

# International Health Insurance

Table of benefits  
Version EXP15



**International health insurance**  
Table of benefits (BEN)  
For expatriates around the world

**CORE PLAN**  
**INPATIENT & DAYCARE**

Annual maximum insurance sum	STANDARD 500000	COMFORT 1500000	PREMIUM 2000000
Accommodation	Semi-private	Private room	Private room
Inpatient	100%	100%	100%
Intensive care	100%	100%	100%
Inpatient emergency room	100%	100%	100%
Inpatient Diagnostics	100%	100%	100%
MRI PET	100%	100%	100%
Nursing	100%	100%	100%
Inpatient prescribed medication	100%	100%	100%
Physicians & Specialists	100%	100%	100%
Surgeons & Anaesthetics	100%	100%	100%
Surgical appliances	100%	100%	100%
Cancer treatment, Radiotherapy, Chemotherapy & Oncology	100%	100%	100%
Organ Transplant	100%	100%	100%
Accommodation costs for one parent staying in hospital with an insured child under 18	100%	100%	100%
Home nursing following Inpatient treatment	8000	13000	18000
Rehabilitation/Convalescence (Physiotherapy is considered to be part of Rehabilitation)	8000	13000	18000
Inpatient mental care, psychological/psychiatric treatment if directly related to inpatient treatment	8000	13000	18000

	STANDARD	COMFORT	PREMIUM
Prescribed medical aids	100% of the costs up to 6000	100% of the costs up to 10000	100% of the costs up to 15000
Eye Surgery - related to illnesses or accidents	100%	100%	100%
Prescription glasses & contact lenses (6 month waiting period)	100% of the costs up to 150	100% of the costs up to 300	100% of the costs up to 400

## CORE PLAN

### PREVENTIVE CARE & CHECKUPS

	STANDARD	COMFORT	PREMIUM
Child preventive care	100% of the costs up to 200	100% of the costs up to 400	100% of the costs up to 600
Child vaccination and immunization	100%	100%	100%
Child check-ups	100% of the costs up to 300	100% of the costs up to 500	100% of the costs up to 700
Adult preventive care	100% of the costs up to 300	100% of the costs up to 600	100% of the costs up to 900
Adult vaccination and immunization	100%	100%	100%
Adult check-ups	100% of the costs up to 500	100% of the costs up to 800	100% of the costs up to 1200

## CORE PLAN

### CHRONIC DISEASES AND PRE-EXISTING CONDITIONS WITH FULL MEDICAL UNDERWRITING

	STANDARD	COMFORT	PREMIUM
Chronic diseases annual maximum	3000	5000	8000
Pre-existing conditions annual maximum	3000	5000	8000
Pre-existing conditions and chronic conditions lifetime maximum	30000	50000	80000

## CORE PLAN ASSISTANCE

	STANDARD	COMFORT	PREMIUM
Emergency & assistance services	included	included	included
Search and rescue	10000	15000	20000
Medical repatriation	100000	100000	100000
Repatriation of mortal remains	10000	15000	20000
Transport by land, sea and air	100%	100%	100%
Travel expenses to home country for childbirth	50%	50%	80%
Compassionate travel & accommodation expenses (where the insured will visit family member)	2000	3000	5000
Family emergency travel (family member who will visit the insured)	2000	3000	5000
Personal accident coverage	30000	50000	80000
24/7 alarm center	included	included	included

## OPTION 1 OUTPATIENT CARE

	STANDARD	COMFORT	PREMIUM
Surgery/Treatment	100%	100%	100%
Emergency outpatient treatment	100%	100%	100%
Physicians & Specialists costs	100%	100%	100%
X-Ray, Laboratory Tests & Treatment	100%	100%	100%
Prescribed medication	100%	100%	100%
Physiotherapy, Logopedics and Orthopedics	100% max 20 sessions	100% max 25 sessions	100% max 30 sessions

	STANDARD	COMFORT	PREMIUM
Alternative medicine, chiropractic treatment, osteopathy, homeopathy, chinese herbal medicine and acupuncture	100% of the costs up to 500	100% of the costs up to 1000	100% of the costs up to 1500
HIV/AIDS coverage lifetime maximum coverage for in/outpatient	20000	25000	30000

### OPTION 1 MENTAL CARE

	STANDARD	COMFORT	PREMIUM
Mental health services	100% of the costs up to 8000	100% of the costs up to 12000	100% of the costs up to 16000
Mental illness outpatient annual maximum	15 visits	15 visits	15 visits
Mental illness outpatient lifetime maximum	80 visits	80 visits	80 visits

### OPTION 2 MATERNITY & CHILDBIRTH (Waiting period 12 months)

	STANDARD	COMFORT	PREMIUM
Normal pregnancy and delivery (incl. newborn benefits)	Not available	15000	20000
Complicated pregnancy and delivery (incl. newborn benefits)	Not available	10000	15000

### OPTION 3 DENTAL CARE

	STANDARD	COMFORT	PREMIUM
Annual maximum sum	500	3000	8000
Dental treatment - simple filling	100%	100%	100%
1 check-up	-	100%	100%
Teeth extraction + root canal treatment	50%	80%	100%

	STANDARD	COMFORT	PREMIUM
Periodontics (Waiting period 6 months)	-	50%	80%
Orthodontic treatment and dental prosthesis (Waiting period 6 months)	Not available	50%	80%

## GENERAL PLAN INFORMATION

Territoriality	Worldwide or Worldwide excluding USA Permanent USA resident cannot be insured under this contract.
Minimum age of entry	18 years old for an individual Children under 18 years old can be covered with the parents as dependant
Maximum age of entry	69 years old
From 70 years old	Emergency treatments covered only
Family discount	Discount - 10%
Payment rates (quarterly or semester)	Charged + 5%
Excluding pre-existing conditions	Discount - 15 %
Available currencies	USD - EUR - CHF
Duration of the contract	Minimum 1 year
Deductibles	0 - 200 - 500 - 1000 - 3000 - 5000
3 options	Outpatient - Maternity - Dental
3 annual maximum insurance sums	500000 - 1500000 - 2000000
Claim process	Scans and online upload or by email
Claim turnaround	Within fourteen (14) working days

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