## Overall plan limit

1.1 Reasonable costs will be paid for you up to the overall plan limit in each plan year, subject to the terms and conditions of the plan. We will not pay any more than the overall plan limit for any one or more claims on any one or more of the benefits below. Where a benefit limit is shown as Paid in full, this is subject to the overall plan limit.

You must request pre-authorisation for some of the benefits, see your Claims procedures and benefit condition BC2 in the Plan guide for more information.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,000,000</td>
<td></td>
</tr>
</tbody>
</table>

## Cancer care

2.1 In-patient treatment for cancer, including bone marrow transplants. This benefit covers treatment aimed to cure cancer; treatment of a cancer which is diagnosed at the acute medical condition, palliative treatment and cure of the stage of a cancer.

## In-patient and daycare treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions (see section 23 for deductions)

3.1 Medical costs including intensive care costs, theatre costs, accommodation, specialists’ and medical practitioners’ fees, anaesthetists’ fees, nursing fees, and prescribed drugs and dressings.

3.2 MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.

3.3 Reconstructive surgery following an accident or following surgery for an eligible medical condition that first occurred after your date of joining.

3.4 Postinjury surgically implanted to form permanent part of your body.

3.5 Medical services of a nurse as part of your in-patient or daycare treatment when these are received in your home instead of in hospital.

3.6 Hospital accommodation costs for a parent or legal guardian to stay with an insured child, under the age of 18, when the child is receiving in-patient treatment.

3.7 Costs of your dependents, a close family member or business colleague having to accompany you for a medical evacuation. This benefit will only become available if your medical condition is critical. We will cover:

- return economy class travel costs, including tax transfers to and from the hospital on arrival and departure;
- reasonable overnight accommodation costs, to include breakfast;
- a taxi from the hospital to your hotel, and back, once a day.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>

## Maintenance of chronic medical conditions (see section 23 for deductions)

8.1 In-patient and daycare treatment to maintain the symptoms of chronic medical conditions.

8.2 Costs of drugs for the maintenance of chronic medical conditions.

8.3 Out-patient treatment to maintain the symptoms of chronic medical conditions. This benefit covers medical practitioners’ and specialists’ fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid up to a lifetime limit of $50,000</td>
<td></td>
</tr>
</tbody>
</table>

## Physiotherapy and complementary medicine for acute and chronic medical conditions (see section 23 for deductions)

6.1 Physiotherapy by a physiotherapist, as part of in-patient or daycare treatment.

6.2 Post hospitalisation out-patient physiotherapy by a physiotherapist for any one or more medical conditions in each plan year. This benefit is available for a period of 30 days following any in-patient or daycare treatment related to the same medical condition.

6.3 Out-patient complementary medicine and treatment, when referred by a medical practitioner or specialist. This benefit covers podiatry, osteopathic and chiropractic treatment only.


### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
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</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td></td>
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</tbody>
</table>

## Psychiatric treatment for acute and chronic medical conditions (see section 23 for deductions)

7.1 In-patient psychiatric treatment and psychotherapy for up to 30 days.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td></td>
</tr>
</tbody>
</table>

7.2 Out-patient psychiatric treatment and psychotherapy.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid up to $2,500</td>
<td></td>
</tr>
</tbody>
</table>

## Palliative treatment and care for a medical condition which is diagnosed as terminal.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>

## Congenital abnormalities (see section 23 for deductions)

9.1 All treatment aimed to cure a congenital abnormality, treatment of a congenital abnormality which is diagnosed as a chronic medical condition, palliative treatment and care for a congenital abnormality which is diagnosed as terminal, and treatment for any related medical condition.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid up to a lifetime limit of $35,000</td>
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</tbody>
</table>

## Terminal care

10.1 Palliative treatment and care for a medical condition which is diagnosed as terminal.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td></td>
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</tbody>
</table>

## Medical evacuation and repatriation

11.1 The costs to transport you to the nearest location within your area of cover where appropriate medical facilities are available. This benefit, including emergency treatment you receive during the journey, will only be paid if we agree appropriate treatment for your eligible medical condition is not available locally.

11.2 Economy class travel costs for you to go back to the country where you live, following your medical evacuation.

11.3 Costs of your dependents, a close family member or business colleague having to accompany you for a medical evacuation. This benefit will only become available if your medical condition is critical. We will cover:

- return economy class travel costs, including tax transfers to and from the hotel on arrival and departure;
- reasonable overnight accommodation costs, to include breakfast;
- a taxi from the hotel to the hospital, and back, once a day.

### USD

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>
12 Local ambulance
Costs of appropriate ambulance transport to the nearest available and appropriate local hospital because of an emergency or due to medical necessity. Paid in full.

13 Out-patient dental treatment (see section 23 for deductibles)
13.1 Restoration of natural teeth including treatment of accidental damage to natural teeth. This benefit covers X-rays, fillings, extractions, root-canal treatment, gum treatment, permanent bridges and semi-precious crowns. Paid up to $375.
13.2 Preventative dental services: checkups to include scraping, cleaning and polishing only. Paid up to $1,000.

14 Wellness
14.1 Members aged 18 and over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations. Paid up to $1,000.
14.2 Members aged 0-17: well-child tests and vaccinations. Paid in full.
14.3 Preventative services for sight and hearing: one sight examination and one hearing examination in each plan year. Not covered.

15 Organ transplants (see section 23 for deductibles)
15.1 Transplants of kidney, liver, heart, lung or heart and lung and any related treatment that you need as a result of an eligible medical condition. Paid up to $500,000.
15.2 The medical condition is a congenital abnormality. The cost of organ transplants and any related treatment will only be covered under section 9.

16 HIV or AIDS (see section 23 for deductibles)
16.1 All treatment, including palliative treatment and care, for HIV or AIDS and all related medical conditions, available after you have had four years’ continuous cover from the date that the benefit was first introduced on your plan. Paid up to a lifetime limit of $85,000.

17 Maternity care
17.1 Antenatal checkups and treatment, delivery costs, nursing fees, hospital accommodation costs and postnatal checkups, for a normal uncomplicated pregnancy and normal uncomplicated childbirth.
This benefit covers no more than one 2D ultrasound scan in each trimester of a normal uncomplicated pregnancy. This benefit also covers 12 routine antenatal visits during a normal uncomplicated pregnancy. This benefit covers the following for the newborn child:
- one physical examination;
- vitamin K, hepatitis B and BCG vaccinations;
- one hearing examination; and
- reasonable accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.
A 10% co-insurance applies to this benefit (see section 23 for deductibles).
17.2 Treatment of a medical complication that happens due to a medical condition during the antenatal period of a pregnancy or childbirth.
If the pregnancy is resulting from assisted conception, any medical complication arising during the antenatal period or childbirth will be limited to the amounts shown in section 17.3.
17.3 Hospital accommodation costs for a newborn child to stay with its mother when she is receiving in-patient treatment for a medical condition covered under section 17.2.
17.4 Increasing a pregnancy when medically necessary.
17.5 Treatment of birth defects, including birth trauma, for 12 months from the date of diagnosis. This benefit is available for each pregnancy covered under sections 17.1 or 17.2 if the newborn child is added to the plan before they are 30 days old and the birth defects are diagnosed in the first six months after birth.
17.6 Treatment of congenital abnormalities (see section 17.2). This benefit is available for each pregnancy covered under sections 17.1 or 17.2.
- if the newborn child is added to the plan before they are 30 days old;
- the congenital abnormalities are diagnosed in the first six months after birth; and
- the congenital abnormalities are not inherited.
(see section 23 for deductibles).

18 Hormone replacement therapy
18.1 Hormone replacement therapy for symptoms of the menopause. Paid up to $500.

19 Hospital cash
19.1 Cash payment made to you, for up to 30 nights in each plan year, when you receive in-patient treatment and hospital accommodation free of charge. $450 paid to you for each night.

20 Compassionate emergency visit
20.1 Costs you have to pay for an economy class return travel ticket from a country within your area of cover to visit a close family member if their medical condition is critical, or for you to attend their burial or cremation following their death. You are limited to one return journey in each plan year. Paid in full.

21 Mortal remains
21.1 Reasonable costs of preparing and transporting your body, mental remains or ashes to your home country, or preparing your body or mental remains for local burial or cremation. This benefit is only available if you die outside your home country. Paid in full.

22 Emergency treatment outside area of cover (see section 23 for deductibles)
22.1 Emergency treatment outside your area of cover. Paid up to $100,000.

23 Preventative care
23.1 Out-patient treatment excess on sections 4, 5, 7, 8, 9, 16 and 17.6. This deductible is applied for each visit to a medical practitioner or specialist for an out-patient consultation. $16.50.
23.2 In-patient, day care and out-patient treatment excess on sections 3, 4, 5, 6, 7, 8, 9, 15, 16, 17.6 and 22. This deductible is applied for each medical condition in each plan year. Not applicable.
23.3 Out-patient dental treatment co-insurance on section 13. This deductible is applied to each claim. 30%.
23.4 Normal uncomplicated pregnancy and normal uncomplicated childbirth co-insurance on section 17.1. This deductible is applied to each claim. 10%.

24 Optical Care
24.1 Costs of prescription spectacles, prescription spectacle lenses, prescription spectacle frames and contact lenses. Paid up to $425.

25 E & OE
AdviceLine - 24/7 personal security information and advice for all your travel safety queries. Please contact red24 or visit www.red24.com/interglobal
ActionResponse - 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Please contact red24 or visit www.red24.com/interglobal