



Plan Overview – Emerald Plan Individual Health Insurance

This overview provides key information you should read. It does not contain the full terms and conditions of your plan, which can be found in your Certificate of Insurance and Plan Rules. **Please Note:** The currency in the tables is in USD.

The cover is provided by Certain Underwriters at Lloyd's led by Hamilton Managing Agency Limited, Lloyd's Syndicate 4000. This policy is valid for 12 months and is renewable annually. You may need to review and update the cover periodically to ensure it remains adequate.

International Private Healthcare Ltd

IPH House, Stirling Way,
Borehamwood, Hertfordshire,
WD6 2BT United Kingdom

T: +44 (0) 8905 2888

F: +44 (0) 8207 2878

E: info@iphinsurance.com

W: iphinsurance.com

International Private Healthcare Ltd,
coverholder at Lloyd's.

	SIGNIFICANT FEATURES AND BENEFITS	CORE	ADVANCE	DELUXE
	Total Policy Limit per person per policy year	1,500,000	3,000,000	5,000,000
4.2	Core Cover			
4.2.1	Hospital Services	+ Full Refund	+ Full Refund	+ Full Refund
4.2.1 (i)	– Hospital room and board outside USA & Canada	+ # Full Refund	+ # Full Refund	+ # Full Refund
	– Hospital room and board within USA & Canada (whilst travelling)	# 180	# 250	+ # Full Refund
4.2.1 (ii)	– Intensive care unit outside USA & Canada	+ Full Refund	+ Full Refund	+ Full Refund
	– Intensive care unit within USA & Canada (whilst travelling)	360	500	+ Full Refund
4.2.1 (iii)	– Parent accommodation	+ Full Refund	+ Full Refund	+ Full Refund
4.2.1 (iv)	– Day-care treatment	+ Full Refund	+ Full Refund	+ Full Refund
4.2.2	In-patient psychiatric treatment	+ Full Refund (up to 30 days)	+ Full Refund (up to 30 days)	+ Full Refund (up to 60 days)
4.2.3	External prosthetic devices	2,000	3,000	4,000
4.2.4	Daily cash benefit for use of public hospital	250	250	250
4.2.5	In-patient rehabilitation treatment	Up to 30 days	Up to 45 days	Up to 60 days
4.2.6	In-patient epidemic & pandemic cover	50,000 per policy year	50,000 per policy year	50,000 per policy year
	Out-Patient Cover*			
4.3.1	General out-patient services	-	** Full Refund	** Full Refund
4.3.2	Specialist out-patient services	-	** Full Refund	** Full Refund
	– Physiotherapy/ chiropractor/ osteopathy (up to 12 visits per policy year)	-	1,000	1,500
4.3.3	Pathology, radiology and diagnostic tests	-	** Full Refund	** Full Refund
4.3.4	MRI/ CT/ PET Scans	+* Full Refund within 60 days, pre & post covered in-patient & day-care treatment	** Full Refund	** Full Refund

	SIGNIFICANT FEATURES AND BENEFITS	CORE	ADVANCE	DELUXE
4.3.5	Prescribed drugs and dressings	-	** Full Refund	** Full Refund
4.3.6	Pre hospitalisation treatment	* 2,500	** Full Refund	** Full Refund
4.3.7	Post hospitalisation treatment	* 2,500	** Full Refund	** Full Refund
4.3.8	Acupuncture	^ 750	^ 1,750	^ 3,500
4.3.9	Specialist herbal treatment			
4.3.10	Wellness / medical check-up	250	400	600
4.3.11	Travel Vaccinations	-	150	250
4.3.12	Child Vaccinations	-	150	250
4.3.13	Out-patient psychiatric treatment	-	2,500	5,000
Other Benefits				
4.4.1	Cancer treatment	+ Full Refund	+ Full Refund	+ Full Refund
4.4.2	Treatment of Congenital Conditions (lifetime limit)	-	-	50,000
4.4.3	Organ transplant (cornea, heart, lung, kidney, liver or bone marrow)	+ Full Refund	+ Full Refund	+ Full Refund
	– Direct Expenses of surgery to remove an organ from a donor	50,000	50,000	50,000
4.4.4	Stem Cell Treatment (lifetime limit)	-	75,000	150,000
4.4.5	Kidney Dialysis	+ Full Refund	+ Full Refund	+ Full Refund
4.4.6	Emergency Medical Evacuation	+ Full Refund	+ Full Refund	+ Full Refund
4.4.6 (i)	▪ Accommodation expenses for a companion (maximum 15 days)	75 per day	100 per day	125 per day
4.4.7	Medical Repatriation to Country of Origin	+ Full Refund	+ Full Refund	+ Full Refund
4.4.8	Nursing at home - full refund up to	+ Up to 4 Weeks	+ Up to 8 Weeks	+ Up to 26 Weeks
4.4.9	Hospice & palliative care (lifetime limit)	25,000	30,000	50,000
4.4.10	HIV & AIDS Treatment (lifetime limit)	-	10,000	50,000
4.4.11	Investigations into Infertility	-	2,500	3,500
4.4.12	Local Ambulance Services	+ Full Refund	+ Full Refund	+ Full Refund
4.4.13	Complications of Pregnancy	-	+ [†] Full Refund	+ [†] Full Refund

4.4.14	Complications of Childbirth	-	‡ 3,000	‡ 5,000
4.4.15	Routine Maternity Care and Childbirth	-	-	
4.4.16	Newborn Care (first 14 days)	-	‡ 1,000	‡ 4,000
4.4.17	Medical aids such as wheelchairs, knee braces or crutches (Rental)	2,000	3,500	7,000
SIGNIFICANT FEATURES AND BENEFITS		CORE	ADVANCE	DELUXE
4.4.18	Orthopaedic braces, supports & air boots	+ Full Refund	+ Full Refund	+ Full Refund
4.4.19	Emergency dental treatment following accident	+ Full Refund	+ Full Refund	+ Full Refund
4.4.20	Non-emergency Dental Treatment	Optional	Optional	500 Further Optional Add-on available
4.4.21	Optical Care	Optional	Optional	150 Further Optional Add-on available
4.4.22	Hearing Test	-	150	250
4.4.23	Accident & Emergency department	+ Full Refund	+ Full Refund	+ Full Refund
4.4.24	Innocent bystander in terrorist incident	30,000	30,000	30,000
4.4.25	Compassionate home visit	+ Full Refund	+ Full Refund	+ Full Refund
4.4.26	Local burial or cremation	7,500	10,000	12,500
4.4.27	Repatriation of mortal remains			
4.4.28	Permanent total disability	-	-	10,000

- Key:**
- + up to policy limit
 - # Single bedded room only
 - * US\$/£100 deductible per policy year applies
 - ‡ 12 month waiting period & 25% co-insurance apply
 - ^ Acupuncture & Specialist herbal treatment – Total of 12 visits per policy year

Optional Add-Ons				
<ul style="list-style-type: none"> • Applies only if you have paid the applicable premium to add on to your plan • Different levels of benefits and packages can be mixed 				
4.5.1	A) Personal Accident (*Maximum 4 units per adult)			
	– Your death or your disappearance		50,000	
	– Loss of limb(s)		10,000	
	– Total and irrecoverable loss of sight of one or both eyes		10,000	
4.5.2	B) Dental & Optical	Package A	Package B	Package C
4.5.2 (i)	<ul style="list-style-type: none"> – Basic and Routine Dental Work <ul style="list-style-type: none"> ▪ Routine dental check-ups such as scaling and polishing (once for each policy period) ▪ Extractions, sealant and fillings (standard amalgam or composite), root canal treatment, related x-rays 	500	1,000	1,500
4.5.2 (ii)	<ul style="list-style-type: none"> – Complex Dental Work <ul style="list-style-type: none"> ▪ Such as implants, bridgework, crowns or inlays and onlays 			
4.5.2 (iii)	Frames, Lenses and Eye Checks <ul style="list-style-type: none"> ▪ Frames and Lenses ▪ Cost for eyeglasses and contact lenses 			
4.5.2 (iv)	Eye Checks	75	150	250

For full details and limitations on benefits please refer to your Certificate of Insurance and Plan Rules