

Listed below are the benefits available for all plans. Benefits payable in respect of any one insured person are subject to an all inclusive limit *per period of insurance* of \$2,000,000. All limits and monetary amounts shall in all instances be in US\$. This Benefit Overview provides a summary of the cover we provide under each plan. Cover is subject to *our* policy terms and conditions. In the event of any discrepancy, the policy terms and conditions shall prevail.

Annual Limit

	AAA	AA	A
Maximum Sum Insured	\$2,000,000 per <i>period of insurance</i>	\$2,000,000 per <i>period of insurance</i>	\$2,000,000 per <i>period of insurance</i>

Hospital and Surgical Benefits

	AAA	AA	A
Hospital Services			
Standard Private Room and Board	Fully Covered	Fully Covered	Fully Covered
Parental Accommodation	Fully Covered	Fully Covered	Fully Covered
Other Medical Expenses (theatre fees, x-rays, blood etc.)	Fully Covered	Fully Covered	Fully Covered
Intensive Care	Fully Covered	Fully Covered	Fully Covered
Surgeon's Fees	Fully Covered	Fully Covered	Fully Covered
Anaesthetist Fees	Fully Covered	Fully Covered	Fully Covered
Professional Fees	Fully Covered	Fully Covered	Fully Covered
Psychiatric Inpatient <i>Hospital Care</i>	Fully Covered up to 30 days <i>per period of insurance</i>	Fully Covered up to 30 days <i>per period of insurance</i>	Fully Covered up to 30 days <i>per period of insurance</i>
Reconstructive Surgery	Fully Covered	Fully Covered	Fully Covered
Complications of Pregnancy	Fully Covered	Fully Covered	Fully Covered
Congenital Conditions			
Hospital treatment of <i>congenital conditions</i>	\$200,000 lifetime benefit	\$125,000 lifetime benefit	\$50,000 lifetime benefit
Newborn Cover			
Hospital treatment of <i>acute disabilities and/or congenital conditions</i> which manifest within 30 days following birth of <i>your infant</i>	\$200,000 lifetime benefit	\$150,000 lifetime benefit	No Cover
Clinical Surgery, Chemotherapy & Kidney Dialysis			
Clinical Surgery	Fully Covered	Fully Covered	Fully Covered
Chemotherapy	Fully Covered	Fully Covered	Fully Covered
Kidney Dialysis	Fully Covered	Fully Covered	Fully Covered
Pre-hospitalisation benefits			
Pre-hospitalisation benefits for up to 30 days before a covered <i>confinement</i>	Fully Covered	Fully Covered	Fully Covered
Post-hospitalisation benefits			
Post-hospitalisation benefits for up to 90 days following a covered <i>confinement</i>	Fully Covered	Fully Covered	Fully Covered
Pre-Approved Medical Evacuation & Repatriation (Up to \$500,000 per event)			
Transportation expenses	Fully Covered	Fully Covered	Fully Covered
Accompanying person	Fully Covered	Fully Covered	Fully Covered
Repatriation to <i>home country</i> within three months after completion of treatment	Fully Covered	Fully Covered	Fully Covered
Repatriation of Mortal Remains	\$15,000	\$15,000	\$15,000
Emergency Room Treatment	Fully Covered	Fully Covered	Fully Covered
Emergency Dental Treatment			
Emergency <i>Dental Treatment</i> to repair damage to sound natural teeth within 14 days of <i>accident</i>	Fully Covered	Fully Covered	Fully Covered
Local Transport by Ambulance			
Transport to and from <i>hospital</i> prescribed by an attending <i>physician</i>	Fully Covered	Fully Covered	Fully Covered
Organ Transplant			
Organ <i>transplantation costs</i> (human organs only)	Fully Covered	Fully Covered	Fully Covered
Direct cost of surgery to remove an organ for transplant from donor	30% of total transplantation cost	30% of total transplantation cost	30% of total transplantation cost
Private Nursing, Home Nursing			
Private nursing in <i>hospital</i> when certified necessary by treating <i>physician</i>	Fully Covered	Fully Covered	Fully Covered
Home nursing prescribed by treating <i>physician</i>	\$135 per day up to \$4,050 per <i>period of insurance</i>	\$135 per day up to \$4,050 per <i>period of insurance</i>	\$135 per day up to \$4,050 per <i>period of insurance</i>

Chronic Conditions

Treatment for a Chronic Condition received when admitted inpatient in a <i>Hospital</i>	Fully Covered	Fully Covered	Fully Covered
General Practitioner and specialist consultations; prescribed <i>Medicines and drugs</i>	Fully Covered	Fully Covered	Fully Covered

Hospital Cash Benefit

Where a covered <i>confinement</i> does not incur any accommodation and/or treatment costs	\$250 per night to a maximum of 30 nights per <i>period of insurance</i>	\$200 per night to a maximum of 30 nights per <i>period of insurance</i>	\$150 per night to a maximum of 30 nights per <i>period of insurance</i>
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Rehabilitation Treatment

<i>Rehabilitation</i> treatment at an authorised rehabilitation centre	Fully Covered up to 60 days per <i>period of insurance</i>	Fully Covered up to 60 days per <i>period of insurance</i>	Fully Covered up to 60 days per <i>period of insurance</i>
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Hospice or Palliative Treatment

<i>Hospice or Palliative Treatment</i>	\$50,000 lifetime benefit	\$50,000 lifetime benefit	\$50,000 lifetime benefit
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AIDS / HIV

Treatment of AIDS / HIV	\$100,000 lifetime benefit	\$100,000 lifetime benefit	\$100,000 lifetime benefit
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Out-patient Benefits

	AAA	AA	A
General Practitioners & Specialists			
General Practitioner consultations	Fully Covered	Fully Covered	Fully Covered
Specialist consultations	Fully Covered	Fully Covered	Fully Covered
Psychiatrists for a <i>mental and nervous condition</i>	\$5,000 per <i>period of insurance</i>	\$3,500 per <i>period of insurance</i>	No Cover
Physiotherapist prescribed by an attending <i>physician</i>	\$6,000 per <i>period of insurance</i>	\$3,000 per <i>period of insurance</i>	\$1,500 per <i>period of insurance</i>

Complementary Medicine

Combined Limit	\$1,000 per <i>period of insurance</i>	\$800 per <i>period of insurance</i>	\$600 per <i>period of insurance</i>
Physiotherapist (without certification from an attending <i>physician</i>), chiropractor, osteopath, homeopath, podiatrist, speech therapist, dietician	\$1,000 per <i>period of insurance</i>	\$800 per <i>period of insurance</i>	\$600 per <i>period of insurance</i>
Acupuncturist, bone setter and Chinese medicine practitioner	Up to \$100 per visit	Up to \$80 per visit	Up to \$60 per visit

Diagnostic Tests

Lab tests, analysis	Fully Covered	Fully Covered	Fully Covered
X-Ray	Fully Covered	Fully Covered	Fully Covered
ECG	Fully Covered	Fully Covered	Fully Covered
Scan and endoscopic exams	Fully Covered	Fully Covered	Fully Covered

Appliances

Hearing Aids			
Slings and Bandages			
Arch Support			
Rental of Medical Appliances	\$2,000 per <i>period of insurance</i>	\$2,000 per <i>period of insurance</i>	\$2,000 per <i>period of insurance</i>

Medicines and drugs

<i>Medicines and drugs</i> prescribed by an attending <i>physician</i>	Fully Covered	Fully Covered	Fully Covered
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Medical check up & vaccinations

<i>Medical check up</i>	\$600 per <i>period of insurance</i>	\$400 per <i>period of insurance</i>	No Cover
Vaccinations	\$300 per <i>period of insurance</i>	\$200 per <i>period of insurance</i>	\$100 per <i>period of insurance</i>

Maternity Benefits – Optional

Delivery including pre and post natal treatment, vitamins and supplements prescribed by the attending <i>physician</i> , elective and emergency caesarean sections	Maternity Option 1	Maternity Option 1	No Cover
	\$12,000 per pregnancy	\$12,000 per pregnancy	
	Maternity Option 2	Maternity Option 2	No Cover
	\$10,000 per pregnancy; <i>semi-private</i> room only	\$10,000 per pregnancy; <i>semi-private</i> room only	

Dental and Optical Benefits – Optional
Dental – treatment performed or directed by a registered *dentist*

<i>Minor dental treatment</i>	\$1,000 per <i>period of insurance</i>
<i>Major dental treatment, dental prostheses, dental surgery, periodontics</i>	80% up to \$2,500 per <i>period of insurance</i>

Optical

Eye examinations, prescription contact lenses & prescription lenses	\$300 per <i>period of insurance</i>
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