

Table of benefits – UltraCare

	Elite	Plus	Comprehensive	Select	Standard	
1 Overall limits						
1.1	Under the terms and conditions of the plan, we will pay reasonable costs up to an overall maximum, for you in each plan year (unless a lifetime limit is shown):	£2,000,000 \$3,400,000 €3,000,000	£2,000,000 \$3,400,000 €3,000,000	£1,000,000 \$1,700,000 €1,500,000	£750,000 \$1,275,000 €1,125,000	£500,000 \$850,000 €750,000
2 In-patient and daycare treatment <small>(see section 19 for deductibles)</small>						
2.1	Accidents and emergencies	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
2.2	Hospital accommodation					
2.3	Intensive care, theatre costs, nursing fees, medical expenses and other charges, surgeons', consultants', anaesthetists' and medical practitioners' fees, prescribed drugs, MRI, PET and CT scans, X-rays, pathology, diagnostic tests and procedures and physiotherapy by a registered physiotherapist					
2.4	Reconstructive surgery following an accident or following surgery for an eligible medical condition					
2.5	Prostheses: artificial body parts surgically implanted to form permanent parts of your body					
2.6	Parent accommodation for a parent or legal guardian with an insured child under the age of 18 in hospital for an eligible medical condition					
2.7	Dental treatment that medically requires you to be admitted in to hospital to restore damage to your natural teeth following an accident that is covered under your plan					
2.8	Psychiatric treatment and psychotherapy for up to 30 days, available after you have had 12 months continuous cover from the date that the benefit was first introduced on your plan			Not covered	Not covered	Not covered
3 Out-patient treatment <small>(see section 19 for deductibles)</small>						
3.1	Consultations to include medical practitioners' fees, prescribed drugs and dressings, X-rays, pathology, diagnostic tests and procedures	Paid in full	Paid in full	Paid up to £5,000 \$8,500 €7,500 *Complementary medicine and treatment, traditional Chinese medicine and physiotherapy limited to £1,000 \$1,700 €1,500	Paid up to £3,000 \$5,100 €4,500 *Complementary medicine and treatment, traditional Chinese medicine and physiotherapy limited to £750 \$1,275 €1,125	Up to £300 \$510 €450 paid in each plan year immediately following related in-patient or daycare treatment for a period of 90 days after leaving hospital
3.2	Psychiatric treatment and psychotherapy available after you have had 12 months continuous cover from the date that the benefit was first introduced on your plan	Paid up to £2,000 \$3,400 €3,000	Paid up to £2,000 \$3,400 €3,000			Not covered
3.3	Complementary medicine and treatment by a therapist, when referred by a medical practitioner, consultant or specialist. This benefit covers osteopathic, chiropractic, homeopathic and acupuncture treatment only*	Paid up to £3,000 \$5,100 €4,500	Paid up to £2,000 \$3,400 €3,000			
3.4	Traditional Chinese medicine*					
3.5	Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist*	Paid in full	Paid in full			
3.6	MRI, PET and CT scans			Paid in full	Paid in full	
3.7	Out-patient surgical operations					

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4	Out-patient dental treatment					
4.1	Treatment for the immediate relief of dental pain, accidental damage to natural teeth and restoring natural teeth including X-rays, fillings, extractions, root-canal treatment, gum treatment, semi-precious and replacement crowns. This benefit is available after you have had 182 days continuous cover from the date that the benefit was first introduced on your plan (see section 19 for deductibles)	Paid up to £750 \$1,275 €1,125	Paid up to 75% of £750 \$1,275 €1,125	Paid up to 75% of £500 \$850 €750	Not covered	Not covered
4.2	One dental checkup in each plan year to include scraping, cleaning and polishing	Paid up to £100 \$170 €150	Not covered	Not covered		

5	Cancer care <small>(see section 19 for deductibles)</small>						
5.1	Treatment aimed to cure cancer, including bone marrow transplants	Paid in full	Paid in full	Paid in full	Paid in full	Covered in the benefit limit shown in sections 2. Covered in the benefit limit shown in section 3.1 immediately following in-patient or daycare treatment for a period of 90 days after leaving hospital	
5.2	Stabilising acute episodes of a cancer which is diagnosed as a chronic medical condition						
5.3	Consultations, tests, drugs and dressings to maintain the symptoms of a cancer which is diagnosed as a chronic medical condition		Covered in the benefit limit shown in section 7.2	Covered in the benefit limit shown in section 7.2	Covered in the benefit limit shown in section 7.2		Not covered
5.4	Palliative and hospice care when cancer is diagnosed as a terminal medical condition		Covered in the benefit limit shown in section 8.1	Covered in the benefit limit shown in section 8.1	Covered in the benefit limit shown in section 8.1		

6	Wellness benefit					
6.1	Adults (18 and over): routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (for example, blood pressure, cholesterol checks) and vaccinations	Paid up to £500 \$850 €750	Paid up to £500 \$850 €750	Paid up to £400 \$680 €600	Not covered	Not covered
6.2	Children (0-17): well-child tests and vaccinations					

7	Chronic medical conditions <small>(see section 19 for deductibles)</small>					
7.1	Stabilising acute episodes of chronic medical conditions	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limit shown in section 2. Covered in the benefit limit shown in section 3.1 immediately following in-patient or daycare treatment for a period of 90 days after leaving hospital
7.2	In-patient, daycare and out-patient treatment to include consultations, tests, drugs and dressings to maintain the symptoms of a chronic medical condition	Paid up to a lifetime limit of £60,000 \$102,000 €90,000	Paid up to a lifetime limit of £60,000 \$102,000 €90,000	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £40,000 \$68,000 €60,000	
7.3	Please note: If a chronic medical condition becomes terminal, cover under the chronic medical conditions benefit will end. We will only cover terminal medical conditions under the terminal illness benefit					

8	Terminal illness					
8.1	Palliative and hospice care for a terminal medical condition	Paid up to a lifetime limit of £60,000 \$102,000 €90,000	Paid up to a lifetime limit of £60,000 \$102,000 €90,000	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £40,000 \$68,000 €60,000	Not covered



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9 Hormone replacement therapy						
9.1	Hormone replacement therapy for pre- and post-menopausal symptoms	Paid up to £150 \$255 €225	Paid up to £150 \$255 €225	Paid up to £150 \$255 €225	Paid up to £150 \$255 €225	Up to £150 \$255 €225 paid in each plan year immediately following related in-patient or daycare treatment for a period of 90 days after leaving hospital
10 HIV or AIDS <small>available after you have had 4 years continuous cover from the date that the benefit was first introduced on your plan (see section 19 for deductibles)</small>						
10.1	Treatment for HIV or AIDS and related medical conditions	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Not covered
11 Emergency local ambulance						
11.1	Costs of appropriate ambulance transport needed because of an emergency or medical necessity to the nearest available and appropriate local hospital	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
12 Organ transplants <small>(see section 19 for deductibles)</small>						
12.1	Transplants of kidney, liver, heart, lung or heart and lung and any related treatment that you need as a result of a covered medical condition	Paid up to £250,000 \$425,000 €375,000	Paid up to £250,000 \$425,000 €375,000	Paid up to £250,000 \$425,000 €375,000	Paid up to £250,000 \$425,000 €375,000	Paid up to £250,000 \$425,000 €375,000
13 Nursing at home						
13.1	Primary care services of a registered nurse in your home immediately after, or instead of, in-patient or daycare treatment	Paid up to £5,000 \$8,500 €7,500	Paid up to £5,000 \$8,500 €7,500	Paid up to £2,500 \$4,250 €3,750	Paid up to £2,500 \$4,250 €3,750	Paid up to £1,500 \$2,550 €2,250
13.2	Please note: The benefit for nursing at home does not apply to terminal medical conditions. We will only cover terminal medical conditions under the terminal illness benefit					
14 Compassionate emergency visit						
14.1	Costs you have to pay for an economy class return ticket from a country within your area of cover to visit a close family member , if their medical condition results in them being placed on a critical list, or their death. You are limited to one return journey in each plan year	Paid in full	Paid in full	Paid in full	Paid in full	Not covered
15 Hospital cash benefit						
15.1	Cash payment made to you for each night where you receive treatment as a non-paying patient	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250

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16	Evacuation and repatriation					
16.1	The costs to transport you to the nearest centre where appropriate medical facilities are available. We will only pay this benefit, including treatment received, if you suffer from a medical condition; (a) that means you need to be placed on a critical list, or (b) for which, in our opinion, appropriate treatment is not available locally	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full when relating to in-patient and daycare treatment
16.2	Economy class return ticket following your evacuation, to the country where you live					
16.3	Costs of your dependants, a close family member or business colleague having to accompany you for a medical evacuation. This benefit will only become available under the conditions detailed in clause (a) of section 16.1 above and must be pre-authorized by us. We will provide cover for the following: <ul style="list-style-type: none"> return economy flight overnight accommodation to include breakfast return taxi from the airport to the hotel return taxi from the hotel to the hospital once a day 					

17	Mortal remains					
17.1	If you die outside of your home country, we will pay the costs of preparing and transporting your body, mortal remains or ashes to your home country, or we will pay the costs of preparing your body or mortal remains for local burial or cremation	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full

18	Emergency medical treatment outside area of cover <small>(see section 19 for deductibles)</small>					
18.1	Emergency medical treatment outside of your area of cover	Paid up to £35,000 \$59,500 €52,500	Paid up to £35,000 \$59,500 €52,500	Paid up to £30,000 \$51,500 €45,000	Paid up to £20,000 \$34,000 €30,000	Not covered

19	Deductibles					
19.1	Out-patient medical treatment standard excess on sections 3, 5, 7 and 10. This deductible is applied for each medical condition in each plan year	Nil	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50
19.2	In-patient, daycare and out-patient medical treatment excess on sections 2, 3, 5, 7, 10, 12 and 18. This deductible is applied for each medical condition in each plan year	N/A	Only applied if you have chosen a voluntary excess. This replaces the standard excess shown in section 19.1	Only applied if you have chosen a voluntary excess. This replaces the standard excess shown in section 19.1	Only applied if you have chosen a voluntary excess. This replaces the standard excess shown in section 19.1	Only applied if you have chosen a voluntary excess. This replaces the standard excess shown in section 19.1
19.3	Out-patient dental treatment co-insurance on section 4.1. This deductible is applied to each claim	Nil	25%	25%	N/A	N/A

20	red24 security services					
20.1	 AdviceLine – 24/7 personal security information and advice for all travel safety queries	Included on your plan. Please contact red24 or visit www.red24.com/interglobal	Included on your plan. Please contact red24 or visit www.red24.com/interglobal	Included on your plan. Please contact red24 or visit www.red24.com/interglobal	Included on your plan. Please contact red24 or visit www.red24.com/interglobal	Included on your plan. Please contact red24 or visit www.red24.com/interglobal
20.2	 ActionResponse – 24/7 international rescue and response service for a potentially life-threatening, non-medical event				N/A	N/A