

Table of Benefits

We have set out a schedule of benefits applicable to your cover. Full details of these including the terms, conditions and exclusions can be found in the Policy Wording.

Underwriting terms:

- Full Medical Underwriting
- Moratorium Underwriting

Area of Cover

- Bangladesh, Brunei, Cambodia, East Timor, India, Indonesia, Laos, Malaysia, Myanmar, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam
- Worldwide excluding USA, Hong Kong, China & Singapore
- Worldwide excluding USA

\$/€/£

1 Maximum Sum Insured

Overall Combined Maximum Sum Insured For All Modules Selected

500,000

This is the maximum amount of money we will pay in respect of all benefits available under the selected levels to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is Full Refund are collectively subject to the overall maximum benefit applying.

For the avoidance of doubt, if a benefit is not included below then it is not covered by your policy unless agreed by us as an exception.

Core Benefits

2 In-Patient & Day-Patient Benefits

In-Patient Treatment - Pre-Authorisation Required

Full Refund

All required medical treatment provided to you when you are admitted as a registered in-patient in a hospital for a period of not less than 24 hours, and only when appropriate diagnostic procedures and/or treatment is not available on an out-patient or day-patient basis.

To include:

- Cost of hospital accommodation in a standard single bedded room (where available), nursing, operating theatre fees, high dependency/intensive care/coronary care unit and special nursing fees.
- Surgeons', anaesthetists, consultants and physician fees.
- Physiotherapy.
- Internal prosthesis, medical aids/devices where used as an integral part of a surgical procedure.
- Prescribed drugs and dressings.
- Diagnostic tests including x-rays, pathology and MRI/CT/PET scans.

Day-Patient Treatment - Pre-Authorisation Required

Full Refund

Medical treatment provided in a hospital where an insured person is formally admitted and requires a period of recovery in a hospital bed but does not need to stay overnight. It includes the costs of hospital accommodation, operating theatre, nursing, surgeons, anaesthetists, consultants and physician fees, diagnostic procedures and prescribed drugs and medicines.

Out-Patient hospital charges

Full Refund

Pre and post operative consultations and diagnostic tests within 15 days (before or following) a related in-patient admission

2 In-Patient & Day-Patient Benefits — continued

Organ Implantation - Pre-Authorisation Required

250,000

Costs directly related to the implantation of the following natural human organs; kidney, liver, heart, lung, stem cell, bone marrow and skin grafts (where medically necessary and not for cosmetic purposes).

- There is NO cover for the costs associated with locating a replacement organ, or for the removal of the organ from the donor, or any transportation and administration costs.
- There is NO cover for costs associated with procurement and/or implantation of an artificial and /or non-human organ.
- There is NO costs for medical treatment associated with cryopreservation, implantation or re-implantation of living cells or living tissues whether autologous or provided by a donor.
- Any and all costs associated with this benefit are allocated under this limit and not to any other benefit.

Rehabilitation - Pre-Authorisation Required

30 days

Treatment received on an in-patient basis in a recognised rehabilitation unit, under the supervision and direction of a physician, to restore health and mobility after an accident, injury or illness covered by this policy.

Accommodation to Stay with Child - Pre-Authorisation Required

Full Refund

Hospital accommodation costs for 1 insured person to stay with an insured child dependant, who is under the age of 16, and being admitted to hospital as an in-patient for medical treatment covered by this policy.

Emergency Dental Treatment

Full Refund

Dental treatment for immediate pain relief where required as a direct result of an accident. Only treatment received during the first 48 hours following the date of the accident is covered.

Please note there is no cover available for:

- Treatment where the injury was caused by eating or drinking anything, even if it contained a foreign body.
- Treatment where the damage was caused by normal wear and tear.
- Treatment where the damage was caused by teeth brushing or any other oral hygiene procedure.
- Treatment where the injury was caused by any means other than extra-oral impact.
- Emergency dental treatment shall not include; restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; or dental surgery performed in a hospital, unless dental surgery is the only treatment available to alleviate the pain.

Local Ambulance Services

Full Refund

Local ambulance services when required for transportation to hospital in the event of a medical emergency.

Accident and Emergency Room Treatment

Full Refund

Treatment given in a hospital casualty ward or emergency room immediately following an accident or the sudden onset of a serious medical condition resulting in eligible in-patient or day-patient treatment. By immediate we mean within 2 hours of the eligible incident causing the problem.

3 Chronic Conditions

Acute Treatment of a Chronic Medical Condition - Pre-Authorisation Required

100,000

In-patient, day-patient treatment including diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment of acute exacerbations of a chronic medical condition diagnosed after the start date of the policy or agreed to be covered in writing at application stage

Out-patient treatment will fall under the out-patient modules if selected.

3 Chronic Conditions — continued

<p>Routine Management & Palliative Treatment for Each Chronic Medical Condition- Pre-Authorisation Required In-patient, day-patient treatment including, diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment, routine management and palliative treatment of a chronic medical condition diagnosed after the start date of the policy or agreed to be covered in writing at application stage.</p> <p>Out-patient treatment will fall under the out-patient modules if selected.</p>	25,000
<p>Kidney Dialysis - Pre-Authorisation Required Kidney dialysis needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your policy.</p>	10,000
<p>HIV & AIDS Treatment - Pre-Authorisation Required - A 2 year waiting period applies to this benefit. Medical Treatment for HIV and AIDS including related diseases where contracted as a direct result of a blood transfusion received after the persons start date.</p>	5,000 each insured period up to a 37,500 lifetime limit

4 Cancer Care

<p>Cancer Treatment - Pre-Authorisation Required From the date an insured person is diagnosed with cancer, subject to it not pre-existing the start date of the policy, whether it is in its acute, chronic or terminal stage, all and any treatment received thereafter on an in-patient, day-patient or out-patient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, stem cell transplants (from either bone marrow or blood), routine management and palliative treatments; will be assessed and paid for under this benefit.</p>	Full Refund
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5 Medical Evacuation & Repatriation *Pre-Authorisation Required for these benefits*

<p>Emergency Medical Transfer The costs of emergency medical transportation, and medical care en route, for an insured person who has a critical medical condition and local facilities are inadequate or not available. Transportation will be to the nearest suitable hospital in either their country of residence or a nearby country (not necessarily the home country), returning the insured person to their country of residence after treatment.</p> <p>Please note no cover is available:</p> <ul style="list-style-type: none"> • For any subsequent transfer costs arising as a result of the same medical condition once we have returned the insured person to their country of residence. • Emergency medical transportation costs where the insured person is not being admitted to a hospital for medical treatment, or where the costs have not been approved by us prior to travel commencing. • The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications. • Any costs for transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or accident, not covered under this policy. 	Full Refund
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5 Medical Evacuation & Repatriation — continued

Pre-Authorisation Required for these benefits

Overnight Accommodation

Overnight accommodation costs for the accompanying close relative or friend, to stay with or near the insured person while hospitalised.

200

Maximum 10 nights per event

Please note there is no cover available for:

- Travel and accommodation costs unless specifically agreed by us and confirmed in writing prior to the date of travel.
- Any additional travelling costs incurred by the nominated close relative or friend, if it is necessary for us to arrange for the insured person to be transferred to a second hospital within the same country.

Transportation of Children

Following an emergency medical transfer or evacuation under this section, we will arrange and pay to transport, to a specified destination, any children under the age of 19 left at home unattended, or pay for the travelling costs (1 economy class return ticket) of a person to take care of the children at home.

Full Refund

6 Transportation of Mortal Remains

Pre-Authorisation Required for this benefit

Transportations of Mortal Remains

The cost of transportation of mortal remains following death of an insured person, available only when the death of the insured person occurs while outside of their home country.

3,000

7 Out of Area Treatment Benefit

Emergency Out of Area Treatment

The costs of short term treatment for emergency medical conditions covered by your policy that occur while you are travelling outside of your elected area of cover as shown on your certificate of insurance. Where such travel is for a maximum of 30 days per annum.

100,000 up to 30 days travel only

Please note there is no cover available:

- For non-emergency medical treatment outside of your geographical area.
- Emergency medical treatment when the total number of days travelling in each period of insurance exceeds 30 days.
- Treatment where you have specifically travelled with the purpose of obtaining treatment.

8 Accidental Death Benefit

Accidental Death

Accidental death benefit payable if an insured person dies as a direct result of an accident or injury (not sickness or illness) which occurs during the period of cover.

100,000

Optional Modules (to be added to the Core Module)

\$/€/£

+	Out-Patient Module 1 Overall Combined Annual Maximum for this Module \$2,500	<i>Add Out-Patient Benefits to your policy</i>
	Out-Patient Services The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund up to the combined annual maximum for this Module
	Physiotherapy Amount available for the treatment of physiotherapy by a licensed physiotherapist.	10 sessions per year
	Prescription Drugs Prescribed drugs, medicines, slings, supports and bandages.	Full Refund up to the combined annual maximum for this Module
	Mobility Aids The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.	1,800
	Alternative Therapies Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines, provided by a licensed practitioner, including prescribed drugs and medicines.	1,000
	Child Vaccination Routine and preventative vaccinations for an insured child up to the age of 10. Please note the 6 month wait period will not apply if the baby is born to a mother already insured on the plan and the baby is added from birth.	75 (6 month wait period)
	Annual Wellness Check Including testing for body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel. This is not applicable to insured persons under the age of 16.	200 (6 month wait period)
	Cancer Screening Covers cervical smears, mammograms and prostate, colon, and testicular screening. Please note that if a cancer is diagnosed, all benefits will fall under the cancer care benefits.	500 (1 screen per year)
Standard rates include a 10% co-insurance (excl. Annual Wellness Check and Cancer Screening)		

+ **Out-Patient Module 2** *Add Out-Patient Benefits to your policy*
Overall Combined Annual Maximum for this Module \$6,000

Out-Patient Services The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund up to the combined annual maximum for this module
Physiotherapy Amount available for the treatment of physiotherapy by a licensed physiotherapist.	10 sessions per year
Prescription Drugs Prescribed drugs, medicines, slings, supports and bandages.	Full Refund up to the combined annual maximum for this Module
Mobility Aids The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.	1,800
Alternative Therapies Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines provided by a licensed practitioner, including prescribed drugs and medicines.	2,000
Child Vaccination Routine and preventative vaccinations for an insured child up to the age of 10. Please note the 6 month wait period will not apply if the baby is born to a mother already insured on the plan and the baby is added from birth.	75 (6 month wait period)
Annual Wellness Check Including testing for body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel. This is not applicable to insured persons under the age of 16.	300 (6 month wait period)
Cancer Screening Covers cervical smears, mammograms and prostate, colon, and testicular screening. Please note that if a cancer is diagnosed, all benefits will fall under the cancer care benefits.	Full Refund (1 screen per year)

Standard rates include a 10% co-insurance (excluding Annual Wellness Check and Cancer Screening).

+ **Dental Module** *Add Dental benefits to your policy*

Routine Dental Treatment 1 annual check-up, 1 annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including prescribed antibiotics, temporary fillings and oral prophylaxis restricted to scaling and polishing only.	500 (6 month wait period)
Major Dental Treatment Root canal treatment, new or repairs to porcelain crowns, and new or repairs to bridgework. Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis. Orthodontic work for insured children under the age of 19.	500 (9 month wait period)

+ **Maternity Module** *Pregnancy & Childbirth benefits
(12 month wait period)*

Routine Pregnancy & Childbirth 5,000

This module can only be selected if you have selected Out-patient Module 2

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

Complications 10,000

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, emergency caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Caesarean sections that are planned due to previous caesarean sections (This would be covered under Routine Pregnancy & Childbirth)
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

Premature Baby Cover Included within the
Complications benefit
The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

Paediatric Check-Up 200

Contribution towards the costs of an initial paediatric check-up for the newborn.

+ **Enhanced Network Module**

The following hospitals will incur a 25% co-insurance for all treatment unless the Enhanced Network Module is selected.

Hong Kong: The Gleneagles Hospital The Sanatorium The Matilda The Adventist Hospital The Canossa	Thailand: Bangkok Pattaya Hospital Bumrungrad International Hospital First Western Hospital Wattanapat Hospital Samui	Philippines: Asian Hospital St Luke's Medical Centre Medical City Makati Hospital	India: Wockhardt Hospital
Indonesia: BIMC Hospital Kuta BIMC Hospital Nusa Dua	Singapore: Mount Elizabeth Hospital Novena		

- **Other Benefit Changes**

Reduce Maximum Sum Insured 250,000	- 7.5%
Increase Maximum Sum Insured 1,000,000	+ 15%
Remove Out-Patient co-insurance	+ 15%
Apply excess to In-Patient treatment only	

Excess Amount	Premium Reduction
100	5%
250	10%
500	15%
1000	20%
2500	30%
5000	40%