

PRESTIGE GLOBAL HEALTH OPTIONS

Your trusted and comprehensive medical plan





TAILOR A HEALTH INSURANCE PLAN TO MEET THE NEEDS OF YOU AND YOUR FAMILY.

Plan administration from Cigna, a leader in global healthcare



INTERNATIONAL HEALTH INSURANCE

The Overseas Assurance Corporation Limited (OAC) has partnered with Cigna to bring you Prestige Global Health Options, insured by OAC, and administered by Cigna.

OAC is a general insurance company regulated by the Monetary Authority of Singapore and is a wholly-owned subsidiary of Great Eastern Holdings Limited, the oldest and most established life insurance group in Singapore and Malaysia.

As the administrator of your plan, Cigna has offices all around the world, and a wide international network of trusted hospitals, physicians and other healthcare professionals. Cigna has provided global health insurance for many years. Today they have 86 million customer relationships in over 200 countries and jurisdictions. Looking after them is an international workforce of 37,000 people, plus a medical network comprising of over 1 million partnerships, including 89,000 behavioural health care professionals, and 11,400 facilities and clinics.

With Prestige Global Health Options, you can create the policy that's right for you and your family. We offer three distinct levels of cover, with a host of optional additional benefits. Read on to find out more about what we have to offer.

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WHY CHOOSE A PRESTIGE GLOBAL HEALTH OPTIONS PLAN

Why choose us

Our customers choose us because Prestige Global Health Options gives them all of the following:

- > Access to our network of trusted hospitals, physicians and other healthcare professionals.
- > The flexibility to tailor a cost-effective plan to suit their individual needs.
- > Making sure our Customer Care Team is always available to speak with you day and night.
- > The reassurance of our experience in delivering international healthcare.



HOW TO CREATE YOUR PLAN

Creating a comprehensive, tailored plan with OAC is simple. It's flexible, so you can choose and pay for only the cover you need. Our plans comprise of three levels of cover: Silver, Gold and Platinum. Each plan includes International Medical Insurance. Choose from two areas of coverage, depending on needs and location: Worldwide including USA and Worldwide excluding USA.

In addition, you can select optional modules, including: International Outpatient; International Medical Evacuation; International Health and Wellbeing; and International Vision and Dental which enables you the flexibility to create a health insurance plan that suits your unique needs.

As well as this, we offer a wide range of cost share and deductible options on International Medical Insurance and International Outpatient, allowing you to tailor a plan to suit your budget and needs.

The diagram on the next page shows you how Prestige Global Health Options plans work.



Creating a comprehensive, tailored plan with Prestige Global Health Options is simple.

1 SELECT YOUR CORE PLAN - INTERNATIONAL MEDICAL INSURANCE

Start with one of our core inpatient plans, which covers you for essential hospital stays and treatments, such as:

- > Surgeon & consultation fees
- > Hospital accommodation
- > Cancer treatment

Choose from two areas of coverage:

- > Worldwide including USA or
- > Worldwide excluding USA



Annual benefits

Up to the maximum amount per beneficiary per period of cover

SILVER:	USD1,000,000
GOLD:	USD2,000,000
PLATINUM:	USD3,000,000

2 ADD OPTIONAL MODULES

International Outpatient

More extensive outpatient care for treatments that don't require an overnight stay in hospital. Including prescribed outpatient drugs and dressings and much more.



International Medical Evacuation

Medical evacuation in the event that treatment is not available locally in an emergency, as well as repatriation, allowing the beneficiary to return to their country of habitual residence or nationality.



International Health & Wellbeing

Proactively manage your own health. Screen against disease, test against common illnesses and get reassurance with routine physical exams.



International Vision & Dental

Vision care including an eye test and a wide range of preventative, routine and major dental treatments.



3 MANAGE YOUR PREMIUM



Choose if you would like to add a deductible or cost share*.

Please see page 7 for a full description and example of how the deductible and cost share work.

*the voluntary amount you have chosen to pay that's not covered by your plan.

4 PAY FOR YOUR PLAN

Premiums will be paid on an annual basis. You can make payments by cash or cheque, at an OCBC branch into OAC USD account, credit card (In SGD via VISA or Mastercard, in accordance with the exchange rate as determined by us) or by bank transfer (overseas TT or local bank transfer).

HOW THE DEDUCTIBLE, COST SHARE AND OUT OF POCKET MAXIMUM WORK

Our wide range of deductible and cost share options allow you to tailor your plan to suit your needs.

You can choose to have a deductible and/or cost share on the International Medical Insurance and/or International Outpatient option. No deductible applies to inpatient cash benefits or newborn care benefits.

You will be responsible for paying the amount of any deductible and cost share directly to the hospital, clinic or medical practitioner. We will let you know what this amount is. If you select both a deductible

and a cost share, the amount you will need to pay due to the deductible is calculated before the amount you will need to pay due to the cost share. The out of pocket maximum is the maximum amount of cost share any beneficiary would have to pay per period of cover.

The following examples show how the deductible, cost share and out of pocket maximum work.

EXAMPLE 1: DEDUCTIBLE

(also known as 'excess')

This is the amount of money you pay towards your medical expenses per period of cover.

Claim value:	USD1,200
Deductible:	USD500



YOU PAY..
Deductible of
USD500



WE PAY...
USD700

WHAT THIS MEANS FOR YOU...

You only pay the deductible amount and we pay the rest.

EXAMPLE 2: COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when your cost share after deductible amount is under the out of pocket maximum)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	USD5,000
Deductible:	USD0
20% cost share:	USD1,000
Out of pocket maximum:	USD2,000



YOU PAY..
The 20% cost share
of **USD1,000**



WE PAY...
USD4,000

WHAT THIS MEANS FOR YOU...

Your cost share is 20% of USD5,000 (USD1,000). This is less than your out of pocket maximum, so you pay USD1,000 and we cover the rest.

EXAMPLE 3: COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when your cost share after deductible amount is over the out of pocket maximum)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	USD20,000
Deductible:	USD0
20% cost share:	USD4,000
Out of pocket maximum:	USD2,000



YOU PAY..

The out of pocket maximum of **USD2,000**



WE PAY...

USD18,000

WHAT THIS MEANS FOR YOU...

Your cost share is 20% of USD20,000 (USD4,000). This is more than your out of pocket maximum, so you only pay USD2,000 and we cover the rest.

EXAMPLE 4: DEDUCTIBLE, COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when your cost share after deductible amount is under the out of pocket maximum)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	USD20,000
Deductible:	USD375
20% cost share:	USD3,925
Out of pocket maximum:	USD5,000



YOU PAY..

The deductible of **USD375** and the cost share of **USD3,925**



WE PAY...

USD15,700

WHAT THIS MEANS FOR YOU...

After you paid your deductible of USD375, your cost share is 20% of USD19,625 (USD3,925). This is not more than your out of pocket maximum, so you pay the USD3,925 towards satisfying the out of pocket maximum for the cost share (and the initial USD375 deductible that you paid at the outset) and we cover the rest.

! Please note:

The deductible, cost share after deductible, and out of pocket maximum is determined separately for each beneficiary and each period of cover.

INTERNATIONAL MEDICAL INSURANCE

Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum.

Your chosen level of cover is detailed in the table below. All amounts apply per beneficiary and per period of cover (except where otherwise noted).

International Medical Insurance is your essential cover for inpatient, daypatient and accommodation costs, as well as cover for cancer, mental health care and much more. Our Gold and Platinum plans also give you cover for inpatient and daypatient maternity care.

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover. This includes claims paid across all sections of International Medical Insurance.	USD1,000,000	USD2,000,000	USD3,000,000

YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Hospital charges for: Nursing and accommodation for inpatient and daypatient treatment and recovery room.	Paid in full for a semi-private room	Paid in full for a private room	Paid in full for a private room
<ul style="list-style-type: none"> We will pay for nursing care and accommodation whilst a beneficiary is receiving inpatient or daypatient treatment; or the cost of a treatment room while a beneficiary is undergoing outpatient surgery, if one is required. We will only pay these costs if: <ul style="list-style-type: none"> it is medically necessary for the beneficiary to be treated on an inpatient or daypatient basis; they stay in hospital for a medically appropriate period of time; the treatment which they receive is provided or managed by a specialist; and they stay in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only). they stay in a semi-private room with shared bathroom (applicable on the Silver plan only). If a hospital's fees vary depending on the type of room which the beneficiary stays in, then the maximum amount which we will pay is the amount which would have been charged if the beneficiary had stayed in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only), or a semi-private room with shared bathroom or equivalent (applicable on the Silver plan only). If the treating medical practitioner decides that the beneficiary needs to stay in hospital for a longer period than we have approved in advance, or decides that the treatment which the beneficiary needs is different to that which we have approved in advance, then that medical practitioner must provide us with a report, explaining: how long the beneficiary will need to stay in hospital; the diagnosis (if this has changed); and the treatment which the beneficiary has received, and needs to receive. 			

	Silver	Gold	Platinum
Hospital charges for: <ul style="list-style-type: none"> operating theatre. prescribed medicines, drugs and dressings for inpatient or daypatient treatment. treatment room fees for outpatient surgery. 	Paid in full	Paid in full	Paid in full
Operating theatre costs <ul style="list-style-type: none"> We will pay any costs and charges relating to the use of an operating theatre, if the treatment being given is covered under this policy. 	Medicines, drugs and dressings <ul style="list-style-type: none"> We will pay for medicines, drugs and dressings which are prescribed for the beneficiary whilst he or she is receiving inpatient or daypatient treatment. We will only pay for medicines, drugs and dressings which are prescribed for use at home if the beneficiary has cover under the International Outpatient option (unless they are prescribed as part of cancer treatment). 		

	Silver	Gold	Platinum
Intensive care: <ul style="list-style-type: none"> intensive therapy. coronary care. high dependency unit. 	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for a beneficiary to be treated in an intensive care, intensive therapy, coronary care or high dependency facility if: <ul style="list-style-type: none"> that facility is the most appropriate place for them to be treated; the care provided by that facility is an essential part of their treatment; and the care provided by that facility is routinely required by patients suffering from the same type of illness or injury, or receiving the same type of treatment. 			

	Silver	Gold	Platinum
Surgeons' and anaesthetists' fees	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for inpatient, daypatient or outpatient costs for: <ul style="list-style-type: none"> surgeons' and anaesthetists' surgery fees; and surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery). We will only pay for outpatient treatments received before or after surgery if the beneficiary has cover under the International Outpatient option (unless the treatment is given as part of cancer treatment). 			

	Silver	Gold	Platinum
Specialists' consultation fees	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for regular visits by a specialist during stays in hospital including intensive care by a specialist for as long as is required by medical necessity. We will pay for consultations with a specialist during stays in a hospital where the beneficiary: <ul style="list-style-type: none"> is being treated on an inpatient or daypatient basis; is having surgery; or where the consultation is a medical necessity. 			

	Silver	Gold	Platinum
Hospital accommodation for a parent or guardian Up to the maximum amount shown per period of cover.	USD1,000	USD1,000	Paid in full
<ul style="list-style-type: none"> If a beneficiary who is under the age of 18 years old needs inpatient treatment and has to stay in hospital overnight, we will also pay for hospital accommodation for a parent or legal guardian, if: <ul style="list-style-type: none"> accommodation is available in the same hospital; and the cost is reasonable. We will only pay for hospital accommodation for a parent or legal guardian if the treatment which the beneficiary is receiving during their stay in hospital is covered under this policy. 			

	Silver	Gold	Platinum
Transplant services for organ, bone marrow and stem cell transplants	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if: <ul style="list-style-type: none"> the transplant is medically necessary, and the organ to be transplanted has been donated by a member of the beneficiary's family or comes from a verified and legitimate source. We will pay for anti-rejection medicines following a transplant, when they are given on an inpatient basis. We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if: <ul style="list-style-type: none"> the transplant is medically necessary; and the material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source. We will not pay for bone marrow or peripheral stem cell transplants under this part of this policy if the transplants form part of cancer treatment. The cover which we provide in respect of cancer treatment is explained in other parts of this policy. If a person donates bone marrow or an organ to a beneficiary, we will pay for: <ul style="list-style-type: none"> the harvesting of the organ or bone marrow; any medically necessary tissue matching tests or procedures; the donor's hospital costs; and any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure; whether or not the donor is covered by this policy. The amount which we will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source. We will not pay for outpatient treatment for either the beneficiary or donor, unless the beneficiary has cover under the International Outpatient option for the specific outpatient treatment required. If a beneficiary donates an organ for a medically necessary transplant, we will cover the medical costs incurred by the beneficiary associated with this donation up to any policy limits. However, we will only pay for the harvesting of the donated organ if the intended recipient is also a beneficiary under this plan. We will consider all medically necessary transplants. Other transplants (such as transplants which are considered to be experimental procedures) are not covered under this policy. This is because of conditions or limitations to coverage which are explained elsewhere in this policy. <p>Important note</p> <ul style="list-style-type: none"> A beneficiary must contact us and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant. 			

	Silver	Gold	Platinum
Kidney dialysis	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Treatment for kidney dialysis will be covered if such treatment is available in the beneficiary's country of residence. We will pay for this on an inpatient, daypatient, or outpatient basis. We will pay for kidney dialysis treatment outside the beneficiary's country of habitual residence if the country where that treatment is provided is within the beneficiary's selected area of coverage. We will pay for this on a daypatient basis. Travel and accommodation expenses incurred in connection with such treatment will not be covered. 			

	Silver	Gold	Platinum
Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Where investigations are provided on an inpatient or daypatient basis. We will pay for: <ul style="list-style-type: none"> blood and urine tests; X-rays; ultrasound scans; electrocardiograms (ECG); and other diagnostic tests (excluding advanced medical imaging); <p>where they are medically necessary and are recommended by a specialist as part of a beneficiary's hospital stay for inpatient or daypatient treatment.</p>			

	Silver	Gold	Platinum
Advanced Medical Imaging (MRI, CT and PET scans) Up to the maximum amount shown per period of cover.	USD5,000	USD10,000	Paid in full
<ul style="list-style-type: none"> We will pay for the following scans if they are recommended by a specialist as a part of a beneficiary's inpatient, daypatient or outpatient treatment: <ul style="list-style-type: none"> magnetic resonance imaging (MRI); computed tomography (CT); and / or positron emission tomography (PET); We may require a medical report in advance of a magnetic resonance imaging (MRI) scan. 			

	Silver	Gold	Platinum
Physiotherapy and complementary therapies Up to the maximum amount shown per period of cover.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> Where treatment is provided on an inpatient or daypatient basis. We will pay for treatment provided by physiotherapist and complementary therapists; (acupuncturists, homeopaths, and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or daypatient treatment (but are not the primary treatment which they are in hospital to receive). 			

	Silver	Gold	Platinum
Home nursing Up to 30 days and the maximum amount shown per period of cover.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> We will pay for a beneficiary to have up to 30 days of home nursing care per period of cover if: <ul style="list-style-type: none"> it is recommended by a specialist following inpatient or daypatient treatment which is covered by this policy; it starts immediately after the beneficiary leaves hospital; and it reduces the length of time for which the beneficiary needs to stay in hospital. <p>Important note</p> <ul style="list-style-type: none"> We will only pay for home nursing if it is provided in the beneficiary's home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing which only provides non-medical care or personal assistance. 			

	Silver	Gold	Platinum
Rehabilitation Up to 30 days and the maximum amount shown per period of cover.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> We will pay for rehabilitation treatments (physical, occupational and speech therapies), which are recommended by a specialist and are medically necessary after a traumatic event such as a stroke or spinal injury. If the rehabilitation treatment is required in a residential rehabilitation centre we will pay for accommodation and board for up to 30 days for each separate condition that requires rehabilitation treatment. <p>In determining when the 30 day limit has been reached:</p> <ul style="list-style-type: none"> we count each overnight stay during which a beneficiary receives inpatient treatment as one day we count each day on which a beneficiary receives outpatient and daypatient treatment as one day. <ul style="list-style-type: none"> Subject to prior approval being obtained, prior to the commencement of any treatment, we will pay for rehabilitation treatment for more than 30 days, if further treatment is medically necessary and is recommended by the treating specialist. <p>Important note</p> <ul style="list-style-type: none"> We will only pay for rehabilitation treatment if it is needed after, or as a result of, treatment which is covered by this policy and it begins within 30 days of the end of that original treatment. All rehabilitation treatment must be approved by us in advance. We will only approve rehabilitation treatment if the treating specialist provides us with a report, explaining: <ol style="list-style-type: none"> how long the beneficiary will need to stay in hospital; the diagnosis; and the treatment which the beneficiary has received, or needs to receive. 			

	Silver	Gold	Platinum
Hospice and palliative care Up to the maximum amount shown per lifetime.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> If a beneficiary is given a terminal diagnosis, and there is no available treatment which will be effective in aiding recovery, we will pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care. 			

	Silver	Gold	Platinum
Internal prosthetic devices / surgical and medical appliances Up to the maximum amount shown per period of cover.	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for internal prosthetic implants, devices or appliances which are put in place during surgery as part of a beneficiary's treatment. A surgical appliance or a medical appliance can mean: <ul style="list-style-type: none"> an artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery; or an artificial device or prosthesis which is a necessary part of the treatment immediately following surgery for as long as required by medical necessity; or a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis. 			

	Silver	Gold	Platinum
External prosthetic devices/surgical and medical appliances Up to the maximum amount shown per period of cover.	For each prosthetic device USD3,100	For each prosthetic device USD3,100	For each prosthetic device USD3,100
<ul style="list-style-type: none"> We will pay for external prosthetics, devices or appliances which are necessary as part of a beneficiary's treatment (subject to the limitations explained below). We will pay for: <ul style="list-style-type: none"> a prosthetic device or appliance which is a necessary part of the treatment immediately following surgery for as long as is required by medical necessity; a prosthetic device or appliance which is medically necessary and is part of the recuperation process on a short-term basis. We will pay for an initial external prosthetic device for beneficiaries aged 18 or over per period of cover. We do not pay for any replacement prosthetic devices for beneficiaries who are aged 18 and over. We will pay for an initial external prosthetic device and up to two replacements for beneficiaries aged 17 or younger per period of cover. By an external 'prosthetic device', we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is medically necessary as part of treatment immediately following the beneficiary's surgery or as part of the recuperation process on a short-term basis. 			

	Silver	Gold	Platinum
Local ambulance and air ambulance services	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Where it is medically necessary, we will pay for a local ambulance to transport a beneficiary: <ul style="list-style-type: none"> from the scene of an accident or injury to a hospital; from one hospital to another; or from their home to a hospital. We will only pay for a local road ambulance where its use relates to treatment which a beneficiary needs to receive in hospital. Where it is medically necessary, we will pay for an air ambulance to transport the beneficiary from the scene of an accident or injury to a hospital or from one hospital to another. <p>Important notes</p> <ul style="list-style-type: none"> Air ambulance cover is subject to the following conditions and limitations: <ul style="list-style-type: none"> In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, we will not arrange or pay for an air ambulance. This policy does not guarantee that an air ambulance will always be available when requested, even if it is medically appropriate. We will only pay for a local air ambulance, such as a helicopter, to transport a beneficiary for distances up to 100 miles (160 kilometres) and we will only pay for an air ambulance where its use relates to treatment which a beneficiary needs to receive in hospital. This policy does not provide cover for mountain rescue services. Cover for medical evacuation or repatriation is only available if you have cover under the International Medical Evacuation option. Please refer to the relevant section of this brochure for details of that option. 			

	Silver	Gold	Platinum
Inpatient cash benefit Per night up to 30 nights per period of cover.	USD100	USD100	USD200
<ul style="list-style-type: none"> We will make a cash payment directly to a beneficiary when they: <ul style="list-style-type: none"> receive treatment in hospital which is covered under this plan; stay in a hospital overnight; and have not been charged for their room, board and treatment costs. 			

	Silver	Gold	Platinum
Emergency inpatient dental treatment	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will cover dental treatment in hospital after a serious accident, subject to the conditions set out below. We will pay for emergency dental treatment which is required by a beneficiary while they are in hospital as an inpatient, if that emergency inpatient dental treatment is recommended by the treating medical practitioner because of a dental emergency (but is not the primary treatment which the beneficiary is in hospital to receive). This benefit is paid instead of any other dental benefits the beneficiary may be entitled to in these circumstances. 			

	Silver	Gold	Platinum
Treatment for mental health conditions and disorders and addiction treatment Up to the maximum amount shown per period of cover.	USD5,000	USD10,000	Paid in full
<ul style="list-style-type: none"> Subject to the limits explained below we will pay for: <ul style="list-style-type: none"> the treatment of mental health conditions and disorders; and the diagnosis of addictions (including alcoholism); <p>Addiction treatment</p> <ul style="list-style-type: none"> We will pay for one course or programme of addiction treatment at a specialist centre providing evidence-based treatment, if that treatment is medically necessary and recommended by a medical practitioner. We pay for up to three attempts at detoxification, following which we will only pay for further detoxification treatment if the beneficiary completes a formal outpatient course or programme of addiction treatment. We will not pay for any other treatment related to alcoholism or addiction; or treatment of any related condition (such as depression, dementia or liver failure); where we reasonably believe that the condition which requires treatment was the direct result of alcoholism or addiction. <p>Important notes</p> <ul style="list-style-type: none"> For treatment of mental health conditions and disorders and addiction treatment, we will only pay for evidence-based, medically necessary treatment and recommended by a medical practitioner. We will pay for up to a combined maximum total of 90 days of treatment for mental health conditions and disorders and addiction treatment in any one period of cover, including up to 30 days of inpatient treatment. We will pay for up to a combined maximum total of 180 days of treatment for mental health conditions and disorders; and addiction treatment in any five year period. For example, if a beneficiary uses 90 days of mental health or addiction treatment in one period of cover, and 90 days of mental health or addiction treatment in the following period of cover, we will not pay for any further mental health or addiction treatment for the next three consecutive years of cover. In determining when these 30, 90 and 180 day limits have been reached: <ul style="list-style-type: none"> we count each overnight stay during which a beneficiary received inpatient treatment as one day; and we count each day on which a beneficiary receives outpatient and daypatient treatment as one day. We will not pay for prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option. Subject to prior approval and provided the medical practitioner is within your selected area of coverage, we may pay for consultations that take place by use of electronic means or telephone. 			

	Silver	Gold	Platinum
Cancer care	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Following a diagnosis of cancer, we will pay for costs for the treatment of cancer if the treatment is considered by us to be active treatment and evidence-based treatment. This includes chemotherapy, radiotherapy, oncology, diagnostic tests and drugs, whether the beneficiary is staying in a hospital overnight or receiving treatment as a daypatient or outpatient. We do not pay for genetic cancer screening. 			

PARENT AND BABY CARE

	Silver	Gold	Platinum
<p>Routine maternity benefit care (Gold and Platinum plans only)</p> <p>Up to the maximum amount shown per period of cover. Available once the mother has been covered by the policy for twelve (12) months or more.</p>	Not covered	USD7,000	USD14,000
<ul style="list-style-type: none"> We will pay for the following parent and baby care and treatment, on an inpatient or daypatient basis as appropriate, if the mother has been a beneficiary under this policy for a continuous period of at least twelve (12) months or more: <ul style="list-style-type: none"> hospital, obstetricians' and midwives' fees for routine childbirth; and any fees as a result of post-natal care required by the mother immediately following routine childbirth. We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary. 			

	Silver	Gold	Platinum
<p>Complications from maternity (Gold and Platinum plans only)</p> <p>Up to the maximum amount shown per period of cover. Available once the mother has been covered by the policy for twelve (12) months or more.</p>	Not covered	USD14,000	USD28,000
<ul style="list-style-type: none"> We will pay for inpatient or outpatient treatment relating to complications resulting from pregnancy or childbirth if the mother has been a beneficiary under this policy for a continuous period of at least twelve (12) months or more. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth, including miscarriage and ectopic pregnancy. This part of the policy does not provide cover for home births. We will only pay for a Caesarean section, where it is medically necessary. If we cannot confirm that it was medically necessary, we will only pay up to the limit of the mother's routine maternity benefit care cover. We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary. 			

	Silver	Gold	Platinum
<p>Homebirths (Gold and Platinum plans only)</p> <p>Up to the maximum amount shown per period of cover. Available once the mother has been covered by the policy for twelve (12) months or more.</p>	Not covered	USD500	USD1,100
<ul style="list-style-type: none"> We will pay midwives' and specialists' fees relating to routine home births if the mother has been a beneficiary under this policy for a continuous period of twelve (12) months or more. Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the list of benefits. 			

	Silver	Gold	Platinum
Newborn care Up to the maximum amount shown for treatment within the first 90 days following birth. Available once at least one parent has been covered by the policy for twelve (12) months or more.	USD25,000	USD75,000	USD156,000
<ul style="list-style-type: none"> Provided the newborn is added to the policy, we will pay for: <ul style="list-style-type: none"> up to 10 days routine care for the baby following birth; and all treatment required for the baby during the first 90 days after birth instead of any other benefit; if at least one parent has been covered by the policy for a continuous period of twelve (12) months or more prior to the newborn's birth. <p>We will not require information about the newborn's health or a medical examination if an application is received by us to add the newborn to the policy within 30 days of the newborn's date of birth. If an application is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire whereby we may apply special restrictions or exclusions.</p> <ul style="list-style-type: none"> We will pay for: <ul style="list-style-type: none"> up to 10 days routine care for the baby following birth; and all treatment required for the baby during the first 90 days after birth instead of any other benefit; if neither parent has been covered by the policy for a continuous period of twelve (12) months or more prior to the newborn's birth and an application is received by us to add the newborn to the policy as a beneficiary. The newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby we may apply special restrictions or exclusions. The newborn care benefits explained above are not available for children who are born following fertility treatment (such as IVF), are born to a surrogate, or have been adopted. In these circumstances children can only be covered by the policy when they are 90 days old. Cover for the baby will be subject to completion of a medical health questionnaire whereby we may apply special restrictions or exclusions. 			

	Silver	Gold	Platinum
Congenital conditions Up to the maximum amount shown per period of cover.	USD5,000	USD20,000	USD39,000
<ul style="list-style-type: none"> We will pay for treatment of congenital conditions on an inpatient or daypatient basis which manifest themselves before the beneficiary's 18th birthday if: <ul style="list-style-type: none"> at least one parent has been covered by the policy for a continuous period of twelve (12) months or more prior to the newborn's birth and the newborn is added to the policy within 30 days of the birth. they were not evident at policy inception. 			

YOUR DEDUCTIBLE AND COST SHARE OPTIONS

Deductible (various) A deductible is the amount which you must pay before any claims are covered by your plan.	USD0 / USD375 / USD750 / USD1,500 / USD3,000 / USD7,500 / USD10,000
Cost share after deductible and out of pocket maximum Cost share is the percentage of each claim not covered by your plan. The out of pocket maximum is the maximum amount of cost share you would have to pay in a period of cover. The cost share amount is calculated after the deductible is taken into account. Only amounts you pay related to cost share contribute to the out of pocket maximum.	First, choose your cost share percentage: 0% / 10% / 20% / 30% Next, choose your out of pocket maximum: USD2,000 or USD5,000

THE FOLLOWING PAGES DETAIL THE OPTIONAL BENEFITS YOU MAY HAVE CHOSEN TO ADD TO YOUR CORE COVER – INTERNATIONAL MEDICAL INSURANCE.

YOU CAN ADD AS MANY OPTIONAL BENEFITS AS YOU WISH TO BUILD A PLAN THAT SUITS YOUR NEEDS.



INTERNATIONAL OUTPATIENT

International Outpatient covers you more comprehensively for outpatient care and medical emergencies that may arise where a hospital admission as a daypatient or inpatient is not required. As well as this, consultations with specialists and medical practitioners, prescribed outpatient drugs and dressings, pre-natal and post-natal outpatient care, physiotherapy, osteopathy, chiropractic and much more.

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover This includes claims paid across all sections of International Outpatient.	USD10,000	USD25,000	USD78,000

YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Consultation with medical practitioners and Specialists Up to the maximum amount shown per period of cover.	USD125 limit per visit. Up to 15 visits per year.	USD250 limit per visit. Up to 30 visits per year.	Paid in full
<ul style="list-style-type: none"> We will pay for consultations or meetings with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment up to the maximum number of visits shown in the benefit table. We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary. Subject to prior approval and provided the medical practitioner is within your selected area of coverage, we may pay for consultations that take place by use of electronic means or telephone. 			

	Silver	Gold	Platinum
Pre-natal and post-natal care (Gold and Platinum plans only) Up to the maximum amount shown per period of cover. Available once the mother has been covered on this option for twelve (12) months or more.	Not covered	USD3,500	USD7,000
<ul style="list-style-type: none"> We will pay for medically necessary pre-natal and post-natal care on an outpatient basis, if the mother has been a beneficiary under the International Outpatient optional benefit for a continuous period of at least twelve (12) months or more. <p>Examples of such treatment and tests include:</p> <ul style="list-style-type: none"> Routine obstetricians' and midwives' fees; All scheduled ultrasounds and examinations; Prescribed medicines, drugs and dressings; Routine pre-natal blood tests, if required; Amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS); Non-invasive pre-natal testing (NIPT) for high risk individuals; and Any fees as a result of post-natal care required by the mother immediately following routine childbirth. 			

	Silver	Gold	Platinum
Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging) Up to the maximum amount shown per period of cover.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> We will pay for the following tests where they are medically necessary and are recommended by a specialist as part of a beneficiary's outpatient treatment: <ul style="list-style-type: none"> blood and urine tests; X-rays; ultrasound scans; electrocardiograms (ECG); and other diagnostic tests (excluding advanced medical imaging). 			

	Silver	Gold	Platinum
Physiotherapy treatment Up to the maximum amount shown per period of cover.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> We will pay for physiotherapy treatment on an outpatient basis that is medically necessary and restorative in nature to help you to carry out your normal activities of daily living. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. This excludes any sports medicine treatment. We will require a medical report and treatment plan prior to approval. 			

	Silver	Gold	Platinum
Osteopathy and chiropractic treatment Up to the maximum amount shown per period of cover.	Paid in full up to 15 visits	Paid in full up to 15 visits	Paid in full up to 30 visits
<ul style="list-style-type: none"> We will pay up to a combined maximum total of visits in any one period of cover for osteopathy and chiropractic treatment which is evidence-based treatment, medically necessary and recommended by a treating specialist, if a medical practitioner recommends the treatment and provides a referral. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. We will require a medical report and treatment plan prior to approval. This excludes any sports medicine treatment. 			

	Silver	Gold	Platinum
Acupuncture, Homeopathy, and Chinese medicine Up to a combined maximum of 15 visits per period of cover.	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for a combined maximum total of 15 consultations with acupuncturists, homeopaths and practitioners of Chinese medicine for each beneficiary in any one period of cover, if those treatments are recommended by a medical practitioner. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. 			

	Silver	Gold	Platinum
Restorative speech therapy Up to the maximum amount shown per period of cover.	USD2,500	USD5,000	Paid in full
<ul style="list-style-type: none"> We will pay for restorative speech therapy if: <ul style="list-style-type: none"> it is required immediately following treatment which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke); it is confirmed by a specialist to be medically necessary on a short-term basis. <p>Important notes</p> <ul style="list-style-type: none"> We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. We will not pay for speech therapy which: <ul style="list-style-type: none"> aims to improve speech skills which are not fully developed; is educational in nature; is intended to maintain speech communication; aims to improve speech or language disorders (such as stammering); or is as a result of learning difficulties, developmental problems (such as dyslexia), attention-deficit hyperactivity disorder or autism. 			

	Silver	Gold	Platinum
Prescribed drugs and dressings Up to the maximum amount shown per period of cover.	USD500	USD2,000	Paid in full
<ul style="list-style-type: none"> We will pay for prescription drugs and dressings which are prescribed by a medical practitioner on an outpatient basis. 			

	Silver	Gold	Platinum
Rental of durable equipment Up to a maximum of 45 days in the period of cover.	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for the rental of durable medical equipment for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment. We will only pay for the rental of durable medical equipment which: <ul style="list-style-type: none"> is not disposable, and is capable of being used more than once; serves a medical purpose; is fit for use in the home; and is of a type only normally used by a person who is suffering from the effect of a disease, illness or injury. 			

	Silver	Gold	Platinum
Adult vaccinations Up to the maximum amount shown per period of cover.	USD250	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for certain vaccinations and immunisations that are clinically appropriate namely: <ul style="list-style-type: none"> Influenza (flu); Tetanus (once every 10 years); Hepatitis A; Hepatitis B; Meningitis; Rabies; Cholera; Yellow Fever; Japanese Encephalitis; Polio booster; Typhoid; and Malaria (in tablet form, either daily or weekly). 			

	Silver	Gold	Platinum
Dental accidents Up to the maximum amount shown per period of cover.	USD1,000	Paid in full	Paid in full
<ul style="list-style-type: none"> If a beneficiary needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for outpatient dental treatment for any sound natural tooth/teeth damaged or affected by the accident, provided the treatment commences immediately after the accident and is completed within 30 days of the date of the accident. In order to approve this treatment, we will require confirmation from the beneficiary's treating dentist of: <ul style="list-style-type: none"> the date of the accident; and the fact that the tooth/teeth which are the subject of the proposed treatment are sound natural tooth/teeth. We will pay for this treatment instead of any other dental treatment the beneficiary may be entitled to under this policy, when they need treatment following accidental damage to a tooth or teeth. We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this policy. 			

	Silver	Gold	Platinum
Well child tests	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Payable for children at appropriate age intervals up to the age of 6. We will pay for well child routine tests at any of the appropriate age intervals (birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years) and for a medical practitioner to provide preventative care consisting of: <ul style="list-style-type: none"> evaluating medical history; physical examinations; development assessment; anticipatory guidance; and appropriate immunisations and laboratory tests; for children aged 6 or younger. <p>We will pay for one visit to a medical practitioner at each of the appropriate age intervals (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.</p> <ul style="list-style-type: none"> In addition, we will pay for: <ul style="list-style-type: none"> one school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger. diabetic retinopathy screening for children over the age of 12 who have diabetes. 			

	Silver	Gold	Platinum
Child immunisations	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for the following immunisations for children aged 17 or younger: <ul style="list-style-type: none"> DPT (Diphtheria, Pertussis and Tetanus); MMR (Measles, Mumps and Rubella); HiB (Haemophilus influenza type b); Polio; Influenza; Hepatitis B; Meningitis; and Human Papilloma Virus (HPV). 			

	Silver	Gold	Platinum
Annual routine tests	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for the following routine tests for children aged 15 or younger: <ul style="list-style-type: none"> one eye test; and one hearing test. 			

	Silver	Gold	Platinum
60+ Care (Gold and Platinum plans only) Up to the maximum amount shown per period of cover.	Not covered	USD1,000	USD2,000
<ul style="list-style-type: none"> If a beneficiary is aged 60 years old and above, or turning 60 years old within the period of cover, and has one of the following conditions as declared on their medical questionnaire, we will pay for the medically necessary outpatient treatment costs associated with the maintenance of this condition: <ul style="list-style-type: none"> Arthritis, joint or back pain Glaucoma Hypertension Osteoporosis / Osteopenia Type 2 Diabetes <p>Important notes</p> <ul style="list-style-type: none"> If, during the application stage you have selected the option to have one of the above conditions covered at an additional premium, whereby the condition is covered comprehensively on an inpatient and outpatient basis (if the International Outpatient option has been selected); this benefit will not be applicable. Examples of medically necessary treatment and tests include but are not limited to: consultations with medical practitioners and specialists; pathology and radiology; physiotherapy; prescribed drugs and dressings, osteopathy and chiropractic treatment and acupuncture, homeopathy and Chinese medicine. Please note this benefit excludes Advanced Medical Imaging. You are eligible to have the condition(s) covered (but not conditions, symptoms or complications arising from those conditions) on an outpatient basis, up to the maximum amounts shown per period of cover. The benefit is subject to any cost shares or deductibles elected on your policy. 			

YOUR DEDUCTIBLE AND COST SHARE OPTIONS

Deductible (various) A deductible is the amount which you must pay before any claims are covered by your plan.	USD0 / USD150 / USD500 / USD1,000 / USD1,500
Cost share after deductible and out of pocket maximum Cost share is the percentage of each claim not covered by your plan. The out of pocket maximum is the maximum amount of cost share you would have to pay in a period of cover. The cost share amount is calculated after the deductible is taken into account. Only amounts you pay related to cost share contribute to the out of pocket maximum.	<p>First, choose your cost share percentage:</p> <p>0% / 10% / 20% / 30%</p> <p>Your out of pocket maximum is:</p> <p>USD3,000</p>

INTERNATIONAL MEDICAL EVACUATION

International Medical Evacuation provides coverage for reasonable transportation costs to the nearest centre of medical excellence in the event that the treatment is not available locally in an emergency. This option also includes repatriation coverage, allowing the beneficiary to return to their country of habitual residence or country of nationality to be treated in a familiar location. It also includes compassionate visits for a parent, spouse, partner, sibling or child to visit a beneficiary after an accident or sudden illness and the beneficiary has not been evacuated or repatriated.

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover	USD1,000,000	USD1,000,000	USD1,000,000

YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Medical Evacuation	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Transfer to the nearest centre of medical excellence if the treatment the beneficiary needs is not available locally in an emergency. If a beneficiary requires emergency treatment, we will pay for medical evacuation for them: <ul style="list-style-type: none"> to be taken to the nearest hospital where the necessary treatment is available (even if this is in another part of the country, or in another country); and to return to the place they were taken from, provided the return journey takes place not more than 14 days after the treatment is completed. As regards the return journey, we will pay: <ul style="list-style-type: none"> the price of an economy class air ticket; or the reasonable cost of travel by land or sea; whichever is lesser. We will only pay for taxi fares if: <ul style="list-style-type: none"> it is medically preferable for the beneficiary to travel to the airport by taxi, rather than by ambulance; and approval is obtained in advance from the medical assistance service. We will pay for evacuation (but not repatriation) if the beneficiary needs diagnostic tests or cancer treatment (such as chemotherapy) if, in the opinion of our medical assistance service, evacuation is appropriate and medically necessary in the circumstances. We will not pay any other costs related to an evacuation (such as accommodation costs). <p>Important note</p> <ul style="list-style-type: none"> If you require to return to the hospital where you were evacuated for follow up treatment, we will not pay for travel costs or living allowance costs. 			

	Silver	Gold	Platinum
Medical repatriation	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> • If a beneficiary requires a medical repatriation, we will pay: <ul style="list-style-type: none"> • for them to be returned to their country of habitual residence or country of nationality; and • to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the treatment is completed. • The above journey must be approved in advance by our medical assistance service and to avoid doubt all transportation costs are required to be reasonable and customary. • As regards the return journey, we will pay: <ul style="list-style-type: none"> • the price of an economy class air ticket; or • the reasonable cost of travel by land or sea; whichever is lesser. • We will only pay for taxi fares if: <ul style="list-style-type: none"> • it is medically preferable for the beneficiary to travel to the airport by taxi, rather than by ambulance; and • approval is obtained in advance from the medical assistance service. • We will not pay any other costs related to a repatriation (such as accommodation costs). <p>Important notes</p> <ul style="list-style-type: none"> • If you require to return to the hospital where you were repatriated for follow up treatment, we will not pay for travel costs or living allowance costs. • If a beneficiary contacts the medical assistance service to ask for prior approval for repatriation, but the medical assistance service does not consider repatriation to be medically appropriate, we may instead arrange for the beneficiary to be evacuated to the nearest hospital where the necessary treatment is available. We will then repatriate the beneficiary to his or her specified country of nationality or country of habitual residence when his or her condition is stable, and it is medically appropriate to do so. 			

	Silver	Gold	Platinum
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> • If a beneficiary dies outside their country of habitual residence during the period of cover, the medical assistance service will arrange for their mortal remains to be returned to their country of habitual residence or country of nationality as soon as reasonably practicable, subject to airlines requirements and restrictions. • We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the beneficiary's mortal remains. 			

	Silver	Gold	Platinum
Travel costs for an accompanying person	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> If a beneficiary needs a parent, sibling, child, spouse or partner, to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they: <ul style="list-style-type: none"> need help getting on or off an aeroplane or other vehicle; are travelling 1000 miles (or 1600km) or further; are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort and; or are very seriously ill or injured; we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the medical assistance service and the return journey must take place not more than 14 days after the treatment is completed. We will pay: <ul style="list-style-type: none"> the price of an economy class air ticket; or the reasonable cost of travel by land or sea; whichever is the lesser. <p>If it is appropriate, considering the beneficiary's medical requirements, the family member or partner who is accompanying them may travel in a different class.</p> <p>If it is medically necessary for a beneficiary to be evacuated or repatriated, and they are going to be accompanied by their spouse or partner, we will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian.</p> <p>Important notes</p> <ul style="list-style-type: none"> We will not pay for a third party to accompany a beneficiary if the original purpose of the evacuation was to enable the beneficiary to receive outpatient treatment. We will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation. 			

If you have purchased this option, we will also make available the provision below for compassionate visits to you by immediate family members.

	Silver	Gold	Platinum
Compassionate visits - travel costs Up to a maximum of 5 trips per lifetime. Up to the maximum amount shown per period of cover.	USD1,200	USD1,200	USD1,200
Compassionate visits - living allowance costs Up to the maximum amount shown per day for each visit with a maximum of 10 days per visit. Up to the maximum amount shown per period of cover.	USD155	USD155	USD155
<ul style="list-style-type: none"> For each beneficiary we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by our medical assistance service. We will pay the cost of economy class return travel for a parent, spouse, partner, sibling or child to visit a beneficiary after an accident or sudden illness, if the beneficiary is in a different country and is anticipated to be hospitalised for five days or more, or has been given a short-term terminal prognosis. We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days per visit while they are away from their country of habitual residence up to the limits shown in the list of benefits (subject to being provided with receipts in respect of the costs incurred). <p>Important note</p> <ul style="list-style-type: none"> We will not pay for a compassionate visit when the beneficiary has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, we will not pay any further third party transportation costs. 			

INTERNATIONAL HEALTH AND WELLBEING

International Health and Wellbeing covers the beneficiary for screenings, tests, examinations and counselling support for a range of life crises and tailored advice and support through our online health education and health risk assessment, helping the beneficiary to take control and manage their health the way they want.

During each period of cover we will pay for the following tests to be carried out by a medical practitioner.

	Silver	Gold	Platinum
Routine adult physical examinations Up to the maximum amount shown per period of cover.	USD225	USD450	USD600
<ul style="list-style-type: none"> We will pay for routine adult physical examinations (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc), for persons aged 18 or older. 			

	Silver	Gold	Platinum
Pap smear Up to the maximum amount shown per period of cover.	USD225	USD450	Paid in full
<ul style="list-style-type: none"> We will pay for one papanicolaou test (pap smear) for female beneficiaries. 			

	Silver	Gold	Platinum
Prostate cancer screening Up to the maximum amount shown per period of cover.	USD225	USD450	Paid in full
<ul style="list-style-type: none"> We will pay for one prostate examination (prostate specific antigen (PSA) test) for male beneficiaries aged 50 or over. 			

	Silver	Gold	Platinum
Mammograms for breast cancer screening Up to the maximum amount shown per period of cover.	USD225	USD450	Paid in full
<ul style="list-style-type: none"> We will pay for: <ul style="list-style-type: none"> Aged 35-39: one baseline mammogram for asymptomatic women. Aged 40-49: one mammogram for asymptomatic women every two years. Aged 50 or older: one mammogram each year. 			

	Silver	Gold	Platinum
Bowel cancer screening Up to the maximum amount shown per period of cover.	USD225	USD450	Paid in full
<ul style="list-style-type: none"> We will pay for one bowel cancer screening for beneficiaries aged 55 or older. 			

	Silver	Gold	Platinum
Bone densitometry Up to the maximum amount shown per period of cover.	USD225	USD450	Paid in full
<ul style="list-style-type: none"> We will pay for one scan to determine the density of the beneficiary's bones. 			

	Silver	Gold	Platinum
Dietetic consultations	Not covered	Not covered	Paid in full
<ul style="list-style-type: none"> We will pay for up to 4 consultations with a dietician per period of cover, if the beneficiary requires dietary advice relating to a diagnosed disease or illness such as diabetes (Platinum plan only). 			

	Silver	Gold	Platinum
Life management assistance programme	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> Our Life Management service is available 24 hours a day, 7 days a week, 365 days a year. Professionals are ready to assist you with any issue that matters to you. We will pay for up to 5 counselling sessions per issue per period of cover. This could be telephonic or face to face counselling support. Unlimited in the moment telephonic support for live assistance. Provides information, resources and counselling on any work, life, personal, or family issue that matters to you. Information services provide support including assistance for day to day demands or the logistics of relocating. The information specialists can offer assistance over the phone and perform research and provide pre-qualified referrals to local resources. <p>Please contact us for approval. The service is provided by our chosen counselling provider.</p>			

	Silver	Gold	Platinum
Online health education, health assessments and web-based coaching programmes	Paid in full	Paid in full	Paid in full

INTERNATIONAL VISION AND DENTAL

International Vision and Dental pays for the beneficiary's routine eye examination and pays costs for spectacles and lenses. It also covers a wide range of preventative, routine and major dental treatments.

VISION CARE

	Silver	Gold	Platinum
Eye examination Maximum per beneficiary per period of cover.	USD100	USD200	Paid in full
<ul style="list-style-type: none"> We will pay for one routine eye examination per period of cover, to be carried out by either an ophthalmologist or optometrist. We will not pay for more than one eye examination in any one period of cover. 			

	Silver	Gold	Platinum
Expenses for: <ul style="list-style-type: none"> Spectacle lenses; Contact lenses; Spectacle frames; Prescription sunglasses; when all are prescribed by an optometrist or ophthalmologist. Up to the maximum amount shown per period of cover.	USD155	USD155	USD310
<ul style="list-style-type: none"> We will not pay for: <ul style="list-style-type: none"> sunglasses, unless medically prescribed, by an ophthalmologist or optometrist; glasses or lenses which are not medically necessary or not prescribed by an ophthalmologist or optometrist; or treatment or surgery, including treatment or surgery which aims to correct eyesight, such as laser eye surgery, refractive keratotomy (RK) or photorefractive keratectomy (PRK). A copy of a prescription or invoice for corrective lenses will need to be provided to us in support of any claim for frames. 			

DENTAL TREATMENT

YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover	USD1,250	USD2,500	USD5,500

	Silver	Gold	Platinum
Preventative dental treatment After the beneficiary has been covered on this option for 3 months.	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> We will pay for the following preventative dental treatment recommended by a dentist after a beneficiary has had International Vision and Dental cover for at least 3 months: <ul style="list-style-type: none"> two dental check-ups per period of cover; X-rays, including bitewing, single view, and orthopantomogram (OPG); scaling and polishing including topical fluoride application when necessary (two per period of cover); one mouth guard per period of cover; one night guard per period of cover; and Fissure sealant. 			

	Silver	Gold	Platinum
Routine dental treatment After the beneficiary has been covered on this option for 3 months.	80% refund per period of cover	90% refund per period of cover	Paid in full
<ul style="list-style-type: none"> We will pay treatment costs for the following routine dental treatment after the beneficiary has had International Vision and Dental cover for at least 3 months (if that treatment is necessary for continued oral health and is recommended by a dentist): <ul style="list-style-type: none"> root canal treatment; extractions; surgical procedures; occasional treatment; anaesthetics; and periodontal treatment. 			

	Silver	Gold	Platinum
Major restorative dental treatment After the beneficiary has been covered on this option for 12 months.	70% refund per period of cover	80% refund per period of cover	Paid in full
<ul style="list-style-type: none"> We will pay treatment costs for the following major restorative dental treatments after the beneficiary has had International Vision and Dental cover for at least 12 months: <ul style="list-style-type: none"> dentures (acrylic/synthetic, metal and metal/acrylic); crowns; inlays; and placement of dental implants. If a beneficiary needs major restorative dental treatment before they have had International Vision and Dental cover for 12 months, we will pay 50% of the treatment costs. 			

	Silver	Gold	Platinum
Orthodontic treatment After the beneficiary has been covered on this option for 18 months.	40% refund per period of cover	50% refund per period of cover	50% refund per period of cover
<ul style="list-style-type: none"> We will pay for orthodontic treatment for beneficiaries aged 18 years old or younger, if they have had International Vision and Dental cover for at least 18 months. We will only pay for orthodontic treatment if: <ul style="list-style-type: none"> the dentist or orthodontist who is going to provide the treatment provides us, in advance, with a detailed description of the proposed treatment (including X-rays and models), and an estimate of the cost of treatment; and we have approved the treatment in advance. 			

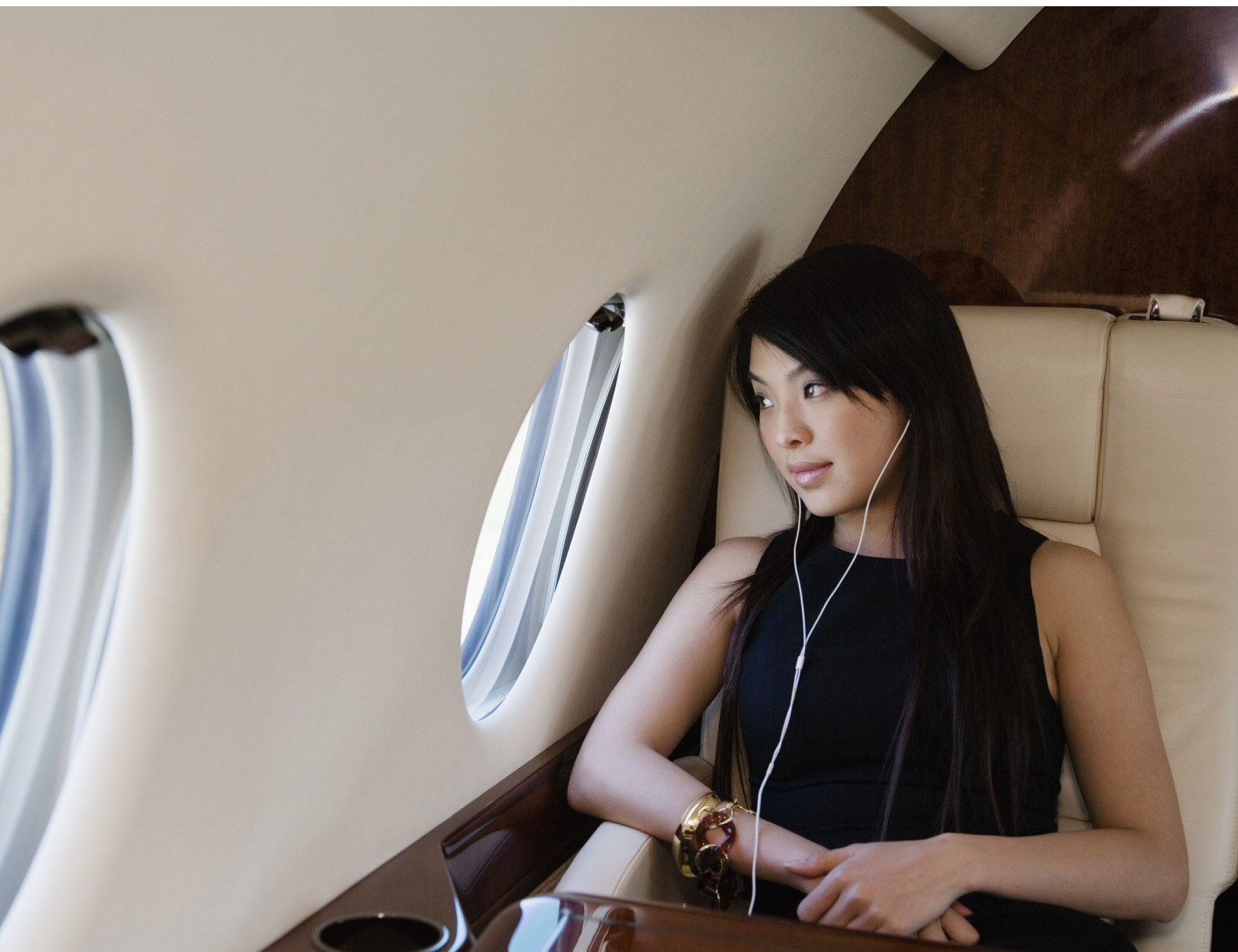
WE HAVE YOU COVERED

Pre-existing conditions

There may be some medical conditions that we agree to include at an additional premium. Our Underwriters will determine whether we are able to include a medical condition that would normally have been excluded. Where applicable, we will present you with a quote with the option to include the condition.

Out of area emergency cover

For additional peace of mind, all of our plans include emergency short-term medical coverage when you are visiting a location outside of your selected area of coverage (you can select from Worldwide including USA or Worldwide excluding USA cover). So if you purchase the Worldwide excluding USA option, you will still be covered for emergency treatment on an Inpatient or Daypatient basis, or Outpatient basis (if the International Outpatient additional coverage option has been purchased under your policy) during temporary business or holiday trips to the USA. Coverage is limited to a maximum period of 3 weeks per trip and a maximum of 60 days per period of cover for all trips combined. Please read our policy documentation for the full terms and conditions relating to this benefit.



WHAT YOU CAN EXPECT FROM US

In addition to your Prestige Global Health Options plan, there are a few more things you might like to know about us and the service you can expect as a customer of OAC.

Comprehensive welcome pack

Please read through all your policy documents when you receive them and make sure you check the details of your policy on the certificate of insurance. You will need to show your ID card when you require treatment so your doctor knows who you are (it's not used for payment). It also has all the contact numbers you'll need.

Getting treatment

Prior approval should be obtained from us for all treatment. This will help ensure your claims are covered under the policy. The Customer Care Team will help you find a high quality hospital or doctor near you. Wherever possible, we will pay them directly, saving you the inconvenience of paying for your treatment yourself and claiming a refund later.

On the rare occasion you do pay for treatment yourself, we'll aim to process your claim within five (5) working days after receiving all necessary documentation. The Customer Guide in your welcome pack will tell you everything you need to know about getting treatment and making a claim.

Your policy documents include the following:



Customer Guide

How your plan works and your guide to the benefits.



Policy Rules

The terms and conditions, general exclusions and definitions of your policy in one handy booklet.



Certificate of Insurance

A record of the plan you chose, the premium and what and who it covers.



ID Card

Proof of your identity and cover for when you need treatment.

Getting in touch

If you have any questions about your policy, need to get approval for treatment, or for any other reason, please contact the Customer Care Team 24 hours a day, 7 days a week, 365 days a year.



Call: +65 6291 1242



Email: GI-PGHCare@oac.com.sg

NOTES



Call: +65 6291 1242



Email: GI-PGHCare@oac.com.sg

This brochure is for general information only. It is not a contract of Insurance. Please refer to the Policy documents for the precise terms and conditions of the insurance plan. It is usually detrimental to replace an existing accident and health plan with a new one. A new plan may cost more or have less benefits at the same cost. Please refer to clause 14 of the Policy Rules for more information on early plan termination (and the consequences). This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg). Information correct as of 30 November 2015.

The Overseas Assurance Corporation Limited (Reg No. 192000003W) 1 Pickering Street, #13-01 Great Eastern Centre, Singapore 048659.

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