

# Our Health Plans



## Benefits in USD

Find out more at [healthcareinternational.com](http://healthcareinternational.com)

Or, if you'd like to talk, just call +44 20 7590 8800 or email

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|   |   |  |  |  |
|---|---|--|--|--|
| <br>Emergency+ | <br>Standard | <br>Plus | <br>Premium | <br>Executive |
|---|---|--|--|--|

### Benefits

|  |                                 |                    |                    |                       |                       |
|--|---------------------------------|--------------------|--------------------|-----------------------|-----------------------|
| Maximum we will pay each period of insurance | \$500,000                       | \$1,000,000        | \$1,500,000        | \$2,000,000           | \$2,500,000           |
| Deductible per period of insurance           | \$0 / \$250 / \$1,000 / \$2,000 | \$250 / \$1,000    | \$250 / \$1,000    | \$0 / \$250 / \$1,000 | \$0 / \$250 / \$1,000 |
| Co-pay                                       | Nil, 10%, 20%, 30%              | Nil, 10%, 20%, 30% | Nil, 10%, 20%, 30% | Nil, 10%, 20%, 30%    | Nil, 10%, 20%, 30%    |

### Hospice or terminal care benefits

|                          |                                    |                                    |                                    |                                     |                                     |
|--------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Hospice or terminal care | Up to a lifetime limit of \$20,000 | Up to a lifetime limit of \$20,000 | Up to a lifetime limit of \$20,000 | Up to a lifetime limit of \$200,000 | Up to a lifetime limit of \$200,000 |
|--------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|

### In-patient benefits

|   |                                     |                                     |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Accommodation, operating theatre, and recovery room costs | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Congenital defects  | No cover                            | 100%                                | 100%                                | 100%                                | 100%                                |
| Diagnostic procedures                                     | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Nursing   | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Prescription drugs and medicines                          | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Physician, specialist, surgeon, and anaesthetist fees     | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Medical second opinion                                    | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Hospital cash benefit                                     | \$100 per day up to 30 days         | \$100 per day up to 30 days         | \$200 per day up to 30 days         | \$250 per day up to 30 days         | \$250 per day up to 45 days         |
| Eye surgery   | 100%                                | 100%                                | 100%                                | 100%                                | 100%                                |
| Organ transplant  | Up to a lifetime limit of \$100,000 | Up to a lifetime limit of \$100,000 | Up to a lifetime limit of \$100,000 | Up to a lifetime limit of \$500,000 | Up to a lifetime limit of \$500,000 |
| Parent accommodation for children up to 16 years old      | \$45 per day up to 30 days          | \$45 per day up to 30 days          | \$150 per day up to 30 days         | \$150 per day up to 30 days         | \$150 per day up to 45 days         |

### Day-Patient benefits

|                      |      |      |      |      |      |
|----------------------|------|------|------|------|------|
| Day-patient benefits | 100% | 100% | 100% | 100% | 100% |
|----------------------|------|------|------|------|------|

|  | Emergency+ | Standard        | Plus  | Premium   | Executive   |
|--|------------|-----------------|---|---|---|
| <b>Outpatient Benefits</b>   |            |                 |   |   |   |
| Alternative medicine   | No Cover   | No Cover        | No Cover  | No Cover  | Up to \$400   |
| Physician and paramedic fees   | No Cover   | No Cover        | 75% up to \$1,000 <sup>1</sup>                  | 75%   | 100%  |
| Diagnostics  | No Cover   | No Cover        | 75% up to \$1,000 <sup>1</sup>                  | 75%   | 100%  |
| Physiotherapy  | No Cover   | No Cover        | Maximum 12 sessions up to \$1000                | Maximum 12 sessions up to \$1000                        | Maximum 12 sessions                                     |
| Prescription drugs and medicines   | No Cover   | No Cover        | Up to \$1000                                    | Up to \$1000  | Up to \$1000  |
| <b>Cancer benefits</b>   |            |                 |   |   |   |
| Cancer treatment   | 100%       | 100%            | 100%  | 100%  | 100%  |
| <b>Preventative benefits</b>   |            |                 |   |   |   |
| Annual health checks – you won't be able to claim within the first 12 months     | No Cover   | No Cover        | No Cover  | Up to \$400   | Up to \$1,500   |
| Vaccinations   | No Cover   | 75% up to \$150 | 75% up to \$150                                 | Up to \$250   | 100%  |
| Wellbeing tests  | No Cover   | No Cover        | Up to \$450                                     | Up to \$450   | Up to \$450   |
| Well-child care  | No Cover   | No Cover        | Up to \$1000                                    | Up to \$1000  | Up to \$1000  |
| <b>Maternity benefits</b> (12 month waiting period)                              |            |                 |   |   |   |
| Maternity  | No Cover   | Up to \$3,000   | Up to \$3,000                                   | Up to \$15,000 / \$20,000 if both parents join together | Up to \$17,500 / \$25,000 if both parents join together |
| Complications of pregnancy and Complications of childbirth                       | No Cover   | Up to \$10,000  | Up to \$50,000                                  | Up to \$500,000   | Up to \$1,000,000                                       |
| New-born care, including premature new-borns, for the first 30 days after birth. | No Cover   | Up to \$50,000  | Up to \$100,000                                 | Up to \$150,000   | Up to \$250,000   |
| <b>Dental benefits</b> (Overall limit of \$4,000)                                | <b>N/A</b> | <b>N/A</b>      | <b>Optional benefit</b>                         | <b>Optional benefit</b>                                 | <b>Included</b>   |
| Emergency dental treatment**   | No Cover   | No Cover        | Up to \$2,000                                   | Up to \$2,000   | Up to \$2,000   |
| Routine dental care <sup>2</sup> (6 month waiting period)                        | No Cover   | No Cover        | 75% up to \$700                                 | 75% up to \$700   | Up to \$700   |
| Restorative dental treatment <sup>2</sup> (6 month waiting period)               | No Cover   | No Cover        | 75% up to \$2,000                               | 75% up to \$2,000                                       | Up to \$2,000   |
| Dental crowns, bridges, dentures, and implants (6 month waiting period)          | No Cover   | No Cover        | 50% up to \$500 per tooth to a limit of \$2,000 | 50% up to \$500 per tooth to a limit of \$2,000         | 50% up to \$500 per tooth to a limit of \$2,000         |
| Orthodontic treatment for children under 18 (6 month waiting period)             | No Cover   | No Cover        | 50% up to a lifetime limit of \$2,000           | 50% up to a lifetime limit of \$2,000                   | 50% up to a lifetime limit of \$2,000                   |

\*\*Combined benefit limit of up to \$1,000 <sup>1</sup> and \$2,000 <sup>2</sup> per period of insurance, per person

Emergency+

Standard

Plus

Premium

Executive

### Special and Travel Benefits

|   |                        |                        |                        |                        |                        |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| Accompanying person's Travel Expenses                     | Up to \$5,000          | Up to \$5,000          | Up to \$5,000          | Up to \$5,000          | Up to \$5,000          |
| Compassionate travel and accommodation expenses           | Up to \$5,000          | Up to \$5,000          | Up to \$5,000          | Up to \$5,000          | Up to \$5,000          |
| Elective Home Country Treatment                           | No Cover               | No Cover               | 100%                   | 100%                   | 100%                   |
| Emergency Medical Transfer or Evacuation and repatriation | 100%                   | 100%                   | 100%                   | 100%                   | 100%                   |
| Medical Treatment Outside Your Area of Cover              | Up to 60 days per year | Up to 60 days per year | Up to 60 days per year | Up to 60 days per year | Up to 60 days per year |
| Repatriation of mortal remains                            | Up to \$3,000          | 100%                   | 100%                   | 100%                   | 100%                   |
| Road ambulance transportation                             | 100%                   | 100%                   | 100%                   | 100%                   | 100%                   |

### Other benefits

|  |          |          |          |               |                                       |
|--|----------|----------|----------|---------------|---------------------------------------|
| Glasses and contact lenses<br>(6 month waiting period) | No Cover | No Cover | No Cover | No Cover      | Up to \$400                           |
| Home nursing   | No Cover | No Cover | No Cover | Up to 60 days | Up to 60 days                         |
| Prescribed medical aids                                | No Cover | No Cover | No Cover | No Cover      | 50% up to a lifetime limit of \$6,000 |
| Psychiatric, drug and alcohol abuse                    | No Cover | No Cover | No Cover | No Cover      | 50% up to a lifetime limit of \$5,000 |
| Rehabilitation following In-Patient Treatment          | No Cover | No Cover | No Cover | Up to 45 days | Up to 60 days                         |

### Personal Accident

|       |          |          |          |          |          |
|-------|----------|----------|----------|----------|----------|
| Death | \$25,000 | \$25,000 | \$25,000 | \$25,000 | \$25,000 |
|-------|----------|----------|----------|----------|----------|

#### Note:

Deductibles on our policies are applied per period of insurance. This means that each year you will only pay the deductible once. The deductible is not applied to the dental or death benefits.