



CHOICES - Individuals, Families and Groups

The Choices Plan

"Choices" is available to individuals, families and groups and offers flexible benefits on a modular basis. It consists of a compulsory core module to which additional optional benefits can be added allowing you to select the cover that suits your needs.

Choices Core Plan

The Choices Core Plan offers in-patient cover. You can then extend the Choices Plan by adding optional covers from modules 1, 2 and 3...

+1

Cancer Treatment and Chronic Care

+2

Out-patient Treatment

+3

Additional Benefits

Tailor your plan

Choices Core Plan offers inpatient treatment, emergency medical evacuation, outpatient surgery and other benefits that you would expect to see in a standard international healthcare plan. You can extend the Choices plan by adding benefits from the following options:

- Option 1 - Cancer treatment and chronic care: you can decide whether you want full cover, restricted cover or no cover.
- Option 2 - Out-patient treatment: 5 levels of out-patient cover from no cover to a full refund option.
- Option 3 - Additional benefits: including routine dental treatment, wellness benefit, optical cover and maternity care.

Choose your excess

In order to manage the cost of your international health plans, we offer a range of optional policy excesses:

| Excess | Premium Discount |
|-----------------------------------|------------------|
| GBP 100 / USD 170 / EUR 150 | 5% |
| GBP 250 / USD 425 / EUR 375 | 10% |
| GBP 500 / USD 850 / EUR 750 | 15% |
| GBP 1,000 / USD 1,700 / EUR 1,500 | 20% |
| GBP 2,000 / USD 3,400 / EUR 3,000 | 30% |
| GBP 5,000 / USD 8,500 / EUR 7,500 | 40% |

(Any excess selected is per person per certificate period)

(Excesses are not available for Middle East plans)

Choose your co-pay

The following co-pay options are available for Middle East plans:

| Co-pay | Premium Discount |
|---|------------------|
| 20% co-pay subject to a max of AED 50 per visit* | 2% |
| 20% co-pay subject to a max of AED 100 per visit* | 4% |
| 10% co-pay applying to all outpatient services | 7% |
| 20% co-pay applying to all outpatient services | 14% |

*applies to consultations and diagnostic services with doctors or specialists only

Key features

- For Individuals and Families, discounts are available for a healthy lifestyle.
- Flexibility to select the benefits to suit your needs whether you require a budget or benefit rich plan.
- There are no restrictions on the doctor or medical facility that you want to attend.
- Cover for emergency medical evacuation included on all plans.
- Ability to claim and receive in hospital treatment without the need to pay in advance and then seek reimbursement.
- Cover and premiums available in Sterling, US dollars or Euros.
- For Groups/Companies with 5+ employees - All members are accepted on a medical history disregarded basis.
- Four areas of cover available:
 - Europe
 - Worldwide excluding USA, Bermuda & all islands of the Caribbean
 - Worldwide
 - South East Asia

For full details please contact us to request a membership guide including definitions and exclusions.

Choices Core Plan (Compulsory)

| | |
|---|--|
| In-patient and day-patient hospital services including diagnostics and physicians', specialists' and anaesthetists' fees. | Full refund |
| Medical and Surgical Support Services | Assistance in provider location and coordination of required surgery. |
| Palliative Care | Included in all benefits and limits shown on your insurance certificate. |
| Congenital Cover | GBP100,000 / USD 170,000 / EUR 150,000 per lifetime |
| Emergency Medical Evacuation | Full refund |
| Ambulance Services | Full refund |
| Organ Donor costs | GBP 30,000 / USD 51,000 / EUR 45,000 |
| Rehabilitation facility as an alternative to post acute care (maximum 14 days) | Full refund |
| Hospice care (maximum 6 weeks) | Full refund |
| Repatriation of mortal remains or local burial costs | GBP 7,500 / USD 12,750 / EUR 11,250 |
| Dental treatment following an accident (within 3 months of accident) | Full refund |
| Out-patient Surgery | Full refund |
| In-patient Psychiatric treatment | Up to 30 nights |
| Parent Accommodation (if treatment of child under 18 requires hospitalisation) | Full refund |
| Surgical/Medical prostheses and appliances | Full refund |
| Mobility aids | GBP 500 / USD 850 / EUR 750 |
| CT, MRI and PET scans | Full refund |
| Kidney dialysis | In-patient – Full refund up to six weeks Day-patient / Out-patient – up to GBP 40,000 / USD 68,000 / EUR 60,000 |
| HIV and AIDS treatment | Up to GBP 20,000 /USD 34,000 / EUR 30,000 |

Within the Core Plan, the following are benefits where the benefit limit increases depending on the level of out-patient cover selected:

| | No Out-Patient | Basic Out-Patient | Intermediate Out-Patient | Extended Out-Patient | Advanced Out-Patient |
|---|--|--|--|---|--|
| Overall maximum policy limit | GBP 1,500,000 USD 2,500,000 EUR 2,000,000 | GBP 2,000,000 USD 3,000,000 EUR 2,500,000 | GBP 2,000,000 USD 3,000,000 EUR 2,500,000 | GBP 3,000,000 USD 5,000,000 EUR 4,000,000 | GBP 7,000,000 USD 10,000,000 EUR 8,000,000 |
| Out of geographic area cover for emergency treatment (maximum 6 weeks) | GBP 60,000 USD 100,000 EUR 75,000 | GBP 60,000 USD 100,000 EUR 75,000 | GBP 60,000 USD 100,000 EUR 75,000 | GBP 75,000 USD 125,000 EUR 100,000 | GBP 90,000 USD 150,000 EUR 120,000 |
| Nursing at home | GBP 2,500 USD 4,250 EUR 3,750 | GBP 2,500 USD 4,250 EUR 3,750 | GBP 2,500 USD 4,250 EUR 3,750 | GBP 5,000 USD 8,500 EUR 7,500 | Full refund |
| Post Hospital Out-patient treatment | GBP 750 USD 1,275 EUR 1,125 (up to 90 days) | GBP 750 USD 1,275 EUR 1,125 (up to 90 days) | GBP 750 USD 1,275 EUR 1,125 (up to 90 days) | Full refund | Full refund |
| Organ Transplant (bone marrow, heart, kidney, liver, lung and skin) | GBP 100,000 USD 170,000 EUR 150,000 | GBP 100,000 USD 170,000 EUR 150,000 | GBP 100,000 USD 170,000 EUR 150,000 | GBP 150,000 USD 255,000 EUR 225,000 | GBP 2,000,000 USD 3,400,000 EUR 3,000,000 |
| Hospital cash benefit (per night, if you are treated for no charge) max 30 nights | GBP 100 USD 170 EUR 150 | GBP 100 USD 170 EUR 150 | GBP 100 USD 170 EUR 150 | GBP 250 USD 425 EUR 375 | GBP 500 USD 850 EUR 750 |

Choices Option 1: Cancer Treatment and Chronic Care

The benefit limit increases depending on which level of cover is selected.

| | No Cover | Restricted Cover | Full Cover |
|--|----------|--|---|
| Cancer Treatment and Chronic Care | X | Lifetime limit: GBP 50,000 / USD 85,000 / EUR 75,000 | Full refund |
| ATMPs for the treatment of cancer or chronic conditions. | X | Within the cancer and chronic lifetime limit Up to one course of treatment per condition, per lifetime. | Lifetime limit. GBP 400,000 / USD 500,000 / EUR 450,000 Up to one course of treatment per condition, per lifetime. |

X Not covered

Note - out-patient treatment and prescriptions for chronic conditions will be subject to the out-patient benefit selected. If no out-patient benefit is selected, there is no cover for out-patient treatment and prescription drugs for chronic conditions.

Choices Option 2: Out-Patient Treatment

The benefit limit increases depending on which level of cover is selected.

| | No Out-Patient | Basic Out-Patient | Intermediate Out-Patient | Extended Out-Patient | Advanced Out-Patient |
|---|----------------|---|--|---|---|
| Out-patient option limit | X | Subject to aggregate limit of GBP 1,500 / USD 2,550 / EUR 2,250 | Subject to aggregate limit of GBP 3,000/USD 5,100, EUR 4,500 | Subject to overall maximum policy limit | Subject to overall maximum policy limit |
| Consultations and diagnostic services with doctors or specialists | X | Within the aggregate limit | Within the aggregate limit | Full refund | Full refund |
| Out-patient psychiatric treatment | X | X | GBP 500 USD 850 EUR 750 | GBP 1,000 USD 1,700 EUR 1,500 | GBP 2,000 USD 3,400 EUR 3,000 |
| Prescription drugs (forms part of any overall out-patient limit that may apply) | X | GBP 500 USD 850 EUR 750 | GBP 1,000 USD1,700 EUR 1,500 | GBP 5,000 USD 8,500 EUR 7,500 | Full refund |
| Vaccinations | X | Within prescription benefit | Within prescription benefit | Within prescription benefit | Within prescription benefit |
| Hormone Replacement Therapy (HRT) for menopausal conditions | X | Within prescription benefit | Within prescription benefit | Within prescription benefit | Within prescription benefit |
| Physiotherapy (forms part of any overall out-patient limit that may apply) | X | Up to 7 sessions | Up to 20 sessions | Full refund | Full refund |
| Occupational therapy (forms part of any overall out-patient limit that may apply) | X | Up to 7 sessions | Up to 7 sessions | Up to 7 sessions | Up to 14 sessions |
| Complementary Therapies (forms part of any overall out-patient limit that may apply) | X | GBP 500 USD 850 EUR 750 | GBP 500 USD 850 EUR 750 | GBP 750 USD 1,275 EUR 1,125 | Full refund |
| Traditional Chinese Medicine and Bone-Setting | X | X | X | GBP 750 USD 1,275 EUR 1,125 | GBP 1,500 USD 2,550 EUR 2,250 |
| Developmental Disorders (maximum 3 visits) (forms part of any overall out-patient limit that may apply) | X | X | GBP 200 USD 340 EUR 300 | GBP 200 USD 340 EUR 300 | GBP 200 USD 340 EUR 300 |
| Rehabilitation for alcohol and drug addiction (lifetime limit) In-patient treatment is also covered under this benefit. A 1 year waiting period applies. | X | X | X | X | GBP 10,000 USD 17,000 EUR 15,000 |

X Not covered

Choices Option 3: Additional Benefits

| Dental, Wellness and Optical | | | |
|--|--|--|--|
| | No cover | Dental & Wellness | Dental, Wellness & Optical |
| Dental Treatment (20% co-pay applies) | X | GBP 750 USD 1,275 EUR 1,125 | GBP 1,500 USD 2,550 EUR 2,250 |
| Wellness Benefit (1 year waiting period, only available to insured members over the age of 18) | X | GBP 500 USD 850 EUR 750 for one medical examination per certificate period. | GBP 750 USD 1,275 EUR 1,125 for one medical examination per certificate period. |
| Optical | X | X | Full refund for one eye examination per certificate period. Prescription glasses / contact lenses subject to a limit of GBP 120 / USD 204 / EUR 180 per certificate period. |
| Maternity Treatment | | | |
| | Maternity Basic (Where Maternity Level 1 or Maternity Level 2 have not been selected) | Maternity Level 1 | Maternity Level 2 |
| Routine Maternity Care (a 10 month waiting period applies) | X | GBP 6,500 USD 11,050 EUR 9,750 | GBP 15,000 USD 25,500 EUR 22,500 |
| Maternity Care with complications (a 10 month waiting period applies) | X | GBP 13,000 USD 22,100 EUR 19,500 | GBP 40,000 USD 68,000 EUR 60,000 |
| Maternity Care (emergency surgery) (a 10 month waiting period applies) | Up to GBP 10,000 / USD 17,000 / EUR 15,000 | Full refund | Full refund |
| Newborn Care (within the first 60 days of life) | X | GBP 70,000 USD 119,000 EUR 105,000 | GBP 90,000 USD 153,000 EUR 135,000 |
| IVF (In vitro fertilisation) (50% co-pay and 2 year waiting period applies) | X | X | Up to GBP 2,500 / USD 4,250 / EUR 3,750 per cycle, 3 cycles per lifetime. |
| <p>X Not covered</p> <p>Notes:</p> <p>There is an option available to groups which are already insured to waive the waiting period on maternity cover and wellness.</p> <p>Please ask for further details.</p> | | | |