

Worldwide Healthcare Plan

Summary of Benefits

We have set out below a summary of the benefits available under the Worldwide Healthcare Plan. Full details of these including the terms, conditions and exclusions can be found in the Policy Wording a copy of which is available on request.

	Programme 1	Programme 2	Programme 3
Item 1 - Overall Maximum Benefit			
▶ This is the maximum amount of money we will pay to or on behalf of each insured person in each period of insurance.	£500,000 €750,000 \$900,000	£1,000,000 €1,500,000 \$1,800,000	£1,500,000 €2,225,000 \$2,700,000
Item 2 - Emergency Medical Transfer & Evacuation Benefits			
▶ The costs of transporting an insured person to the nearest suitable hospital (either in the same or a different country) and returning them to their country of residence after treatment.	Full Cover	Full Cover	Full Cover
▶ Costs of a medical escort.	Full Cover	Full Cover	Full Cover
▶ Travelling costs for a friend or relative to accompany the insured person during transportation.	Full Cover	Full Cover	Full Cover
▶ Overnight accommodation costs for the accompanying friend or relative to stay with or near the insured person - the amounts stated are on a per night basis – maximum 10 nights per event.	£100 €150 \$180	£150 €225 \$270	£200 €300 \$360
▶ Medical referral/assistance services including medical advice and help on replacing essential prescription medication.	Full Cover	Full Cover	Full Cover
Item 3 - Additional Transportation Benefits			
▶ Following an emergency medical transfer we will arrange and pay to transport any child/ren under age 19 to a destination of the insured person's choice OR pay for an economy class air ticket for someone to travel to the child/ren to look after them.	Full Cover	Full Cover	Full Cover
▶ If an insured person needs an emergency transfer/evacuation but does not have a friend or relative nearby to accompany them then we will arrange and pay for a person of the insured person's choice to travel to where they are hospitalised.	Full Cover	Full Cover	Full Cover
▶ If an insured person dies outside their home country, we will provide one of the following services in accordance with the wishes of the deceased or next of kin:			
i) Transportation of the deceased to their home country.	Full Cover	Full Cover	Full Cover
• Contribution towards a coffin.	£300 €450 \$540	£350 €525 \$630	£400 €600 \$720
OR			
ii) Cremation costs in the country where death occurred and transportation of the urn to either the deceased's home country or country of residence.	£300 €450 \$540	£400 €600 \$720	£500 €750 \$900
OR			
iii) Local burial in the country where death occurred (other than the home country).	£1,000 €1,500 \$1,800	£1,500 €2,250 \$2,700	£2,000 €3,000 \$3,600
▶ Travel and hotel accommodation expenses if an insured person has to return to their home country due to a close relative (under age 75) having had an accident and either died or is in a life threatening situation.	No Cover	No Cover	Full Cover
Item 4 - Elective Medical Transfer Benefits			
▶ Where an insured person needs to undergo a major surgical intervention, we will arrange and pay for their transfer by economy class travel to their elected country.	Full Cover	Full Cover	Full Cover
Item 5 - In-Patient Treatment Benefits			
▶ Hospital accommodation including nursing, theatre charges, HDU, drugs,			

	Programme 1	Programme 2	Programme 3
medicines, surgeons', anaesthetists', consultants' and physicians' fees, MRI/CT/PET scans, physiotherapy, diagnostic and pathology fees.	Full Cover	Full Cover	Full Cover
▶ Surgical appliances where used as an integral part of a surgical procedure.	Full Cover	Full Cover	Full Cover
▶ Hospital accommodation for one insured person to stay with an insured child under age 19.	Full Cover	Full Cover	Full Cover
▶ Accommodation for a newborn child under age 8 weeks to stay with its mother (who must be insured) who is admitted to hospital.	No Cover	Full Cover	Full Cover
▶ In-patient psychiatric cover up to 30 nights in each period of insurance.	No Cover	Full Cover	Full Cover
▶ Medical treatment for a premature baby during the first two months following birth.	No Cover	Full Cover	Full Cover
▶ Nursing-at-Home on the recommendation of an insured person's physician where immediately following in-patient hospital treatment.	No Cover	£1,000 €1,500 \$1,800	£2,000 €3,000 \$3,600
▶ Rehabilitation received on an in-patient basis payable up to a maximum of 13 weeks during each period of insurance.	Full Cover	Full Cover	Full Cover

Item 6 - Day-Care Treatment Benefits

▶ Hospital accommodation including nursing, theatre charges, drugs, medicines, surgeons', anaesthetists', consultants' and physicians' fees, diagnostic and pathology fees.	Full Cover	Full Cover	Full Cover
▶ Day-care psychiatric cover up to 4 separate day admissions in each period of insurance.	No Cover	Full Cover	Full Cover

Item 7 - Out-Patient Treatment Benefits

▶ Services of a physician, consultant and physiotherapist including diagnostic tests and investigations, pathology, x-rays, histology, MRI/CT/PET scans and minor surgery in a doctor's clinic/consulting rooms.	£10,000 €15,000 \$18,000	£20,000 €30,000 \$36,000	Full Cover
▶ Prescribed drugs and medicines.	£1,000 €1,500 \$1,800	£2,000 €3,000 \$3,600	Full Cover
▶ Cost of hiring mobility aids.	£500 €750 \$900	£1,000 €1,500 \$1,800	Full Cover
▶ Chiropractic, Homeopathy, Osteopathy, Acupuncture, Ayurvedic and Herbal and Chinese medicines including prescribed drugs and medicines.	No Cover	£1,000 €1,500 \$1,800	£2,000 €3,000 \$3,600
▶ Podiatry and chiropody provided by a licensed practitioner including prescribed drugs and medicines.	No Cover	No Cover	£100 €150 \$180
▶ Routine and preventative vaccinations for an insured child up to age 10.	No Cover	£50 €75 \$90	£100 €150 \$180
▶ Out-patient psychiatric cover subject to a primary physician referral. N.B. This benefit is subject to a 50% co-insurance.	No Cover	No Cover	£1,000 €1,500 \$1,800

Item 8 - Chronic Treatment Benefits

▶ In-patient and day-care medical treatment for acute exacerbations of a chronic medical condition.	Full Cover	Full Cover	Full Cover
▶ Out-patient treatment for acute exacerbations of each chronic medical condition. AND In-patient, day-care and out-patient medical treatment, routine management and palliative treatment for each chronic medical condition.	£10,000 €15,000 \$18,000	£20,000 €30,000 \$36,000	£30,000 €45,000 \$54,000

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▶ Hospice accommodation for an insured person who is terminally ill – amounts stated on a per night basis. Maximum 14 nights for each period of insurance.	£100 €150 \$180	£150 €225 \$270	£200 €300 \$360
Item 9 - Cancer Care Benefit			
▶ From the date an insured person is diagnosed as suffering from cancer, all and any treatment will be assessed and paid for under this item.	£100,000 €150,000 \$180,000	£250,000 €375,000 \$450,000	£350,000 €525,000 \$630,000
Item 10 - Organ Implantation Benefit			
▶ Costs directly related to the implantation of the following natural human organs: kidney, liver, heart, lung and skin grafts (where medically necessary and not for cosmetic purposes).	No Cover	£150,000 €225,000 \$270,000	£250,000 €375,000 \$450,000
Item 11 - Lifetime Benefits			
▶ Medical treatment for AIDS & HIV where contracted as a result of a blood transfusion - cover available after 2 consecutive years cover.	No Cover	£10,000 €15,000 \$18,000	£20,000 €30,000 \$36,000
▶ Congenital abnormalities not discovered at birth but which can subsequently be corrected with surgery.	No Cover	No Cover	£20,000 €30,000 \$36,000
Item 12 - Cash Benefits			
▶ Hospital Cash for in-patient treatment received free of charge in a public hospital. Benefit is payable on a per night basis and is limited to a maximum of 30 nights in each period of insurance.	£50 €75 \$90	£100 €150 \$180	£200 €300 \$360
▶ Maternity Cash payable on the birth of each child subject to: <ul style="list-style-type: none"> the child being born at least 10 months after the mother's entry date to the policy; and no claim being made for pregnancy or childbirth against any other item of the policy. 	No Cover	£250 €380 \$450	£500 €750 \$900
▶ Convalescence Cash payable for each complete week of confinement to home (excluding the first week) - benefit limited to 4 weeks in each period of insurance.	No Cover	No Cover	£500 €750 \$900
Item 13 - Pregnancy & Childbirth Benefits			
▶ Normal pregnancy & childbirth including all pre-natal care, delivery costs, hospital accommodation for the newborn immediately following birth and post natal care for the mother. Subject to a 10 month waiting period.	No Cover	£5,000 €7,500 \$9,000	£10,000 €15,000 \$18,000
▶ Contribution towards the initial paediatric check-up.	No Cover	£150 €225 \$270	£200 €300 \$360
▶ Complications of pregnancy & childbirth including all pre-natal care, delivery costs, hospital accommodation for the newborn immediately following birth and post natal care for the mother.	Full Cover	Full Cover	Full Cover
Item 14 - Dental Benefits			
▶ Emergency Dental Treatment - dental treatment for immediate pain relief where required as a result of an accident - only treatment within the first 48 hours following the accident is covered.	Full Cover	Full Cover	Full Cover
▶ Extraction of wisdom teeth as an in-patient, day-care or out-patient.	Full Cover	Full Cover	Full Cover
▶ Routine Dental Treatment including one annual check-up, one visit to the hygienist, dental extractions, fillings and relief of an infection.	No Cover	£500 €750 \$900	£1,000 €1,500 \$1,800
▶ Major Dental Treatment including root canal treatment & new or repairs to porcelain crowns and bridgework.	No Cover	£1,000 €1,500 \$1,800	£2,000 €3,000 \$3,600

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▶ Orthodontic work for insured children under age 19.	No Cover	£500 €750 \$900	£1,000 €1,500 \$1,800
N.B. Waiting periods apply to these benefits.			
Item 15 - Optical Benefits			
▶ One annual eye test.	No Cover	No Cover	Full Cover
▶ Contribution towards a pair of glasses or contact lenses.	No Cover	No Cover	£300 €450 \$550
Item 16 - Audiology Benefits			
▶ One annual hearing test.	No Cover	No Cover	Full Cover
▶ Contribution towards a hearing aid.	No Cover	No Cover	£300 €450 \$550
Item 17 - Wellness Benefits			
▶ Wellness screening including cancer screening and routine health tests. Please see policy wording for full list of benefits.	No Cover	No Cover	£500 €750 \$900
▶ Vaccinations and immunisations for overseas travel.	No Cover	No Cover	£100 €150 \$180
N.B. Waiting periods apply to these benefits.			

Benefit Level Choices

• Geographical Areas

There are three Geographical Areas to choose from:

Area 1 includes the following countries:

Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Great Britain, Greece, Greenland, Hungary, Iceland, Ireland, all islands of the Mediterranean, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia (West of the Urals), Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, Vatican State.

Area 2 includes all countries worldwide but **excluding** all of the following:

North America, Canada, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Bonaire, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Dutch Antilles (including St. Maarten), French Guiana, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Suriname, Trinidad & Tobago, Turks and Caicos, Virgin Islands and any other Caribbean Islands not listed.

Area 3 includes all countries worldwide with **no** exceptions.

• Denomination of Benefits

The choice of having the benefits denominated in either Great British Pounds, Euros or US Dollars.

• Deductible

The Worldwide Healthcare Plan has a nil deductible as standard on all three programmes. However, there is the option to reduce the premium by selecting:

i) an annual deductible per person of:	OR	ii) a per medical condition deductible per person of:
£165, £330 or £660		£35, £70 or £165
€250, €500 or €1000		€50, €100 or €250
\$300, \$600 or \$1200		\$60, \$120 or \$300