International Private Healthcare

IPH

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Elite Plans

Worldwide Medical Expenses Protection

IPH ELITE PLANS POLICY FEATURES AND BENEFIT LIMITS	**A** | **PEARL** US$	**B** | **SAPPHIRE** US$	**C** | **RUBY** US$
Total Policy limit per person per policy year	$1,000,000	$1,500,000	$2,000,000
Hospital Services: (all medical treatment/services ordered by a physician)	+Full Refund	+Full Refund	+Full Refund
per day Room and Board**	+Full Refund #	+Full Refund #	+Full Refund #
per day Intensive Care Unit**	+Full Refund	+Full Refund	+Full Refund
Hospice & Palliative Care (lifetime limit)	$25,000	$30,000	$50,000
Organ Transplantation per person per policy year (heart, lung, kidney, liver and bone marrow)	$150,000	$200,000	$250,000
Local Ambulance Services	+Full Refund	+Full Refund	+Full Refund
Nursing at Home - Full refund up to	+4 Weeks	+8 Weeks	+26 Weeks
In-patient Psychiatric Treatment	+Full Refund - Max 30 days	+Full Refund - Max 30 days	+Full Refund - Max 30 days
Emergency Medical Transportation (EMT) per person per policy year	+Full Refund	+Full Refund	+Full Refund
EMT – Accommodation Expenses for companion	$50 per day (Max 15 days)	$75 per day (Max 15 days)	$100 per day (Max 15 days)
Emergency Dental Treatment following accident	$1,000	$1,500	+Full Refund
Out-patient Services - including:	-	+Full Refund*	+Full Refund*
■ General Out-patient Services	-	Covered under Out-patient services	Covered under Out-patient services
■ Specialist Out-patient Services	-	Covered under Out-patient services	Covered under Out-patient services
■ Laboratory and X-Ray Services	-	Covered under Out-patient services	Covered under Out-patient services
■ Prescribed Drugs	-	Covered under Out-patient services	Covered under Out-patient services
■ Post Hospitalisation Treatment	$2,000	Covered under Out-patient services	Covered under Out-patient services
Emergency Ward Treatment up to 24 hours	+Full Refund	+Full Refund	+Full Refund
Complicated Maternity Care per pregnancy	-	†$650	See below
Normal and/or Complicated Maternity Care per pregnancy	-	-	†$2,000
Newborn cover	-	†$500 (first 14 days)	†$2,000 (first 14 days)
Parent accompanying child	+Full Refund	+Full Refund	+Full Refund
Repatriation of Mortal Remains/Local Burial per person (death in home country excluded)	$5,000	$7,500	$10,000

+ Full Refund up to policy limit, # Single bedded room only, †12 months waiting period and 25% co-insurance applies.
*A deductible of $100 per ailment claim per policy year applies to out-patient services.
**Treatment in USA and Canada (25% co-insurance applies on all treatment costs) a) Room and Board per day Benefit limit - Pearl Plan - US$100, Sapphire Plan - US$125
b) Intensive Care Unit per day Benefit limit - Pearl Plan - US$180, Sapphire Plan - US$250. This insurance is only available to residents of Asia.
To be read in conjunction with IPH terms and conditions. Information correct at time of print. In the event of any conflict between the English and other language versions, the English version shall prevail.