

Benefit		Bronze	Silver	Gold Plus	
<i>Lifetime Maximum per Insured Person</i>		£1.375M	£2.75M	£2.75M	
A. In-Patient & Day-Patient Treatment					
1	Surgery, Surgeons, Consultants, Second Surgical Opinion, Medical Practitioners, Nurses, Treatment, Services and Supplies Routinely Provided, and Ancillary Charges	Full Cover	Full Cover	Full Cover	
2	Hospitalisation / Room & Board		Up to £350 per day - 240 days maximum		
3	Intensive Care Unit		Up to £850 per day – 180 days per event		
4	Anaesthetist's Charges associated with Surgery		20% of Surgery Benefit		
5	Diagnostic Tests and Procedures, X-Rays, Pathology, & MRI/CT Scans		Full Cover		Full Cover
6	Prescribed Drugs, Dressings and Durable Medical Equipment				
7	Reconstructive Surgery - following accidents or surgery for eligible conditions				
8	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy				
9	Physiotherapy				
10	Parental Hospital Accommodation				
11	Prosthetic Devices				
12	Transplants		£137,500 Per Transplant		£137,500 Per Transplant

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13	State Hospital Cash Benefit	£165 Per Night, 60 nights max	£165 Per Night, 60 nights max	£165 Per Night, 60 nights max
B. Out-Patient Treatment, Wellness Benefits and Other Coverages				
1	<p>Out-Patient including: Family Doctor, Treatment and Referrals, Specialists and Consultants, X-Rays, Pathology, Diagnostic Tests and Procedures</p> <p>*not dependent upon admission</p>	<p><u>No Family Doctor or GP Cover</u></p> <p>Specialists & Consultants: Up to £275 Prior to admission* then Up to £275 following related Out-Patient Surgery or In-Patient treatment for 90 days post hospital</p> <p><u>Pre* & Post Hospital:</u> - £140 Limit X-Ray per Exam - £165 Limit Lab Tests per Exam</p>	<p>25 Visit <u>Maximum</u></p> <p>Limits per visit:</p> <p>£40 Medical Practitioner Charges</p> <p>£35 Psychiatrist</p> <p>£140 Limit X-ray per Exam</p> <p>£275 Limit Surgery Intervention Consultation</p> <p>£275 Limit Lab Tests per Examination</p>	Full Cover
2	Emergency Room Illness, Waived if admitted as an In-Patient or Day-Patient (Additional £138 Excess if not admitted)	No Cover	Full Cover	Full Cover
3	Emergency Room Accident	No Cover	Full Cover	Full Cover
4	Supplemental Accident Benefit	No Cover	No Cover	£165 per covered accident
5	Out-Patient Surgery	Full Cover	Full Cover	Full Cover
6	MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy, Cystoscopy	£330 Maximum Per Examination	£330 Maximum Per Examination	Full Cover
7	Cancer Tests, Drugs, Treatment and Consultants,	Full Cover	Full Cover	Full Cover

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	including cover for Chemotherapy and Radiotherapy			
8	Prescribed Out-Patient Drugs, Medicines, Dressings and Durable Medical Equipment	Up to £330 Following and in relation to In-Patient Treatment or Out-Patient Surgery for 90 days after leaving hospital	Full Cover	Full Cover
9	Physiotherapy, Homeopathic, Chiropractic Therapy and Osteopathic Therapy	Physiotherapy Only: Relating to In-Patient Treatment, Out-Patient Surgery Up to £25 per visit 10 visit Maximum for 90 days after leaving hospital	Up to £25 per visit 30 visit Maximum	Up to £30 per visit Maximum of 1 visit per day Maximum of 1 visit per day 45 visit Maximum
10	Complementary Medicine Acupuncture, Aroma Therapy, Herbal Therapy, Magnetic Therapy, Massage Therapy, Vitamin Therapy, Traditional Chinese Medicine	No Cover	No Cover	Up to £110
11	AIDS/HIV Treatment	No Cover	No Cover	Up to £2750 per Period of Insurance \$50,000 Lifetime Limit
12	Home Nursing Care	30 Day Limit: Up to £85 per visit	30 Day Limit: Up to £85 per visit	45 Day Limit: Up to £85 per visit
13	Rehabilitation	No Cover	No Cover	Full Cover

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14	Extended Care Facility	No Cover	Full Cover 30 Day Limit	90 Day Limit
15	Hospice Care	No Cover	No Cover	Full Cover 180 Day Limit
16	Adult Annual Health Exam: includes Hearing & Sight Tests & Vaccinations (Not subject to Annual Excess or Co-Insurance)	No Cover	No Cover	Up to £140: Age 30 and over After 1 year
17	Child (Under 18) Health Exam includes Hearing & Sight Tests & Vaccinations (Not subject to Annual Excess or Co-Insurance)	No Cover	3 visits per Period of Insurance Up to £40 per visit After 1 year	Up to £110 After 1 year
18a	Pre-Existing Medical Conditions Full Medical Underwriting Option*: - After 24 months continuous cover - Declared and Accepted conditions (unless otherwise excluded or terms applied as indicated otherwise in writing) - Flexible Underwriting Option available – refer to page 24	No Cover	Up to £2750 (£27,500 Lifetime Limit)	Up to £2750 (£27,500 Lifetime Limit)
or 18b	Moratorium Enrolment & Underwriting Option* - After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation* - Available to insured to age 54		Full Cover	Full Cover
*Cover in respect of Pre-Existing Conditions is as selected at time of application and identified on your Certificate of Insurance. Refer to page 23 for further details and Policy Wording for full Policy definitions, terms, conditions and restrictions.				
19	Newly Diagnosed Chronic Conditions	Full Cover	Full Cover	Full Cover
20	Mental/Nervous - After 12 months continuous coverage	No Cover	Out-Patient Only - See Section B1	Up to £5,500 (£27,500 Lifetime

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				Limit)
C. Travel, Transportation and Out of Area Benefits				
1	Emergency Local Ambulance	Up to £825 per event <i>Not subject to Annual Excess or Co-Insurance</i>	Up to £825 per event <i>Not subject to Annual Excess or Co-Insurance</i>	Full Cover
2	Emergency Evacuation and Transportation To the Nearest Suitable Hospital Facility	Up to £27,500 <i>Not subject to Annual Excess or Co-Insurance</i>	Up to £27,500 <i>Not subject to Annual Excess or Co-Insurance</i>	Full Cover <i>Not subject to Annual Excess or Co-Insurance</i>
3	Accompanying Relative, Travel and Accommodation	No Cover	No Cover	£5,500 Lifetime Limit
4	Cremation/Burial or Return of Mortal Remains	£5,500 Lifetime Limit <i>Not subject to Annual Excess or Co-Insurance</i>	£13,750 Lifetime Limit <i>Not subject to Annual Excess or Co-Insurance</i>	£13,750 Lifetime Limit <i>Not subject to Annual Excess or Co-Insurance</i>
5	Remote Transportation - For additional transport for on-going Treatment once stabilised	No Cover	No Cover	No Cover
6	Security & Political Evacuation & Repatriation	No Cover	No Cover	No Cover
7	Worldwide Accident & Emergency Out of Area Coverage (USA Treatment Must be within PPO Network)	15 Days Maximum	30 Days Maximum	30 Days Maximum
D. Dental Treatment & Vision Care Benefits				
1	Emergency Dental Due to Accident	Up to £550	Up to £550	Full Cover
2	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	No Cover	No Cover	Up to £55
E. Additional Benefits & Services				
1	High School Sports Injury	No Cover		

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2	Recreational Scuba	No Cover	Full Cover	Full Cover
3	Medical Information Service	Not Applicable		
4	Global Concierge & Assistance Services			
5	24 Hour Emergency Helpline	Included		
Annual Excess and Co-Insurance				
Annual Excess Options - Per Insured Person, Per Period of Insurance		Nil £138 to £5500		
		50% waived (up to a maximum reduction of £1,375/ for: USA PPO Out-Patient & Emergency In-Patient Treatment & Non-Emergency In-Patient USA Medical Concierge Provider Treatment)		
Family Maximum Annual Excesses		3 x Individual Annual Excess		
Annual Excess Carry Forward - If prior Annual Excess not met, then last 30 days Expenses from the previous Period of Insurance are carried forward and applied towards satisfying the Annual Excess for the next Period of Insurance		Yes		
Co-Insurance within the USA & Canada PPO Network		No Co-Insurance		
Co-Insurance outside the USA and Canada				
Co-Insurance Payable by Insured inside the USA and Canada* - When treatment is taken outside the USA & Canada PPO Network - (*No Co-Insurance for Non-Emergency In-Patient Treatment when utilising a USA Medical Concierge Provider)		20% of the next £2750 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance		