

TABLE OF BENEFITS	YOUR HEALTH		PREMIER HEALTH	
	yourLife	yourFamily	PremierLife	PremierFamily
Annual maximum plan benefit	\$1,500,000	\$1,500,000	\$2,000,000	\$2,000,000
Annual maximum plan benefit	€1,250,000	€1,250,000	€1,500,000	€1,500,000
Annual maximum plan benefit	£1,000,000	£1,000,000	£1,250,000	£1,250,000
HOSPITALISATION BENEFITS				
Accommodation	Semi-private room	Semi-private room	Private room	Private room
Inpatient treatment, daypatient, operating theatre and recovery room, prescribed medicines, drugs and dressing for inpatient or daypatient treatment	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Intensive care unit	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Inpatient ancillary services including physical and occupational therapy as daypatient or inpatient	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Surgeons' and anaesthetists' fees	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Inpatient consultation by specialist	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Emergency room	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Pathology, radiology, and diagnostic tests	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
MRI, CT and PET scans	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Private duty nursing (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000	\$15,000 €12,500 £10,000	\$15,000 €12,500 £10,000
Skilled nursing facility (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000	\$15,000 €12,500 £10,000	\$15,000 €12,500 £10,000
Home health care (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000	\$15,000 €12,500 £10,000	\$15,000 €12,500 £10,000
Hospice care services (Lifetime maximum)	\$10,000 €8,000 £6,500	\$10,000 €8,000 £6,500	\$20,000 €15,000 £13,000	\$20,000 €15,000 £13,000
Emergency dental treatment (as a result of accident)	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Cancer treatment	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%

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Child accompaniment	N/A	100%	N/A	100%

If the insured person is a child under 16 who requires hospitalisation, we will pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel. Pre-approval is necessary.

MANAGED TRANSPLANT PROGRAMME

Organ transplants maximum lifetime	\$500,000 €400,000 £300,000	\$500,000 €400,000 £300,000	\$500,000 €400,000 £300,000	\$500,000 €400,000 £300,000
Tissue transplants (as part of the overall organ max.)	\$250,000 €200,000 £150,000	\$250,000 €200,000 £150,000	\$250,000 €200,000 £150,000	\$250,000 €200,000 £150,000

Transplant must be pre-certified and approved by us. Failure to comply will result in treatment not being covered by your policy. A 24-month waiting period applies for all transplants.

OUTPATIENT BENEFITS				
Surgery as outpatient	100% (90% US/Canada)	100% (90% US/Canada)	100%	100%
Physician office visits and specialist fees	90%	90%	100%	100%
Diagnostic and therapeutic services (as outpatient, per visit)	90%	90%	100%	100%
Physical therapy (as outpatient, per visit)	90% \$75 €60 £50 policy year max 30 visits	90% \$75 €60 £50 policy year max 30 visits	100% \$75 €60 £50 policy year max 50 visits	100% \$75 €60 £50 policy year max 50 visits
Occupational therapy (as outpatient, per visit)	90% \$75 €60 £50 policy year max 30 visits	90% \$75 €60 £50 policy year max 30 visits	100% \$75 €60 £50 policy year max 50 visits	100% \$75 €60 £50 policy year max 50 visits
Chiropractic services Policy year maximum for chiropractic services <i>Referral letter required from medical physician</i>	90% \$750 €600 £500	90% \$750 €600 £500	100% \$1,500 €1,250 £1,000	100% \$1,500 €1,250 £1,000
Complementary Medicine Including TCM, bonesetting, acupuncture, herbal medicine, homeopathy and osteopathy	90% \$500 €400 £350	90% \$500 €400 £350	100% \$1,500 €1,250 £1,000	100% \$1,500 €1,250 £1,000

PRESCRIPTION PROGRAMME

In US (no deductible applies)	90% generic 80% brand	90% generic 80% brand	100% generic 90% brand	100% generic 90% brand
All other countries (deductible applies)	90%	90%	100%	100%

DENTAL

Routine dental	N/A	N/A	\$1,500 €1,250 £1,000	\$1,500 €1,250 £1,000
Diagnostic and preventive dental	N/A	N/A	100%	100%
Dental plan option available	YES See dental options	YES See dental options	YES See dental options	YES See dental options

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MATERNITY AND NEWBORN COVER				
Pregnancy, normal delivery	N/A	90% \$10,000 €7,500 £6,500	N/A	100% \$20,000 €15,000 £13,000
Complicated pregnancy and Cesarean section (non-elective)	N/A	90% \$12,000 €8,500 £8,000	N/A	100% \$30,000 €25,000 £20,000
<i>Routine nursery, included under maternity benefits as any other treatment including room and board, physician charges and circumcision for males prior to discharge. In the case of an elective Cesarean section, which is not medically necessary, benefit will be paid at the cost of a normal delivery, up to the Pregnancy, normal delivery limit.</i>				
Newborn cover	N/A	\$25,000 €20,000 £15,000	N/A	\$30,000 €25,000 £20,000
<i>Included in newborn cover are premature births, congenital conditions and birth anomalies. Newborn cover is only available for a covered pregnancy. A 12-month waiting period applies for all maternity benefits.</i>				
WELLNESS AND ROUTINE SERVICES				
ADULTS Per policy year	\$500 €400 £300	\$500 €400 £300	\$750 €600 £500	\$750 €600 £500
Routine physical exams in connection with overall health and wellbeing	90%	90%	100%	100%
Pap smear	90%	90%	100%	100%
Mammograms: ages 35-39 one baseline exam; ages 40-49 one exam every one or two years for asymptomatic women, but no sooner than two years after baseline; age 50 and over one exam annually; any age whenever prescribed by a physician	90%	90%	100%	100%
Prostate cancer screening: one test per policy year for males age 50 or over	90%	90%	100%	100%
Immunisations and vaccinations	90%	90%	100%	100%
CHILD(REN)				
Maximum per policy year: birth to age 12 months	N/A	\$300 €275 £225	N/A	\$500 €400 £325
Maximum per policy year: 13 months and over	N/A	\$200 €150 £125	N/A	\$300 €225 £200
Routine medical exams and immunisations and vaccinations	N/A	100%	N/A	100%
Child preventive care services	N/A	100%	N/A	100%
Hearing tests	N/A	100%	N/A	100%

Six-month waiting period applies to all wellness benefits, but waits are waived for policies that are paid annually. Deductible does not apply to wellness benefits. Overall wellness benefit maximums apply to all routine and wellness benefits for adults and children.

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VISION CARE COVER	100%	100%	100%	100%
Maximum per 24-month period	\$300	\$300	\$300	\$300
Six month waiting period applies to Vision Care Cover but waits are waived for policies that are paid annually. Not subject to deductible.	€275	€275	€275	€275
	£225	£225	£225	£225
EMERGENCY EVACUATION, REPATRIATION AND AMBULANCE SERVICES				
Medical evacuation and assistance	100%	100%	100%	100%
24/7 Emergency medical assistance hotline	YES	YES	YES	YES
Repatriation of mortal remains	100%	100%	100%	100%
Family emergency travel	N/A	N/A	100% \$5,000 €3,500 £3,000	100% \$5,000 €3,500 £3,000
Repatriation accompaniment	N/A	100% \$2,500 €1,750 £1,500	100% \$5,000 €3,500 £3,000	100% \$5,000 €3,500 £3,000
Repatriation family accompaniment	N/A	N/A	N/A	100% \$3,000 €2,250 £2,000
SAND (SECURITY AND NATURAL DISASTER)				
Access to our specialist representatives who provide a 24/7 international emergency response in events such as security crises, political unrest and natural disasters. The services include assistance in arranging evacuation, contingency planning, remote medical abilities, crisis management and tracking services. Any costs incurred are the responsibility of the insured person, and must be paid by you to the service provider.				
MEDICAL CONCIERGE SERVICES				
Best possible outcome programme	N/A	N/A	YES	YES
<i>A dedicated diagnosis verification and treatment planning care management programme. In the event that you are diagnosed with a specified critical illness, the programme provides access to an appropriate specialist who will remotely review your medical reports to confirm your diagnosis and advise, in conjunction with your treating physician on your treatment options, to provide the best outcome.</i>				
Advanced health screening programme	N/A	N/A	100%	100%
Ages 40-50 one high level physical examination every three years	N/A	N/A	\$1,000 €750 £650	\$1,000 €750 £650
Ages 50+ one high level physical examination every three years	N/A	N/A	\$1,500 €1,250 £1,000	\$1,500 €1,250 £1,000
eHealth records account	YES	YES	YES	YES

TABLE OF BENEFITS	YOUR HEALTH		PREMIER HEALTH	
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MENTAL HEALTH BENEFITS	90%	90%	100%	100%
Lifetime maximum for mental health benefits (inpatient and outpatient)	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000
Policy year mental illness, maximum 15 visits (outpatient treatment)	\$2,500 €2,000 £1,500 per policy year	\$2,500 €2,000 £1,500 per policy year	\$2,500 €2,000 £1,500 per policy year	\$2,500 €2,000 £1,500 per policy year
Lifetime mental illness, maximum per insured (in-hospital)	60 days	60 days	60 days	60 days
Lifetime maximum for mental health benefits (outpatient treatment)	80 visits	80 visits	80 visits	80 visits

Mental health benefits do not count towards out of pocket maximum.

EXPATRIATE ASSISTANCE PROGRAMME	YES	YES	YES	YES
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Operated by LifeWorks, provides assistance with the following types of issues often faced by expatriates: how to cope with isolation and loneliness, adapt across cultures, identify and cope with culture shock, address the personal impact of the relocation, strengthen relationships, improve communication, work towards life goals, deal with stress, anxiety and depression, address alcohol and drug misuse, resolve marital and relationship difficulties, find solutions for work-related issues, access crisis and trauma support while on assignment, discover ways to improve your nutrition in your new environment, focus on your health with natural healing strategies.

ACCIDENTAL DEATH AND DISMEMBERMENT	N/A	N/A	\$100,000 €80,000 £70,000	\$100,000 €80,000 £70,000
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Also available as an optional benefit on all plans.

HIV/AIDS TREATMENT	YES	YES	YES	YES
Lifetime maximum	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000

DURABLE MEDICAL EQUIPMENT	YES	YES	YES	YES
Lifetime maximum	\$15,000 €12,000 £10,000	\$15,000 €12,000 £10,000	\$20,000 €15,000 £13,000	\$20,000 €15,000 £13,000

CHRONIC CONDITIONS	YES	YES	YES	YES
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Chronic conditions are treated like any other condition under the policy.

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LIFE COVER (ADULTS ONLY)				
Lump sum in case of death (all causes)	\$5,000 €5,000 £5,000	\$5,000 €5,000 £5,000	\$10,000 €10,000 £10,000	\$10,000 €10,000 £10,000
DEDUCTIBLE OPTIONS				
Individual deductible	YES	NO	YES	NO
Family deductible	NO	YES	NO	YES
Deductible options	\$200, \$500, \$1,000, \$5,000 €150, €400, €750, €4,000 £125, £300, £650, £3,000		\$0, \$100, \$200, \$500, \$1,000, \$5,000 €0, €75, €150, €400, €750, €4,000 £0, £65, £125, £300, £650, £3,000	
OUT OF POCKET MAXIMUM INDIVIDUAL				
	\$1,000 €750 £650	\$1,000 €750 £650	\$1,000 €750 £650	\$1,000 €750 £650

An out of pocket maximum is protection for you against high medical costs from your benefits which are listed at 90%. The 10% that you pay yourself is your out of pocket expenses. Once your out of pocket costs equal the maximum indicated, your benefits that were at 90% are switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

OUT OF POCKET MAXIMUM FAMILY				
	\$3,000 €2,250 £2,000	\$3,000 €2,250 £2,000	\$3,000 €2,250 £2,000	\$3,000 €2,250 £2,000

Functions just like the individual out of pocket except this is protection for the entire family. If the family out of pocket maximum is reached regardless of whether the individual out of pocket limit is reached the entire family under cover has their 90% benefits switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

GEOGRAPHICAL COVER REGION OPTIONS				
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Cover Region 1 – Worldwide including US and Canada and their territories.

For Cover Region 1 – please note that benefits listed above are only applicable when using our Preferred Provider Network. Benefits outside of network are reduced to 70% and co-insurance does not count toward out of pocket max.

Please note that Cover Region 1 is limited to 180 days in the US in any 12-month period.

Cover Region 2 – Worldwide but excluding US and Canada and their territories.

For Cover Region 2 – does not include any cover for US and Canada and their territories.

OPTIONAL BENEFITS PLAN	YOUR HEALTH		PREMIER HEALTH	
	yourLife	yourFamily	PremierLife	PremierFamily
DENTAL PLAN OPTION PLAN FEATURES				
Individual deductible	\$50 €40 £30	N/A N/A N/A	\$50 €40 £30	N/A N/A N/A
Family deductible	N/A N/A N/A	\$150 €125 £100	N/A N/A N/A	\$150 €125 £100
CLASS I EXPENSES No deductible applies Diagnostic – general preventive	100%	100%	Included under your Premier medical plan	Included under your Premier medical plan
CLASS II EXPENSES Restorative (basic); endodontics; periodontics; prosthodontics – removable (maintenance); fixed bridge (maintenance); oral surgery	80%	80%	90%	90%
CLASS III EXPENSES Restorative (major); endodontics; prosthodontics – removable (installation); fixed bridge (installation)	50%	50%	60%	60%

Orthodontic and Class III services are available after six months of continuous enrolment in the Dental Plan. Orthodontic services are only available for children under 18 years of age.

Policy year maximum (per insured person)	\$1,500 €1,200 £1,000	\$1,500 €1,200 £1,000	\$3,000 €2,250 £2,000	\$3,000 €2,250 £2,000
Orthodontic lifetime maximum	\$1,500 €1,200 £1,000	\$1,500 €1,200 £1,000	\$2,500 €2,000 £1,500	\$2,500 €2,000 £1,500

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) OPTION

In the event of an accidental death or dismemberment of the primary insured the insurer pays a lump sum benefit equal to the principal sum subject to a maximum benefit multiplied by a percentage as shown below.

Loss of life	100%	100%	100%	100%
Loss of sight of both eyes	100%	100%	100%	100%
Loss of both hands or arms	100%	100%	100%	100%
Loss of both feet or both legs	100%	100%	100%	100%
Loss of one arm and one leg	100%	100%	100%	100%
Loss of sight of one eye	50%	50%	50%	50%
Loss of one foot or one leg	50%	50%	50%	50%
Loss of one hand or arm	50%	50%	50%	50%

N.B. Benefits cannot exceed two times annual salary. See rate sheet for benefit sums available.