** to be buried or cremated at the place where **you** died. This benefit is not available if a **claim** is made under the repatriation of mortal remains benefit. **We** do not provide cover under this benefit if **you** die in **your country of nationality**. **We** do not provide cover under this benefit for the costs of a religious practitioner.	✓ Up to US$1,600 or £1,060 or €1,200	✓ Up to US$1,600 or £1,060 or €1,200	✓ Up to US$1,600 or £1,060 or €1,200	✓ Up to US$1,600 or £1,060 or €1,200
Medevac Plus The following benefits apply in addition to those under the Medevac Basic benefit. Evacuation if **you** need **advanced imaging** or cancer **treatment** such as radiotherapy or chemotherapy that cannot be adequately provided locally. All eligible evacuations will include repatriation to **your country of nationality** if it is within **your coverage zone**, or to **your country of residence**. **We** do not cover emergency evacuation or repatriation to, from or within the United States of America. If **you** request repatriation to **your country of nationality** or to **your country of residence**, it may, in some cases, not be appropriate immediately due to **your** medical condition. In such cases, **we** will first evacuate **you** to the nearest place within **your coverage zone** where appropriate **treatment** is available. Once **you** have been stabilised, **we** will then repatriate **you** to **your country of nationality** if it is within **your coverage zone**, or **your country of residence**. If **you** are evacuated to a country which is not **your country of residence** and not **your country of nationality**, and **you** do not have anyone to accompany **you**, **we** will pay the economy-class round-trip airfare to have one companion flown from anywhere in the world to be with **you** while **you** receive **your treatment**. **We** will also pay up to US$150 per day (for a maximum of 30 days per **policy year**) towards their hotel accommodation expenses whilst **you** have **your treatment**, or until the date on which **you** return to **your country of nationality** or **your country of residence** (whichever is the sooner). The Medevac Plus benefit is optional on all **plans.**	⊕ Full cover (if **you** have selected the Medevac Plus option)	⊕ Full cover (if **you** have selected the Medevac Plus option)	⊕ Full cover (if **you** have selected the Medevac Plus option)	⊕ Full cover (if **you** have selected the Medevac Plus option)
Accidental death benefit				
Accidental death benefit The accidental death benefit becomes payable if a **member** dies as a consequence of an accidental bodily injury that is suffered during the **policy year**, provided that: • the **plan** was in full force at the time the accidental bodily injury is sustained • death occurs within one year of the date on which accidental bodily injury is sustained • the accidental bodily injury is not caused directly or indirectly by any risk excluded in this **agreement** or by any **special terms** stated on **your certificate of insurance**.	✗ No cover	✗ No cover	✗ No cover	✓ US$15,000 or £10,000 or €11,250

Services available with Elevate

Elevate your health

My Global Doctor's doctors can refer you for specialist treatment and provide advice, guidance and coaching to help you achieve a healthier lifestyle. This includes advice about conditions otherwise excluded from your health insurance policy.

- **A global network**—Speak to a primary care physician who understands your specific needs, helping to gain specialist referrals which can lead to better treatments and improved outcomes.
- **Anytime, anywhere**—Speak to a primary physician from your device, 24 hours a day, 7 days a week, whether you're at home, work, or travelling overseas. There's no need to attend in-person appointments, so you won't need to take time away from the things that matter. Appointments are subject to availability. You are free to request an appointment 24/7/365.
- **Doctors that speak your language**—If you've ever struggled to communicate complex health conditions, you'll know the importance of having a doctor fluent in your native tongue. My Global Doctor connects you with doctors fluent in English, Spanish, Mandarin, Cantonese, Thai, Arabic and Bahasa, with video consultations in English and Spanish.
- **Medicine direct to your door**—With My Global Doctor, you won't even need to take time out of your day to collect your prescription—we can deliver it right to your home.

Elevate your mind

Your confidential counselling sessions are there for you when you need them. Whether you're trying to work through a problem in your life, career, or relationship, or you just want someone to talk to, it's good to know you're never far from the help you need.

- **Six free sessions**—Elevate gives both you and your family members up to six confidential counselling sessions with a professional therapist. You can use these sessions to get things off your chest and seek mental health support.
- **Always at your convenience**—Your sessions will be hosted via the TELUS Health Engage platform, meaning there's no need to attend a therapist's office—you can dial in from anywhere in the world.
- **Set your own pace**—Book your counselling sessions as and when you need them, at a time you find convenient.
- **Trusted professionals**—You can trust that your counsellor is experienced and qualified to master's or doctorate level in psychology, clinical social work, marriage and family therapy, or a related mental health field, with minimum of three years ' clinical experience and 2,500 hours of counselling.

Elevate your wellbeing

With up-to-the-minute reports through a live dashboard, you can track your health improvements in real time. See challenges completed, rewards earned and next steps on your wellbeing journey.

- **Incentives to keep you going**—Enjoy gamified milestones that help you strengthen your mental health and wellbeing, with communities, incentives, and challenges to keep you motivated—plus calendars and surveys to help you stay on track.
- **Over 3,000 pieces of content**—You're only ever a click away from friendly help and advice. With exclusive content on mental health, wellbeing, mindfulness, nutrition, movement, holistic health, and more, you'll have everything you need to live a healthier, more balanced life.
- **There when you need a break**—Support is available whenever you need it, with services offered in eight languages—English, French, Spanish, German, Portuguese, Italian, Dutch, and Flemish.
- **Reach your wellbeing targets**—Set your own targets and achieve them at your own pace. The platform helps you stay motivated and committed, so you'll see real progress over time.

Elevate your safety

When crisis strikes, press your *Call for Assistance* button to connect with a Solace expert. Available 24/7, they're on-hand to offer real-time support while also keeping track of your location and alerting local authorities to provide immediate assistance.

- **Real-time alerts for thousands of threat**—From natural disasters to civil unrest, armed conflict, acts of terrorism, pandemics and health alerts, Solace Secure provides real-time monitoring of threats in your area and delivers alerts directly to your devices, giving you the information and time you need to take decisive action.
- **Stay one step ahead of the news**—Where local and national journalism can't deliver accurate news on time, Solace Secure provides country intelligence reports, specialist interest reports and guides to help you stay informed.
- **Round-the-clock vigilance**—Solace Secure is on hand 24 days a day, 7 days a week, constantly monitoring and alerting you and your family to any signs of danger. You can rest easy knowing Solace Secure is always on the lookout for danger.
- **Worldwide coverage**—Whether at home or on the road, Solace Secure taps into a global intelligence network to provide coverage in every country with pinpoint location data helping you to keep track of threats in your proximity.