

## Table of benefits

|   | Standard    | Standard Plus                      | Comprehensive                      | Premium                            | Elite                              |
|---|-------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|   | \$          | \$                                 | \$                                 | \$                                 | \$                                 |
| <b>1 Overall maximum sum insured</b>  |             |                                    |                                    |                                    |                                    |
| This is the maximum amount of money we will pay to or on behalf of each insured person in each period of insurance                  | 500,000     | 750,000                            | 1,000,000                          | 1,500,000                          | 2,000,000                          |
| <b>2 In-patient treatment benefits</b>  |             |                                    |                                    |                                    |                                    |
| a. Hospital accommodation including nursing, theatre charges and HDU  | Full refund | Full refund                        | Full refund                        | Full refund                        | Full refund                        |
| b. Surgeons', anaesthetists', consultants' and physicians' fees   | Full refund | Full refund                        | Full refund                        | Full refund                        | Full refund                        |
| c. Surgical appliances where used as an integral part of a surgical procedure   | Full refund | Full refund                        | Full refund                        | Full refund                        | Full refund                        |
| d. Prescribed drugs and medicines   | Full refund | Full refund                        | Full refund                        | Full refund                        | Full refund                        |
| e. Diagnostic procedures including x-rays, pathology and MRI/CT/PET scans   | Full refund | Full refund                        | Full refund                        | Full refund                        | Full refund                        |
| f. Hospital accommodation for one insured person to stay with an insured child under age 19   | Full refund | Full refund                        | Full refund                        | Full refund                        | Full refund                        |
| g. Nursing-at-home on the recommendation of an insured person's physician where immediately following in-patient hospital treatment | Not covered | Full refund -<br>Maximum 3 weeks   | Full refund -<br>Maximum 12 weeks  | Full refund -<br>Maximum 26 weeks  | Full refund -<br>Maximum 26 weeks  |
| h. In-patient psychiatric cover, up to the number of nights shown in each period of insurance                                       | Not covered | Full refund -<br>Maximum 15 nights | Full refund -<br>Maximum 15 nights | Full refund -<br>Maximum 30 nights | Full refund -<br>Maximum 30 nights |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 2 In-patient treatment benefits — continued

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| i. Medical treatment for a premature baby during the first two months following birth                                 | Not covered | Not covered | Not covered | Full refund | Full refund |
| j. Physiotherapy  | Full refund | Full refund | Full refund | Full refund | Full refund |
| k. Rehabilitation received on an in-patient basis payable up to a maximum of 13 weeks during each period of insurance | Not covered | Full refund | Full refund | Full refund | Full refund |
| l. External prosthesis  | 2,500       | 2,500       | 2,500       | 2,500       | 2,500       |

## 3 Day-patient treatment benefits

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| a. Hospital accommodation including nursing, theatre charges, drugs, medicines, surgeons', anaesthetists', consultants' and physicians' fees, diagnostic and pathology fees | Full refund | Full refund | Full refund | Full refund | Full refund |
| b. Day-patient psychiatric cover up to 4 separate day admissions in each period of insurance  | Not covered | Full refund | Full refund | Full refund | Full refund |

## 4 Cancer care benefit

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| From the date an insured person is diagnosed as suffering from cancer, all and any treatment will be assessed and paid for under this item | Full refund | Full refund | Full refund | Full refund | Full refund |
|--|-------------|-------------|-------------|-------------|-------------|

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 5 Organ implantation benefit

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

|             |         |         |         |         |
|-------------|---------|---------|---------|---------|
| Not covered | 100,000 | 200,000 | 250,000 | 300,000 |
|-------------|---------|---------|---------|---------|

## 6 Out-patient benefits

|  |             |                                   |                                    |                                    |                                    |
|--|-------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| a. Out-patient surgery for minor surgical procedures   | Full refund | Full refund                       | Full refund                        | Full refund                        | Full refund                        |
| b. Services of a physician, and/or consultant including drugs, medicines and dressings   | Not covered | 1,000                             | 5,000                              | 10,000                             | Full refund                        |
| c. Diagnostic tests, x-rays, pathology, MRI/CT/PET scans   | Not covered | 500                               | Full refund                        | Full refund                        | Full refund                        |
| d. Physiotherapy   | Not covered | 500                               | 1,000                              | 1,500                              | 2,000                              |
| e. Cost of hiring mobility aids  | Not covered | 500                               | 1,000                              | 1,500                              | 2,000                              |
| f. Chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic and herbal and Chinese medicines, including prescribed drugs and medicines | Not covered | 500                               | 1,000                              | 1,500                              | 2,000                              |
| g. Hormone replacement therapy to relieve the symptoms of the menopause  | Not covered | Not covered                       | Not covered                        | 250                                | 350                                |
| h. Out-patient psychiatric cover, subject to a primary physician referral and a 12 month waiting period                                    | Not covered | Full refund -<br>Maximum 5 visits | Full refund -<br>Maximum 10 visits | Full refund -<br>Maximum 15 visits | Full refund -<br>Maximum 30 visits |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 7 Chronic treatment benefits

|   |             |             |   |   |   |
|---|-------------|-------------|---|---|---|
| a. In-patient, day-patient and out-patient treatment for acute exacerbations and diagnosis of each chronic medical condition  | Full refund | Full refund | Full refund                               | Full refund                               | Full refund                               |
| b. In-patient, day-patient, and out-patient treatment for routine management and palliative treatment for each chronic medical condition  | Not covered | 2,500       | 5,000                                     | 7,500                                     | 10,000                                    |
| c. Hospice accommodation for an insured person who is terminally ill - amounts stated on a per night basis. Maximum 14 nights for each period of insurance                                      | Not covered | 100         | 150                                       | 200                                       | 250                                       |
| d. Medical treatment for HIV and AIDS where contracted as a result of a blood transfusion - cover available after 2 consecutive years cover. The maximum lifetime limit applies to this benefit | Not covered | Not covered | 2,500 -<br>Up to 37,500<br>lifetime limit | 5,000 -<br>Up to 37,500<br>lifetime limit | 7,500 -<br>Up to 37,500<br>lifetime limit |

## 8 Congenital benefit

|   |             |             |             |             |   |
|---|-------------|-------------|-------------|-------------|---|
| Congenital abnormalities not discovered at birth but which can subsequently be corrected with surgery. The maximum lifetime limit applies to this benefit | Not covered | Not covered | Not covered | Not covered | Full refund -<br>Up to 20,000<br>lifetime limit |
|---|-------------|-------------|-------------|-------------|---|

## 9 Wellness

*All benefits under this item are subject to a 12 month waiting period*

|  |             |     |     |     |       |
|--|-------------|-----|-----|-----|-------|
| a. Wellness screening including cancer screening and routine health tests. Please see policy wording for full list of benefits | Not covered | 100 | 200 | 500 | 1,000 |
| b. Vaccinations and immunisations for overseas travel  | Not covered | 50  | 75  | 100 | 150   |
| c. Routine and preventative vaccinations for an insured child up to and including age 10                                       | Not covered | 50  | 75  | 100 | 150   |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 9 Wellness — continued

*All benefits under this item are subject to a 12 month waiting period*

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| d. One annual eye test                            | Not covered | Not covered | Not covered | Full refund | Full refund |
| e. Contribution towards glasses or contact lenses | Not covered | Not covered | Not covered | 100         | 300         |
| f. One annual hearing test                        | Not covered | Not covered | Not covered | Full refund | Full refund |
| g. Contribution towards a hearing aid             | Not covered | Not covered | Not covered | 150         | 300         |
| h. Laser eye treatment                            | Full refund | Full refund | Full refund | Full refund | Full refund |

## 10 Dental

*A 10% co-insurance and a 6 month waiting period applies to benefits b, c, d and e of this item*

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| a. Emergency dental treatment - dental treatment for immediate pain relief where required as a result of an accident - only treatment within the first 48 hours following the accident is covered | Full refund | Full refund | Full refund | Full refund | Full refund |
| b. Routine dental treatment overall maximum<br>The following sublimits are subject to the routine dental treatment overall maximum benefit limit shown above:                                     | Not covered | Not covered | 750         | 1,000       | 1,500       |
| i. Routine examinations - <i>Maximum 2 visits per period of insurance</i>   | Not covered | Not covered | 80          | 120         | 150         |
| ii. Cleaning and polishing - <i>Maximum 2 visits per period of insurance</i>  | Not covered | Not covered | 80          | 120         | 150         |
| iii. Fillings - <i>Benefit limit applies per tooth</i>  | Not covered | Not covered | 80          | 120         | 150         |
| iv. Extractions, other than wisdom teeth - <i>Benefit limit applies per tooth</i>   | Not covered | Not covered | 80          | 120         | 150         |
| v. X-rays, moulds and treatment for the relief of an infection  | Not covered | Not covered | Full refund | Full refund | Full refund |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 10 Dental — continued

*A 10% co-insurance and a 6 month waiting period applies to benefits b, c, d and e of this item*

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| c. Extraction of wisdom teeth as an in-patient, out-patient or day-patient                                      | Not covered | Not covered | Full refund | Full refund | Full refund |
| d. Major dental treatment overall maximum   | Not covered | Not covered | 750         | 1,000       | 1,500       |
| The following sublimits are subject to the major dental treatment overall maximum benefit limit shown above:    |             |             |             |             |             |
| i. Root canal treatment, new porcelain crown, new inlay, new bridgework - <i>Benefit limit applies per item</i> | Not covered | Not covered | 250         | 375         | 465         |
| ii. Repair of crown or inlay - <i>Benefit limit applies per tooth</i>   | Not covered | Not covered | 150         | 225         | 280         |
| iii. Repair of bridgework - <i>Benefit limit applies per tooth</i>  | Not covered | Not covered | 175         | 260         | 325         |
| e. Orthodontic work for insured children under age 19   | Not covered | Not covered | Not covered | 500         | 1,000       |

## 11 Maternity benefit

*All benefits under this item are subject to a 10 month waiting period*

|   |             |             |             |        |             |
|---|-------------|-------------|-------------|--------|-------------|
| a. Complications of pregnancy and childbirth  | Not covered | 2,500       | 10,000      | 15,000 | Full refund |
| b. Normal pregnancy and childbirth - <i>This benefit is subject to a 10% co-insurance</i> | Not covered | Not covered | Not covered | 7,500  | 10,000      |
| c. Contribution towards the initial paediatric check-up                                   | Not covered | Not covered | Not covered | 150    | 300         |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 12 Infertility benefit

*A 12 month waiting period applies to this benefit*

Investigations into the medical cause of infertility, where both members are insured under this policy and when the couple's treating physician believes there are symptoms and/or evidence to suggest a medical cause

|             |             |             |       |       |
|-------------|-------------|-------------|-------|-------|
| Not covered | Not covered | Not covered | 2,000 | 3,000 |
|-------------|-------------|-------------|-------|-------|

## 13 Cash benefits

a. Hospital cash benefit for in-patient treatment received free of charge in a public hospital. Benefit is payable on a per night basis and is limited to a maximum of 30 nights in each period of insurance

|    |     |     |     |     |
|----|-----|-----|-----|-----|
| 50 | 100 | 100 | 200 | 200 |
|----|-----|-----|-----|-----|

b. Maternity cash benefit payable on the birth of each child subject to:

- the child being born at least 10 months after the mother's entry date to the policy;
- and, no claim being made for the pregnancy or childbirth against any other item of the policy

|             |             |             |     |     |
|-------------|-------------|-------------|-----|-----|
| Not covered | Not covered | Not covered | 250 | 500 |
|-------------|-------------|-------------|-----|-----|

c. Convalescence cash benefit payable for each complete week of confinement to home (excluding the first week) - *Benefit limited to 4 weeks in each period of insurance*

|             |             |             |             |     |
|-------------|-------------|-------------|-------------|-----|
| Not covered | Not covered | Not covered | Not covered | 500 |
|-------------|-------------|-------------|-------------|-----|

## 14 Emergency medical transfer and evacuation benefits

a. The costs of transporting an insured person to the nearest suitable hospital (either in the same or a different country) and returning them to their country of residence after treatment

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
| Full refund | Full refund | Full refund | Full refund | Full refund |
|-------------|-------------|-------------|-------------|-------------|

b. Costs of a medical escort

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
| Full refund | Full refund | Full refund | Full refund | Full refund |
|-------------|-------------|-------------|-------------|-------------|

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 14 Emergency medical transfer and evacuation benefits — continued

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| c. Travelling costs for a friend or relative to accompany the insured person during transportation   | Full refund | Full refund | Full refund | Full refund | Full refund |
| d. Overnight accommodation costs for the accompanying friend or relative to stay with or near the insured person - the amounts stated are on a per night basis - maximum 10 nights per event   | Not covered | 100         | 150         | 200         | 250         |
| e. Medical referral/assistance services including medical advice and help on replacing essential prescription medication   | Full refund | Full refund | Full refund | Full refund | Full refund |
| f. Following an emergency medical transfer we will arrange and pay to transport any child/ren under age 19 to a destination of the insured person's choice OR pay for an economy class air ticket for someone to travel to the children to look after them | Full refund | Full refund | Full refund | Full refund | Full refund |
| g. If an insured person dies outside of their home country, we will provide one of the following services in accordance with the wishes of the deceased or next of kin:  |             |             |             |             |             |
| i. Transportation of the deceased to their home country  | Full refund | Full refund | Full refund | Full refund | Full refund |
| OR   |             |             |             |             |             |
| ii. Contribution towards a coffin  | 200         | 250         | 300         | 350         | 400         |
| OR   |             |             |             |             |             |
| iii. Cremation costs in the country where death occurred and transportation of the urn to either the deceased's home country or country of residence   | 200         | 250         | 300         | 350         | 400         |
| OR   |             |             |             |             |             |
| iv. Local burial in the country where death occurred - <i>Other than the home country</i>  | 500         | 750         | 1,000       | 1,500       | 2,000       |



| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 15 Out of area emergency cover

Emergency medical treatment for an insured person who is travelling outside of their chosen geographical area. This will only operate when you do not travel for more than 30 days in total in each period of insurance

|             |             |        |        |         |
|-------------|-------------|--------|--------|---------|
| Not covered | Not covered | 40,000 | 70,000 | 100,000 |
|-------------|-------------|--------|--------|---------|

## 16 Evacuation to home country

Evacuation to insureds home country (as long as the home country is within the purchased area of cover) - *This only applies to clients that purchased this additional module*

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
| Full refund | Full refund | Full refund | Full refund | Full refund |
|-------------|-------------|-------------|-------------|-------------|