



Schedule of benefits

Schedule of benefits	Standard	Comprehensive	Advantage	Superior
Sum Insured / Annual limit per person per year in USD (all sections combined)	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
HOSPITALIZATION				
Planned and emergency in-patient treatment (Including day-patient), except for dental treatments				
Accommodation including all meals	Standard private or semi-private	Standard private or semi-private	Standard private or semi-private	Superior private
In-patient treatment Costs and fees of attending doctor, surgeon and anaesthetist, other medical staff involved - for treatment, consultations, development of treatment plan, surgery and medical manipulations, conservative treatment or monitoring as well as other medically necessary services, day-care treatment.	Paid in full	Paid in full	Paid in full	Paid in full
Operating theatre, emergency room, recovery room, intensive care unit (ICU), coronary care unit, high dependency unit	Paid in full	Paid in full	Paid in full	Paid in full
Diagnostic tests, laboratory and instrumental tests, electrocardiograms; medical imaging (X-Rays, CT, MRI, PET)	Paid in full	Paid in full	Paid in full	Paid in full
Drugs, dressings, medical materials (bandages/surgical dressings, casts, plaster, etc.)	Paid in full	Paid in full	Paid in full	Paid in full
Parental Accommodation with an insured child aged under 16 (per night limit)	30 nights \$ 100	30 nights \$ 100	30 nights \$ 100	45 nights \$ 100
Inpatient psychiatric treatment	30 nights	30 nights	30 nights	30 nights
Reconstructive surgery	Paid in full	Paid in full	Paid in full	Paid in full
Internal prosthetic devices and aids	Paid in full	Paid in full	Paid in full	Paid in full
Hospitalisation daily allowance Alternative to reimbursement of hospitalisation costs	\$ 100 per night 20 nights	\$ 100 per night 20 nights	\$ 150 per night 30 nights	\$ 150 per night 30 nights
POST HOSPITAL TREATMENT				
Rehabilitation course in a profile rehabilitation centre, immediately following inpatient treatment	Not covered	Not covered	\$ 1,000	\$ 1,500

Schedule of benefits	Standard	Comprehensive	Advantage	Superior
Physiotherapy outpatient if prescribed by the doctor in connection with and immediately following the inpatient treatment -Co-pay	20 visits 20% co-pay	20 visits	30 visits	40 visits
External prostheses and devices which are medically required following hospitalisation, day care treatment or accident and emergency room treatment	\$ 800	\$ 800	\$ 1,000	\$ 1,500
EMERGENCY TREATMENT OF ACUTE ONSET OF ONCOLOGY DISEASE				
Consultations, tests, or surgery received at a hospital or a registered cancer treatment centre	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000
OUTPATIENT CARE Not including oncology or dental treatments				
Treatments and consultations received from private doctors and from out patient clinics: - Fees of GPs, family doctors or specialists, including home visits - Prescription drugs & dressings - X-rays, diagnostic and pathology tests, instrumental tests, electrocardiograms - Hi-tech scans (CT, MRI & PET)	\$ 2,000 20% co-pay	\$ 2,000	\$ 8,000	Paid in full
Physiotherapy when prescribed by a physician	10 visits 20% co-pay	10 visits	15 visits	20 visits
Alternative/Complementary medical practices: Acupuncture, needle therapy, aromatherapy, chiropractic, homeopathic, naturopathic and osteopathic medicine, ayurvedic and traditional chinese medicine, hirudotherapy				
Available after first two appointments -Number of appointments -Limit per appointment -Co-pay	10 \$ 35 20%	10 \$ 35 -	20 \$ 40 -	30 \$ 50 -
Psychiatric outpatient consultations and prescribed drugs -3 months waiting period	Not covered	Not covered	\$ 2,000	\$ 3,000
Restorative speech therapy - Annual limit - Co-pay	\$ 5,000 50%	\$ 5,000 50%	\$ 10,000 50%	\$ 10,000 50%

Schedule of benefits	Standard	Comprehensive	Advantage	Superior
Nursing at home	Not covered	Not covered	90 days	90 days
DENTAL CARE				
Basic restorative treatment 3 month waiting period -Co-pay	\$ 500 20%	\$ 500 20%	\$ 750 20%	\$ 3,000 20%
MATERNITY CARE 11 month waiting period Limits established on a per pregnancy basis				
Normal pregnancy and childbirth	Not covered	Not covered	\$ 3,000	\$ 12,000
Complicated pregnancy and childbirth * If life-threatening, paid in full	Not covered	Not covered	\$ 20,000*	Paid in full
New-born care within the first 14 days of the baby's birth date private room basis	Not covered	Not covered	\$ 75,000*	\$ 75,000*
PREVENTATIVE CARE				
Well child care -Co-pay	Not covered	Not covered	\$ 500 20%	\$ 1,000 20%
Vaccination	\$ 100	\$ 100	\$ 200	\$ 300
EMERGENCY CARE				
Local road ambulance if arranged by the assistance service	Paid in full	Paid in full	Paid in full	Paid in full
Emergency medical evacuation In acute medical conditions when proper medical aid cannot be arranged locally	\$ 50,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
War and terrorism as an innocent bystander -Individual limit per Insured person per event -Aggregate limit per event	\$ 100,000 \$ 700,000	\$ 175,000 \$ 700,000	\$ 175,000 \$ 700,000	\$ 175,000 \$ 700,000
Companion related costs	3,500	3,500	3,500	3,500
Economy class flight ticket for companion	Paid in full	Paid in full	Paid in full	Paid in full
Up to 14 nights hotel accommodation for companion	Paid in full	Paid in full	Paid in full	Paid in full
Daily taxi / transportation costs of companion visiting the hospitalised insured person	\$ 150	\$ 150	\$ 150	\$ 150
Up to 5 nights hotel accommodation for insured person upon discharge from hospital	Paid in full	Paid in full	Paid in full	Paid in full

Schedule of benefits	Standard	Comprehensive	Advantage	Superior
Emergency care out of primary area of cover -Number of days	\$ 50,000 30	\$ 100,000 30	\$ 100,000 45	\$ 100,000 60
Repatriation or local burial	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000
OTHER BENEFITS				
Coronavirus SARS CoV2 (COVID - 19 tests and treatment) (Epidemic or pandemic exclusions are not applicable for COVID - 19) <ul style="list-style-type: none"> Medical evacuation related to COVID - 19 PCR virus detecting test for COVID - 19 if prescribed by the doctor in case of confirmed symptoms; Treatment of COVID - 19 infection, including hospitalization, medication and local transportation costs; and Of any resulting complications. 	Subject to the relevant limits established in other sections of schedule of benefits, but not more than \$ 100,000 in aggregate	Subject to the relevant limits established in other sections of schedule of benefits, but not more than \$ 200,000 in aggregate	Subject to the relevant limits established in other sections of schedule of benefits, but not more than \$ 400,000 in aggregate	Subject to the relevant limits established in other sections of schedule of benefits, but not more than \$ 600,000 in aggregate
Exclusions: <ul style="list-style-type: none"> COVID-19 or any respiratory disease, the symptoms of which are manifested within the first 21 days since insurance start date; Rapid antibody testing (e.g. population screening tests for use by health authorities to monitor herd immunity); Tests undergone by the insured person in order to meet the requirements of the authorities applicable to people entering a country from another country; Tests undergone by the insured person without doctor's prescription. 				
Accidental death and dismemberment	\$ 5,000	\$ 10,000	\$ 15,000	\$ 15,000