

## TABLE OF BENEFITS



Note: NA means "not available"

Please refer to the policy terms and conditions applying to these benefits.

All benefits shall be subject to the provisions of this policy.

All the limits are subject to the Yearly or Benefit Maximum limit, including those benefits which indicate 'In Full'.

All limits payable are for an eligible Medical Condition and they are subject to 100% Reasonable and Customary Charges.

<sup>1</sup> Pre-authorisation if the Insured Person has U.S.A. (United States of America) cover:

- Before any Treatment in the U.S.A., the Insured Person must contact Us for Pre-authorisation of such Treatment and services. Our adviser will confirm the Insured Person's entitlement to the benefit for the proposed Treatment, help find a suitable Medical Network Provider and arrange direct billing with them.
- If the Insured Person chooses to have his/her Treatment in the U.S.A. without Our Pre-authorisation, the eligible benefit may not be paid beyond 50% of Reasonable Customary costs after deduction of any Deductible or Co-Pay.
- In the case of serious Accident requiring immediate Emergency In-Patient Treatment You or Your family member must contact Us within 72 (seventy-two) hours of such Accident. The benefit for eligible Treatment is paid at Reasonable and Customary costs.

INSURANCE PLANS	BLUE	AZURE	COBALT	ADMIRAL	ROYAL	TERMS AND DEFINITIONS
OVERALL MAXIMUM LIMIT	€ 500 000	€ 1 200 000	€ 1 500 000	€ 2 000 000	€ 3 000 000	
Area of coverage	Europe / Europe + Israel		Worldwide excluding U.S.A. / Worldwide <sup>1</sup>			
Deductible	All Benefits Nil / € 75 / € 150 / € 250 / € 500 € 1 000 / € 2 500 / € 4 500		In-Patient only Nil / € 150 / € 300 / € 625 / € 1 250 / € 2 500 / € 6 250			
IN-PATIENT (DAY OR NIGHT)						
Hospital Costs (including accommodation)	In Full	In Full	In Full	In Full	In Full	We will pay for hospital room and board costs for a standard single en-suite room including general nursing care.
Parent Accommodation	In Full	In Full	In Full	In Full	In Full	We will pay for the room and board costs of one parent staying in hospital with their insured child up to the age of 16 (if the child is a member receiving treatment that is covered under the Policy).
Operating Theatre Fees	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of the operating room, surgical appliances used during the surgery, post-surgical recovery room and care, prescribed medicines, dressings and equipment used during surgery and during the insured person's hospital stay.
ICU/HDU/CCU (intensive care/ high dependency / Coronary Care unit)	In Full	In Full	In Full	In Full	In Full	We will pay for the medically necessary admission and/or transfer to a High Dependency Unit or Intensive Care Unit or Coronary Care Unit.
Specialist Fees	In Full	In Full	In Full	In Full	In Full	We will pay for the specialists, surgeons and anaesthetists's fees both in surgery and immediately before or after surgery, on the same day. We will pay for surgeon's consultations while admitted in hospital as long as medically necessary either to discuss Your surgery or for treatment related to a non-surgical stay (such as being admitted for pneumonia).
Laboratory investigations, X-Rays and other diagnostics tests	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of tests used to diagnose or assess Your condition. This includes laboratory investigations (such as blood tests), imagistic investigations (such as x-rays or ultrasounds) and other diagnostic tests (such as ECGs).
Physiotherapy / Speech therapy	In Full	In Full	In Full	In Full	In Full	We will pay for treatment provided by Physiotherapist and Speech therapist if required and recommended by a Specialist as part of the overall treatment plan whilst admitted to hospital.
Acute flare-up for Chronic condition	€ 1 000	€ 1 000	In Full	In Full	In Full	We will pay for the costs of an admission to hospital for an acute flare-up of a chronic condition that requires active medical treatment, for the period of that admission only.

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INSURANCE PLANS	BLUE	AZURE	COBALT	ADMIRAL	ROYAL	TERMS AND DEFINITIONS
<b>Rehabilitation</b> (Subject to Our Pre-authorisation)	NA	€ 2 000	In Full up to 30 days / each condition	In Full up to 30 days / each condition	In Full up to 30 days / each condition	<p>We will pay for In-Patient rehabilitation costs for a combination of therapies such as physical, occupational and speech therapy for Rehabilitation.</p> <p>We pay In-Patient Rehabilitation for as long as:</p> <ul style="list-style-type: none"> <li>• it follows an acute brain Injury, such as a stroke or accident; and</li> <li>• it is a part of Treatment that is covered by the Policy; and</li> <li>• a Medical Practitioner/Physician who specialises in Rehabilitation is overseeing the Insured Person's Treatment; and</li> <li>• We have agreed the costs before the Insured Person starts Rehabilitation; and</li> <li>• the Treatment could not be carried out on an Out-Patient basis.</li> </ul>
<b>Psychiatry</b> (Subject to Our Pre-authorisation)	NA	NA	NA	In Full (up to 30 days)	In Full (up to 60 days)	<p>In-Patient and Day-Patient Psychiatric Treatment received at a registered psychiatric unit of a Hospital providing 24-hour medical supervision and evidence-based Treatment for Mental Health Disorders. This benefit includes room and board hospital accommodation, prescribed medication, Medically Necessary Treatment related to the condition under the medical supervision of a psychiatrist. Psychotherapy treatment is only covered after the Insured Person was initially diagnosed by a psychiatrist and referred to a clinical psychologist for further In-Patient or Day-Patient treatment.</p>
<b>Prosthesis</b> (Prosthetic Implants)	In Full	In Full	In Full	In Full	In Full	<p>We will pay for internal prosthesis/medical implants needed as part of Your treatment. These must be approved by US Food and Drug Administration (FDA) and are used for their intended purpose and proven to be effective.</p>
<b>Durable Medical Equipment, Medical Aids and appliances, External Prosthesis</b> (Pre-authorisation by the Insurer must be obtained for the initial coverage, repair, and/or replacement of prosthetic limbs)	NA	NA	€ 2 500	€ 2 500	€ 2 500	<p>We will pay towards the costs of any items, supplies or equipment used in the course of medical treatment or home care. This is limited to: abdominal binder, post-surgical mastectomy bra, compression stocking, hearing aids, speaking aids (electronic larynx), wheelchairs, crutches, corrective splint, air boots, arm sling, orthopaedic supports, spinal supports, knee braces and pneumatic walking boots. For external prosthetic body parts such as prosthetic limbs all claims are made within 12 (twelve) months of the amputation or removal of the body part.</p>
<b>Palliative Care</b> (Subject to Our Pre-authorisation)	NA	NA	€ 5 000	€ 10 000	€ 20 000	<p>We will pay towards the costs of palliative care (whether in a hospice or at home) if You have received a terminal diagnosis and can no longer receive active medical treatment leading towards Your recovery.</p>
<b>Home Nursing</b> (Subject to Our Pre-authorisation)	€ 1 000	€ 5 000	In Full (up to 30 days after hospitalisation)	In Full (up to 30 days after hospitalisation)	In Full (up to 30 days after hospitalisation)	<p>We will pay for the costs of home nursing if You have been in hospital receiving treatment which was covered under this plan but only if it immediately follows discharge from hospital. You require active medical support, is managed by a qualified nurse and was prescribed by Your treating specialist. We will not pay for social and domestic support. We will not pay for home nursing related to mental illness, psychiatric or psychological disorders.</p>
<b>Hospitalisation Cash benefit</b> (only applicable when there was no charge or hospitalisation in a public hospital)	€ 100 per night up to 10 nights	€ 100 per night up to 10 nights	€ 100 per night	€ 120 per night	€ 150 per night	<p>We will pay a cash benefit for each night You spend in a hospital where You are not charged for Your admission (ie. at a public hospital).</p>
<b>Congenital and Hereditary conditions</b> (Subject to Our Pre-authorisation)	NA	NA	In Full (only up to 90 days after birth)	In Full (only up to 90 days after birth)	In Full (only up to 90 days after birth)	<p>We will pay for the In-Patient/Day-Patient treatment of congenital and/or hereditary conditions. By congenital we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth whether diagnosed at the time or not. By hereditary we mean any abnormalities, deformities, diseases or illnesses present at birth that are only present because they have been passed down through Your family. After the specified days, the newborn will be subject to underwriting.</p>
<b>Cover Outside of Area of Coverage</b> (Emergency In-Patient Treatment)	Up to 30 days within a limit of € 30 000	Up to 30 days within a limit of € 30 000	€ 50 000	€ 50 000	€ 50 000	<p>We will pay only for emergency In-Patient treatment. Covered until stable for transfer.</p>

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INSURANCE PLANS	BLUE	AZURE	COBALT	ADMIRAL	ROYAL	TERMS AND DEFINITIONS
OUT-PATIENT	€ 12 000 OVERALL LIMIT					
<b>Out-Patient Surgery</b>	NA	In Full	In Full	In Full	In Full	We will pay for the costs of a surgical procedure performed as an Out-Patient under a local anaesthesia.
<b>General Practitioner &amp; Specialist Fees</b>	NA	€ 1 000	NA	<p>€ 5 000</p> <ul style="list-style-type: none"> <li>The following benefits are subject to these limits:</li> <li>Prescribed medicines, Drugs and Dressings: up to €1,000/ year of insurance</li> <li>Physiotherapy: up to €1,500/ year of insurance and 10% Co-pay/ claim</li> </ul>	<p>In Full</p> <ul style="list-style-type: none"> <li>The following benefits are subject to these limits:</li> <li>Prescribed medicines, Drugs and Dressings: up to €1,500/ year of insurance</li> <li>Physiotherapy: up to €2,000/ year of insurance and 10% Co-pay/ claim</li> </ul>	We will pay for consultations with Your GP, Family Doctor or Specialist to diagnose and treat a medical condition or to arrange further medical treatment or as a follow up to treatment that has already taken place. It includes Telemedicine consultation – only one consultation per day, from an approved telehealth provider.
<b>Prescribed medicines, Drugs and Dressings</b>	NA		NA			We will pay for the cost of drugs and dressings prescribed by Your medical practitioner that will only be used for the treatment of a disease, illness or injury. It includes prescribed medication during the Telemedicine consultation.
<b>Laboratory investigations, X-Rays and other diagnostics tests</b>	NA	€ 2 000	NA			We will pay for the costs of tests used to diagnose or assess Your condition. This includes laboratory investigations (such as blood tests), imagistic investigations (such as x-rays or ultrasounds) and diagnostic tests (such as ECGs).
<b>Physiotherapy</b> (Subject to Pre-authorisation after 12th session/visit)	NA	€ 1 000 10% Co-pay/ claim	NA			We will pay for consultations and Medically Necessary, effective and proven physiotherapy Treatment when given by a Physiotherapist which is aimed at restoring your normal physical function for a covered diagnosis and following an Insured Event. The Physiotherapist must mention the need for the specific form of physiotherapy, diagnosis, a clear treatment plan with a starting point and ending point and expected outcome. After the 12th session, if the Insured Person requires more sessions, the Insured Person must submit supplementary and interim medical report for our re-assessment of the medical condition. We reserve the right to pre-authorise these additional sessions.
<b>Complementary Therapies:</b> Occupational Therapy/ Chiropractic/ Osteotherapy/ Homeopathy/ Acupuncture/ Dietitian	NA	NA	NA			We will pay for the costs of treatment provided by a registered therapist, such as an Occupational Therapist and Complementary Therapist (acupuncture, homeopathy, chiropractic treatment, osteopathy or dietitian). We will not pay for sexual therapy. Treatment given in the UK: A complementary practitioner is a medical practitioner who meets ALL of the following conditions: • is fully registered under the UK Medical Acts and • specialises in at least one of the following only: acupuncture, osteopathy, or chiropractic.
<b>Maintenance of Chronic conditions</b>	NA	€ 1 000 Maximum limit for In-Patient and Out-Patient cover	NA			We will pay for the ongoing management of chronic conditions. We define chronic as a condition that does not respond to active medical treatment and requires ongoing management (for example diabetes, or back pain). For Azure Insurance Plan, the maximum limit shown applies for both In-Patient and Out-Patient treatment, for Acute flare-ups, maintenance of Chronic conditions and as such any claims paid under one of those two Benefits reduce the remaining aggregate annual limit available for both. We will pay for regular consultations, tests, and prescribed medicines required for the monitoring and maintenance of the stability of a Chronic condition. This benefit is limited to these Treatment and does not include other medical Treatment (e.g. physiotherapy aimed at maintaining stability; such Physiotherapy will be paid under the Physiotherapy benefit provided this is included under Your insurance Plan).
<b>Speech therapy</b>	NA	NA	NA			We will pay for speech therapy in order to restore speech following an accident or for a condition (ie: stroke), under the recommendation of Your specialist. We will not pay for developmental delay or language disorders.

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INSURANCE PLANS	BLUE	AZURE	COBALT	ADMIRAL	ROYAL	TERMS AND DEFINITIONS
<b>Psychiatric Treatment</b>	NA	NA	NA	Up to 20 visits included within the above limit of € 5 000	Up to 30 visits included within the above limit	We will pay for the consultation and associated costs for psychiatry, psychology or psychotherapy provided the overall treatment plan is under the referral of a practicing registered psychiatrist/ psychologist. All consultations must take place in the psychiatrist/psychologist office. We will only pay Out-Patient drugs related to the medical condition when prescribed by the psychiatrist.
<b>Emergency Out-Patient treatment</b>	€ 500	€ 12 000	In Full	In Full	In Full	We will pay for the costs of emergency Out-Patient treatment (ie: services provided in Accident and Emergency Room as an Out-Patient) up to the limits provided.
FURTHER BENEFITS						
<b>Cancer treatment</b> (Subject to Our Pre-authorisation)	In Full (In-Patient) NA (Out-Patient) Wig and temporary head covering up to € 200	In Full Wig and temporary head covering up to € 200	In Full Wig and temporary head covering up to € 200	In Full Wig and temporary head covering up to € 200	In Full Wig and temporary head covering up to € 200	We will pay for fees specifically related to active Cancer Treatment and this includes chemotherapy, radiotherapy, oncology, diagnostic tests, prescribed medicines, and the cost of a wig or temporary head covering following chemotherapy. Cancer Treatment is subject to a limit of up to 120 days per In-Patient admission.
<b>Transplant Services</b> (Subject to Our Pre-authorisation)	€ 250 000 / Lifetime (Organ Transplant) € 25 000 (Tissue Transplant) Donor Costs: up to € 20 000	€ 250 000 / Lifetime (Organ Transplant) € 25 000 (Tissue Transplant) Donor Costs: up to € 20 000	In Full (In-Patient) € 20 000 (Out-Patient) Donor Costs: up to € 20 000	In Full (In-Patient) € 30 000 (Out-Patient) Donor Costs: up to € 20 000	In Full (In-Patient) € 45 000 (Out-Patient) Donor Costs: up to € 20 000	Treatment for and in relation to life-sustaining for the case of transplant of human organs, tissues, and cells, for the following transplants: kidney, pancreas, liver, heart, lung or heart and lung, bone marrow, cornea and other tissue/cell transplants approved by our Medical Advisor in respect of the insured person as a recipient. The transplant will be carried out in internationally accredited institutions by accredited surgeons and where the organ, tissue or cell procurement is in accordance with World Health Organisation (WHO) guidelines. Where Your policy includes donor expenses, we will only pay for hospitalisation medical costs associated with the donor as an In-Patient or Day-Patient when services are rendered in a network facility and where the donation does not lead to the loss of the donor's life and the donating of organs, tissues or cells are removed in the same network facility where the transplant occurs. Costs associated for the donor search or procurement of the organs, tissues or cells are excluded. Cover includes the cost of anti-rejection medication (immunotherapy). The specific type and length of treatment will be determined by the type of transplant and underlying medical condition.
<b>Advanced imaging</b> (MRI, CT,PET)	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of CT, MRI or PET scan (or combination of these scans) when recommended by Your Specialist.
<b>Routine Maternity Care</b>	NA	NA	€ 3 000 (Waiting period: 12 consecutive months of membership)	€ 7 500 (Waiting period: 12 consecutive months of membership)	€ 10 000 (Waiting period: 12 consecutive months of membership)	Maternity costs incurred after the initial 12 months of continuous membership (from the effective start date) will be eligible for consideration. The coverage includes hospital charges, obstetrician and midwife fees for normal childbirth, pre-natal care and post-natal care (immediately following childbirth) and up to seven days routine care for the baby. We will pay for Elective C-sections (planned and not medically necessary C-sections) and Childbirth at home. We will not pay for termination of pregnancy, other than miscarriage, ectopic pregnancy and still birth.

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INSURANCE PLANS	BLUE	AZURE	COBALT	ADMIRAL	ROYAL	TERMS AND DEFINITIONS
<b>Maternity Cash Benefit</b> (payable when the insured members delivery is free of charge)	NA	NA	€ 300 (Waiting period: 12 consecutive months of membership)	€ 300 (Waiting period: 12 consecutive months of membership)	€ 350 (Waiting period: 12 consecutive months of membership)	Subject to a Waiting period of 12 months of continuous membership (from the effective start date), this benefit will be eligible for consideration. We will pay a cash benefit for each night You spend in a hospital during childbirth where You are not charged for Your admission (ie: at a public hospital). Please take note: a) if payable, this benefit replaces the Hospital Cash Benefit; b) if payable, we will pay either this Maternity Cash Benefit or Routine Maternity Care (Pregnancy & childbirth) benefit.
<b>Complications of pregnancy</b>	NA	NA	In Full (Waiting period: 12 consecutive months of membership)	In Full (Waiting period: 12 consecutive months of membership)	In Full (Waiting period: 12 consecutive months of membership)	Subject to a Waiting period of 12 months of continuous membership (from the effective start date) this benefit will be eligible for consideration. We will pay Treatment which is medically necessary as a direct result of pregnancy and childbirth complications including Medically Necessary C-Section. By complications we mean those conditions which occurs as a direct result of pregnancy or childbirth and limited to Antiphospholipid syndrome, Cervical incompetence, Ectopic pregnancy, Gestational diabetes (if the Insured Person has exclusions because of past medical history related to diabetes, then this will not be covered since this is specifically excluded), Hydatidiform mole – molar pregnancy, Hyperemesis gravidarum, Obstetric cholestasis, Pre-eclampsia/Eclampsia, Rhesus (RH) factor, Miscarriage, Post-partum haemorrhage, Retained placental membrane. We do not provide cover under this benefit for: • routine maternity care • C-sections that do not fulfill our Medical necessity criteria.
<b>Newborn care</b>	NA	NA	€ 10 000	€ 25 000	€ 100 000	We will pay for the costs of treatment for a newborn baby within the first 30 days following birth instead of any other benefit during the Period of Insurance and this shall be up to the limit shown for this benefit and accounted within the Overall Maximum Limit for the selected plan for one of the insured parents. Children can be added as a dependent onto their parent's policy within 30 days of birth with no exclusions. The newborn care benefits are not available for children who are born following parent's fertility treatment, assisted reproduction technologies or conception (such as IVF), are born to a surrogate or have been adopted.
<b>Accidental dental damage to natural teeth</b>	NA	NA	NA	€ 500	€ 1 000	We will pay towards treatment of damaged teeth following an accident. The dental Treatment must be carried out by a dentist in a Hospital emergency room or dental Surgery, and Treatment must occur within 7 days of an accidental injury. We will not pay for the repair of dental implants, crowns or dentures.
<b>HIV/ AIDS</b>	€ 50 000 / lifetime	€ 50 000 / lifetime	€ 50 000 / lifetime	€ 50 000 / lifetime	€ 50 000 / lifetime	We will pay for medical treatment which arises from, or is in any way related to Human Immuno-Deficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions.
<b>Second medical opinion service</b>	Included	Included	Included	Included	Included	For medical condition or diagnosis that is complicated, we can help You organise access to a network of leading experts, from anywhere in the world, for a review of Your case.

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INSURANCE PLANS	BLUE	AZURE	COBALT	ADMIRAL	ROYAL	TERMS AND DEFINITIONS
ASSISTANCE						
<b>Local Ambulance Services</b> (Air ambulance services subject to Our Pre-authorisation)	In Full	In Full	In Full	In Full	In Full	We will arrange and pay within the overall Policy Limit for the Insured Person's transport to the nearest suitable Hospital for Emergency transport to or between Hospitals and when a Medical Practitioner/Physician says that it is Medically Necessary, and the Insured Person needs medical supervision while being transported.
<b>Repatriation of Mortal Remains</b> (Subject to Our Pre-authorisation)	NA	€ 10 000	€ 10 000	€ 10 000	€ 10 000	We will pay towards the costs of repatriating Your mortal remains in the event You die away from Your home country/country of residence. We will make all necessary arrangements as required under international regulations.
<b>International Emergency Medical Evacuation</b> (Subject to Our Pre-authorisation)	NA	€ 25 000	In Full	In Full	In Full	In the event of an emergency whereby the local medical facilities are unsatisfactory and unable to provide the level of medical care You need We will pay to either evacuate You to the nearest medical centre or to repatriate You to Your home country/country of residence. The most appropriate means of transport available locally will be used (ie. regular scheduled, charter airline, or a specially chartered air ambulance). We will arrange and pay the reasonable travel costs of one person to accompany the Insured Person; in addition, We will pay for that person's overnight accommodation up to EUR 50 each night for a maximum of 10 nights. We will arrange for Repatriation to Your home country once fit to travel.
PREVENTIVE TREATMENT – WELLNESS						
<b>Health Screening</b> <b>Waiting Period of: 10 consecutive months of membership</b>	NA	NA	NA	€ 500	€ 750	From age 2 to turning 10 years, we will pay charges incurred for the purpose of preventive care delivered or supervised by a Medical Practitioner/Physician, whose service is limited to 1 annual health screening and Routine Vaccinations. From age 10 and up, we will pay towards one annual health screening.
<b>Child (Baby) Wellness</b>	NA	NA	NA			No waiting period applies. For a Dependent Child who is under 2 years old, we will pay charges incurred for preventive care delivered or supervised by a Medical Practitioner/Physician, whose services are limited to 4 health screenings and Routine Vaccinations.
<b>Vaccinations</b>	NA	NA	NA	€ 200	€ 350	No waiting period applies. From age 10 years and up we pay towards vaccinations and immunisations including travel vaccinations.
<b>OPTIONAL PLAN DENTAL</b> (must be selected with Optical option). Only those Insured Person(s) with these benefits are shown in the Insurance/membership certificate.						(The charges for certain Dental Treatments are subject to a Co-pay per claim/ per Insured Person as indicated below and the maximum liability of the Insurer shall not exceed the maximum benefit payable for each Insured Person for the Medically Necessary services provided by a dentist)
<b>Preventive</b>	NA	NA	€ 2 500 (Waiting Period: Preventive/ Routine/ Restorative – 6 consecutive months of membership; Orthodontic – 2 consecutive years of membership)	€ 2 500 (Waiting Period: Preventive/ Routine/ Restorative – 6 consecutive months of membership; Orthodontic – 2 consecutive years of membership)	€ 2 500 (Waiting Period: Preventive/ Routine/ Restorative – 6 consecutive months of membership; Orthodontic – 2 consecutive years of membership)	Preventive dental (ie: check-up, X-ray, scale and polish, mouth guard) and 20% Co-pay.
<b>Routine and Restorative</b>						Routine and Restorative (ie: fillings, root canal treatment, crowns/bridge, implant, anaesthesia) and 20% Co-pay.
<b>Orthodontic</b>						Orthodontic benefit has 50% Co-pay and is covered up to the age of 18 on this option.
OPTIONAL PLAN OPTICAL (MUST BE SELECTED WITH DENTAL OPTION)						
<b>Optical</b>	NA	NA	€ 200 (Waiting period: 6 consecutive months of membership)	€ 200 (Waiting period: 6 consecutive months of membership)	€ 200 (Waiting period: 6 consecutive months of membership)	We will pay towards costs of one annual vision/eye test and prescription glasses/contact lenses where prescribed by an ophthalmologist only.