

Benefit	Bronze	Silver	Gold Plus
<i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>			
Lifetime Maximum Limit Per Individual Insured Person *(All prices in U.S. currency)	\$2,500,000	\$5,000,000	\$5,000,000

"Full Cover" means up to the applicable Lifetime Limit per individual Insured Person shown above and is based upon Usual, Reasonable and Customary Eligible Charges.

A	In-Patient & Day-Patient Treatment			
1	Surgery, Surgeons, Consultants, Second Surgical Opinion, Medical Practitioners, Nurses, Treatment, Services and Supplies routinely provided and Ancillary Charges	Full Cover	Full Cover	Full Cover
2	Hospitalisation / Room & Board		Up to \$600 /per day 240 day Maximum	
3	Intensive Care Unit		Up to \$1,500 /per day – 180 day per event	
4	Anaesthetist's Charges associated with Surgery		20% of Surgery Benefit	
5	Diagnostic Tests and Procedures, X-Rays, Pathology & MRI/CT Scans			
6	Prescribed Drugs, Dressings and Durable Medical Equipment			
7	Reconstructive Surgery- following an accident or following surgery for an eligible condition		Full Cover	
8	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy			
9	Physiotherapy			
10	Parental Hospital Accommodation			
11	Prosthetic Devices			

12	Transplants	\$250,000 / Per Transplant	\$250,000 / Per Transplant	\$1,000,000 Lifetime Limit
13	State Hospital Cash Benefit	\$300 / Per Night; Up to 60 nights	\$300 / Per Night; Up to 60 nights	\$300 / Per Night; Up to 60 nights
14	Terrorism Coverage	\$10,000 / Lifetime Limit	\$10,000 / Lifetime Limit	\$10,000 / Lifetime Limit
B	Out-Patient Treatment, Wellness Benefits and Other Coverages			
1	<p>Out-Patient including: Family Doctor, Treatment and Referrals, Specialists and Consultants, X-Rays, Pathology, Diagnostic Tests and Procedures</p> <p>*not dependent upon admission</p>	<p><u>No Family Doctor Cover</u> Specialists & Consultants: Up to \$500 Prior to admission*, then up to \$500 following related</p> <p>Out-Patient Surgery or In-Patient/ Day-Patient</p> <p>treatment: for 90 days after leaving hospital</p> <p>Including Pre* & Post Hospital: \$250 / X-Ray Per Examination Maximum Limit; \$300 /Lab Tests per Examination Maximum Limit</p>	<p>25 Visit Maximum Maximums Per Visit/ Examination: \$70 / Doctor / Specialist; \$60 Psychiatrist; \$50 /Chiropractor; \$250 / X-Ray per Examination Maximum Limit; \$500 / Surgery Intervention Consultation; \$300 / Lab Tests per Examination Maximum Limit</p>	Full Cover
2	<p>Emergency Room Illness, Waived if admitted as an In-Patient or Day-Patient (Additional \$250 / £138 / €168 Excess if not admitted)</p>	No Cover	Full Cover	
3	Emergency Room Accident		No Cover	
4	Supplemental Accident Benefit			
5	Out-Patient Surgery	Full Cover	Full Cover	

6	MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy Colonoscopy, Cystoscopy	\$600 Maximum Per Examination	\$600 Maximum Per Examination	Full Cover
7	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy	Full Cover	Full Cover	
8	Prescribed Out-Patient Drugs, Medicines, Dressings and Durable Medical Equipment	Up to \$600 Following and in relation to In-Patient/Day- Patient Treatment or Out-Patient Surgery: for 90 days after leaving hospital		
9	Physiotherapy, Homeopathic, Chiropractic Therapy and Osteopathic Therapy	Physiotherapy Only: Relating to In-Patient/ Day-Patient Treatment or Out-Patient Surgery Up to \$40 per visit 10 visit maximum for 90 days after leaving hospital	Up to \$40 per visit 30 visit maximum	Maximum of 1 visit per day 45 visit maximum Up to \$4,000 per Period of Insurance
10	Complementary Medicine Therapies: Acupuncture, Aroma , Herbal, Magnetic, Massage, Vitamin, Traditional Chinese Medicine	No Cover	No Cover	Up to \$200
11	AIDS/HIV Treatment			Up to \$5,000 per Period of Insurance \$50,000 / Lifetime Limit
12	Home Nursing Care	30 Days Limit: Up to \$150 / per visit	30 Days Limit: Up to \$150 per visit	45 Days Limit: Up to \$150 per visit

13	Rehabilitation	No Cover	No Cover	Full Cover Up to 90 Days
14	Extended Care Facility		Full Cover Up to 30 Days	Full Cover Up to 90 Days
15	Hospice Care		No Cover	Full Cover Up to 180 Days
16	Adult Wellness and Health Check - includes Hearing Test, Sight Test and Vaccinations/Inoculations (Not subject to Annual Excess or Co-Insurance) - After 12 months continuous coverage	No Cover	No Cover	Up to \$250
17	Child Wellness and Health Check (Under 18 years of age) - includes Hearing Test, Sight Test and Vaccinations/Inoculations (Not subject to Annual Excess or Co-Insurance) - After 12 months continuous coverage (6 months on Platinum)	No Cover	3 visits per Period of Insurance Up to \$70 per visit	Up to \$200
18a or	Pre-Existing Conditions -Underwriting/Coverage Options Full Medical Underwriting Option*: - After 24 months continuous cover - Declared and Accepted conditions (unless otherwise excluded or terms applied as indicated otherwise in writing) - Flexible Underwriting Option available - Endorsement issued if applicable.	No Cover	Up to \$50,000 Lifetime Limit	Up to \$50,000 Lifetime Limit
18b	Moratorium Enrolment & Underwriting Option* - After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation (refer to Endorsement for further details)* - Available to insureds up to age 64	No Cover	Full Cover	Full Cover
19	Newly Diagnosed Chronic Conditions	Covered	Covered	Covered
*Coverage in respect of Pre-Existing Conditions is as selected at time of application and identified on your Certificate of Insurance. Refer to Section B for further details and Endorsements issued for full Policy definitions, terms, conditions and restrictions.				
20	Mental/Nervous - After 12 months continuous coverage	No Cover	Out-Patient Only -See Section B1	Up to \$10,000 \$50,000 Lifetime Limit

C		Travel, Transportation and Out of Area Benefits		
1	Emergency Local Ambulance	Up to \$1,500 per event Not subject to Annual Excess or Co-Insurance	Up to \$1,500 per event Not subject to Annual Excess or Co-Insurance	Full Cover
2	Emergency Evacuation and Transportation To the Nearest Suitable Hospital Facility	Up to \$50,000 Not subject to Annual Excess or Co-Insurance	Up to \$50,000 Not subject to Annual Excess or Co-Insurance	Full Cover Not subject to Annual Excess or Co-Insurance
3	Accompanying Relative, Travel and Accommodation	No Cover	No Cover	\$10,000 Lifetime Limit
4	Cremation/Burial or Return of Mortal Remains	\$10,000 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$25,000 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$25,000 Lifetime Limit -Not subject to Annual Excess or Co-Insurance
5	Remote Transportation - for additional transport for on-going Treatment once stabilized	No Cover	No Cover	No Cover
6	Security & Political Evacuation & Repatriation	No Cover	No Cover	No Cover
7	Worldwide Accident & Emergency Out of Area 7 Coverage (USA Treatment Must Be within PPO Network)	15 Days Maximum	30 Days Maximum	30 Days Maximum
D		Dental Treatment & Vision Care Benefits		
1a	Emergency Dental Due to Accident	Up to \$1,000	Up to \$1,000	Full Cover
2a	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	No Cover	No Cover	Up to \$100
Dental and Vision Optional Add-On Coverage Additional Premium Applies Coverage is issued via a Dental & Vision Care Coverage Endorsement Sections D1a & D2a above are replaced with: Refer To Policy Wording/Endorsement for Full Details & Listing				
1b	Emergency Dental Due to Accident	Full Cover	Full Cover	Full Cover
2b	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	Up to \$100	Up to \$100	Up to \$100

3	<p>Non-Emergency Dental Sections D4, D5 & D6 Combined:</p> <p>i) Calendar Year Maximum Sum Insured ii) Dental Annual Excess iii) Maximum Annual Excesses per Family per Calendar Year - After 6 months continuous cover</p>	<p>i) \$750 ii) \$50 iii) 2</p>	<p>i) \$750 ii) \$50 iii) 2</p>	<p>i) \$750 ii) \$50 iii) 2</p>
4	<p>Class I Treatment*:</p> <p>- Preventative & Diagnostic - Emergency Palliative Treatment - includes up to two dental check-ups per calendar year to include scraping, cleaning and polishing - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing</p>	<p>90% Coverage, Dental Annual Excess Waived</p>	<p>90% Coverage, Dental Annual Excess Waived</p>	<p>90% Coverage, Dental Annual Excess Waived</p>
5	<p>Class II Treatment*:</p> <p>- Radiographs & X-Rays - Oral Surgery & Extractions - Routine Compound Fillings, Restorations, Re-cementing crowns, inlays and bridges & Prosthetic Repairs - Endodontics & Root Canals - Periodontics & Gum Disease - Minor Restorative Services - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing</p>	<p>70% Coverage, after Dental Annual Excess</p>	<p>70% Coverage, after Dental Annual Excess</p>	<p>70% Coverage, after Dental Annual Excess</p>
6	<p>Class III Treatment*:</p> <p>- Prosthodontic Services including: appliances, bridges, full and partial dentures that replace missing natural teeth that were extracted while the person is covered with this Plan. - Major Restorative Treatment including: Crowns, Jackets, gold- related services required when teeth cannot be restored using other filling material. - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing</p>	<p>50% Coverage, after Dental Annual Excess</p>	<p>50% Coverage, after Dental Annual Excess</p>	<p>50% Coverage, after Dental Annual Excess</p>
7	<p>Vision Care Not subject to Annual Excess or Co-Insurance. (Benefit payable per 24 months)</p>	<p>Exams – up to \$100 Materials – up to \$150</p>	<p>Exams – up to \$100 Materials – up to \$150</p>	<p>Exams – up to \$100 Materials – up to \$150</p>

E	Additional Benefits & Services			
1	High School Sports Injury	No Cover	No Cover	No Cover
2	Recreational Scuba	No Cover	No Cover	Full Cover
3	Medical Information Service	Not Applicable	Not Applicable	Not Applicable
4	Global Concierge & Assistance Services	Not Applicable	Not Applicable	Not Applicable
5	24-Hour Emergency Helpline	Included	Included	Included
F	Maternity			
	Maternity - Only available to Female Insureds - After 10 months of continuous cover *All benefits reduced by 50% for births occurring in the 11th or 12th month of continuous coverage	Optional Add-On Coverage Additional Premium Applies	Optional Add-On Coverage Additional Premium Applies	Optional Add-On Coverage Additional Premium Applies
	Maternity Annual Excess	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	Section F1 & F2: Not subject to Annual Excess or Co-Insurance
	Lifetime Limit	*\$50,000 Lifetime Limit	*\$50,000 Lifetime Limit	*\$50,000 Lifetime Limit
1	Normal Delivery - Including Premature Birth Treatment, Pre, Post and Routine Natal Care	*Up to \$5000	*Up to \$5000	*Up to \$5000
2	C-Section	*Up to \$7500	*Up to \$7500	*Up to \$7500

3	Newborn Baby Wellness - Not subject to Annual or Annual Maternity Excess or Co-Insurance - for the first 12 months of life	\$200	\$200	\$200
4	Cover for Newborns including non-hereditary birth defects and congenital abnormalities	*Up to \$250,000 for the first 31 days	*Up to \$250,000 for the first 31 days	*Up to \$250,000 for the first 31 days
Additional Optional Add-On Coverages (Upon selection at initial Application and subject to additional premium)				
	Terrorism Coverage Add-On	Not Applicable	Not Applicable	Not Applicable
	Sports* Coverage Add-On i) Extreme Sports ii) Amateur Sports *Non-Professional (Gold Plus and Platinum Plans Only)	Not Applicable	Not Applicable	i) \$25,000 Lifetime Limits ii) \$10,000 Lifetime Limit
Annual Deductible and Co-Insurance				
Annual Deductible Options - Per Insured Person, Per Period of Insurance		Nil	Nil	Nil
		\$250 to \$10,000	\$250 to \$10,000	\$250 to \$10,000
		50% waived (up to a maximum reduction of \$2,500) for: US PPO Out-Patient & Emergency In-Patient Treatment & Non-Emergency In-Patient US Medical Concierge Provider Treatment		
Family Maximum Annual Deductibles		3 x Individual Annual Deductible	3 x Individual Annual Deductible	3 x Individual Annual Deductible
Annual Deductible Carry Forward - If prior Annual Deductible not met, then last 30 days Expenses from the previous Period of Insurance are carried forward and applied towards satisfying the Annual Deductible for the next Period of Insurance		Yes	Yes	Yes
Co-Insurance within the USA & Canada PPO Network		No Co-Insurance	No Co-Insurance	No Co-Insurance
Co-Insurance outside the USA & Canada		No Co-Insurance	No Co-Insurance	No Co-Insurance
Co-Insurance Payable by Insured inside the USA & Canada – When treatment is taken outside the USA & Canada PPO Network (No Co-Insurance for Non-Emergency In-Patient treatment when utilising a USA Medical Concierge Provider)		20% of the next \$5,000 eligible expenses after the Annual Deductible, then No Co-Insurance to the overall maximum per Period of Insurance	20% of the next \$5,000 eligible expenses after the Annual Deductible, then No Co-Insurance to the overall maximum per Period of Insurance	20% of the next \$5,000 eligible expenses after the Annual Deductible, then No Co-Insurance to the overall maximum per Period of Insurance

Other Benefits

Global Personal Accident Plan - Table of Benefits and Limits per Insured Person as a result of bodily injury caused by Accident (Worldwide Cover)		
	Accidental Death Benefit	
1	- (Adult) Aged 19 years and over	\$125,000 per unit
	- (Child) Aged 31 days through 18 years	\$9000 maximum
2	Permanent Total Disablement (Which entirely prevents an insured person from any occupation to which he or she is suited by way of education, training or experience and which lasts 12 months and at expiry of this period is beyond expectation of improvement)	125000 per unit
3	Total and permanent loss of sight of one or both eyes	\$125,000 per unit
4	Total and permanent loss of use of one or more limbs	\$125,000 per unit
5	Total and permanent loss of sight of one eye and one limb	\$125,000 per unit
6	Total and permanent loss of hearing in both ears	\$18,000 per unit
7	Total and permanent loss of speech	\$18,000 per unit
8	Second-degree Burns (affecting more than 10% of the body surface)	\$4,500 per unit
9	Third-degree Burns (affecting more than 15% of the body surface or more than 50% of the surface of either hand)	\$9,000 per unit

Global Daily Indemnity - Benefits Payable per Day Maximum of 2 Units of Cover May Be Purchased	
Available only between ages 19-69	\$100
Lifetime Maximum Limit (<i>Per Unit</i>)	\$25,000