

The Bronze plan

Just to let you know—you won't find complete information for the Bronze plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply you purchase it. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.

Key	Full cover within annual benefit limit	O Partial or limited cover	Optional cove		
	Bronze				
Annual benefit limit	US\$1,500,000 or £1,00	US\$1,500,000 or £1,000,000 or €1,125,000			
Hospital costs					
Hospital accommodation	Semi-private hospital	room			
	O Private hospital room				
Hospital treatment	O Full cover				
Parent accommodation	O Full cover				
Local ambulance	Full cover				
Hospital cash benefit	O US\$150 or £100 or €11	3 per night			
Advanced imaging tests	Full cover				
Cancer treatment					
Cancer treatment	Full cover				
Cancer genome tests	Full cover				
Wigs	O Lifetime limit of US\$15	50 or £100 or €113			
Counselling	O Lifetime limit of US\$5	00 or £330 or €375			
Dietitian	O Lifetime limit of US\$10	00 or £67 or €75			
Organ, bone marrow or tis	sue transplants				
Transplant and related trea	tment				
Donor costs	O Up to US\$25,000 or £	16,600 or €18,750 per transplar	nt		
Kidney dialysis					
Kidney dialysis	Full cover				
Reconstructive surgery					
Reconstructive surgery		t and post-hospital treatment re			





Key Full cover	within annual benefit limit	O Partial or limited cover	Optional cover	
	Bronze			
Congenital conditions or hereditary con	nditions			
Congenital conditions or hereditary conditions	O In-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital, up to a lifetime limit of US\$50,000 or £33,300 or €37,500			
Mental health treatment				
Lifetime mental health treatment limit	US\$50,000 or £33,300 o	or €37,500		
In-patient and day-patient mental health treatment (12-month waiting period)	O Up to 30 days per period	d of cover		
Out-patient mental health treatment (12-month waiting period)	received within the 90-d	er period of cover for post-hos lay period following the date y n-patient or day-patient menta	ou are discharged	
Out-patient mental health medication (12-month waiting period)	90-day period following	or €375 for medication prescril the date you are discharged fr ay-patient mental health treatr	om hospital	
HIV/AIDS treatment				
HIV/AIDS treatment (24-month waiting period)	O In-patient and day-patien €3,750 per period of cov	nt treatment only, up to US\$5, er	000 or £3,300 or	
Medical appliances				
Medical aids	O Up to US\$250 or £160 or	r €188 per medical condition p	per period of cover	
Prosthetic implants	O Full cover			
Prosthetic devices	O Up to US\$500 or £330 o	or €375 per device		
Out-patient treatment				
Annual limit for out-patient treatment	Full cover up to your ann	nual plan limit		
Primary medical care	O Post-hospital treatment the date you are dischar	received within the 90-day pe ged from hospital	riod following	
Emergency ward treatment		treatment necessary as the re- y-up appointment with a medi		
Out-patient surgical procedures	O Full cover			
Complementary treatments		riod of cover for post-hospital lay period following the date y		
Physiotherapy		received within the 90-day pe from hospital, up to US\$1,000		
Chronic conditions				
Acute flare-ups		and post-hospital treatment re the date you are discharged fi		





Key	O Full cover within annual benefit limit		O Partial or limited cover	Optional cover	
	Bronze				
Rehabilitation treatment					
Rehabilitation treatment	O Up to US\$	2,000 or £1,33	0 or €1,500 per period of cove	er	
Home nursing costs					
Home nursing costs	Up to US\$ of cover	O Up to US\$5,000 or £3,300 or €3,750 per medical condition per period of cover			
Lifetime care					
Lifetime limit for all lifetim	ue care US\$25,00	0 or £16,600 o	r €18,750		
Hospice and palliative care	O Up to the l	ifetime limit fo	r all lifetime care		
Artificial life maintenance	O Up to the l	ifetime limit fo	r all lifetime care		
Persistent vegetative state neurological damage	and Oup to the I	ifetime limit fo	r all lifetime care		
Dental costs					
Emergency restorative trea	atment you				
Maternity costs					
Complications of pregnand (12-month waiting period)	O Up to US\$	4,800 or £3,20	00 or €3,600 per period of cov	er	
Expat benefits					
24-hour medical assistance	e helpline				
Medevac Basic	O Full cover				
Return airfare	O Full cover				
Travel expenses of a comp	anion				
Accommodation expenses companion	of a Up to US\$	75 or £50 or €	56 per night		
Compassionate home visit (12-month waiting period)	C Lifetime li	mit of one clair	n per insured person		
Repatriation of mortal rem	ains O Full cover				
Burial or cremation	O Up to US\$	1,600 or £1,060	or €1,200		
Medevac Plus	O Full cover				





Private hospital room

As standard on the Bronze plan, you have cover for a semi-private room when you're admitted to hospital. If you choose the private hospital room option, you have cover for a private room when you're admitted to hospital.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.

Medevac Plus

As standard on the Bronze plan, we organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally. If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced imaging tests and cancer treatment that cannot be provided locally.





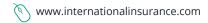


The Silver*Lite* plan

Just to let you know—you won't find complete information for the Silver*Lite* plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase it. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.

Key	O Full cover within annual benefit limit	O Partial or limited cover	Optional cover
	SilverLite		
Annual benefit limit	US\$1,500,000 or £1,0	00,000 or €1,125,000	
Hospital costs			
Hospital accommodation	O Semi-private hospital	room	
	O Private hospital room		
Hospital treatment	O Full cover		
Parent accommodation	O Full cover		
Local ambulance	O Up to US\$1,600 or £1,	065 or €1,200 per period of cover	•
Hospital cash benefit	O US\$200 or £132 or €1	50 per night	
Advanced imaging tests	O Full cover		
Cancer treatment			
Cancer treatment	O Full cover		
Cancer genome tests	O Full cover		
Wigs	C Lifetime limit of US\$1	50 or £100 or €113	
Counselling	C Lifetime limit of US\$5	00 or £330 or €375	
Dietitian	C Lifetime limit of US\$1	00 or £67 or €75	
Organ, bone marrow or ti	ssue transplants		
Transplant and related trea	atment		
Donor costs	O Up to US\$25,000 or £	16,600 or €18,750 per transplant	
Kidney dialysis			
Kidney dialysis	O Full cover		
Reconstructive surgery			
Reconstructive surgery	Full cover		
Congenital conditions or	hereditary conditions		
Congenital conditions or h conditions	ereditary	0,000 or £40,000 or €45,000	





Key	O Full cover within annual benefit lim	mit OPartial or limited cover Optional co				
Silver <i>Lite</i>						
HIV/AIDS treatment						
HIV/AIDS treatment (24-month waiting period)	O Up to US\$5,000 or	or £3,300 or €3,750 per period of cover				
Medical appliances						
Prosthetic implants	O Full cover					
Prosthetic devices	O Up to US\$1,000 or	r £660 or €750 per device				
Out-patient treatment						
Annual limit for out-patien	t treatment OUS\$5,000 or £3,30	.00 or €3,750				
	Option A US\$7,500	00 or £5,000 or €5,625				
	Option B US\$10,00	000 or £6,600 or €7,500				
Primary medical care	US\$1,500 or £1,000 for out-patient trea	00 or €1,125 per period of cover (up to the annual limit eatment)				
		00 or £1,665 or €1,875 per period of cover (up to the ut-patient treatment)				
		00 or £2,310 or €2,625 per period of cover (up to the ut-patient treatment)				
Emergency ward treatment	O Up to the annual lir	limit for out-patient treatment				
Out-patient surgical proced	lures O Up to the annual lir	limit for out-patient treatment				
Physiotherapy	Up to US\$250 or £1 for out-patient treat	£165 or €188 per period of cover up to the annual limit atment				
Chronic conditions						
Acute flare-ups		y-patient treatment, with cover for out-patient treatme limit for primary medical care				
Monitoring and maintenand	e Oup to the benefit li	limit for primary medical care				
Rehabilitation treatment						
Rehabilitation treatment	O Up to US\$2,000 or	or £1,330 or €1,500 per period of cover				
Home nursing costs						
Home nursing costs	Up to US\$8,000 or of cover	or £5,300 or €6,000 per medical condition per period				
Lifetime care						
Lifetime limit for all lifetime	e care US\$50,000 or £33,	3,300 or €37,500				
Hospice and palliative care	O Up to the lifetime li	limit for all lifetime care				
Artificial life maintenance	O Up to the lifetime li	limit for all lifetime care				
Persistent vegetative state & damage	neurological Oup to the lifetime li	limit for all lifetime care				





Key O Full cover within annual benefit limit O Partial or limited cover Optional cover SilverLite **Dental costs Emergency restorative treatment you** O Up to US\$5,000 or £3,330 or €3,750 per period of cover receive as an in-patient Oup to US\$500 or £330 or €375 per period of cover, **Dental Basic** subject to a 20% co-insurance (6-month waiting period) **Complex maternity costs** Complications of pregnancy O Up to US\$10,000 or £6,600 or €7,500 per period of cover (12-month waiting period) **Expat benefits** 24-hour medical assistance helpline O Full cover O Full cover **Medevac Basic** Return airfare Full cover O Full cover Travel expenses of a companion O Up to US\$100 or £67 or €75 per night Accommodation expenses of a companion Repatriation of mortal remains O Up to US\$5,000 or £3,330 or €3,750 **Burial or cremation** O Up to US\$1,600 or £1,060 or €1,200 Medevac Plus O Full cover





Private hospital room

As standard on the Silver*Lite* plan, you have cover for a semi-private room when you're admitted to hospital. If you choose the private hospital room option, you have cover for a private room when you're admitted to hospital.

Annual limit for out-patient treatment

The Silver*Lite* plan gives you cover for all out-patient treatment up to US\$5,000 or £3,330 or €3,750 per period of cover. You can extend this limit to US\$7,500 or £5,000 or €5,625 per period of cover (**Option A**) or to US\$10,000 or £6,600 or €7,500 per period of cover (**Option B**).

Within the standard limit for out-patient treatment, you have US\$1,500 or £1,000 or €1,125 per period of cover for primary medical care (e.g., doctor visits). Selection **Option A** extends that limit to US\$2,500 or £1,665 or €1,875 per period of cover, while selecting **Option B** extends that limit to US\$3,500 or £2,310 or €2,625 per period of cover.

Dental option

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$500 or £330 or €375 per period of cover, subject to a 20% co-insurance.

Medevac Plus

As standard on the Silver*Lite* plan, we organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally. If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced imaging tests and cancer treatment that cannot be provided locally.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.







The Silver plan

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Key	O Full cover within annual benefit limit	O Partial or limited cover	Optional cover
	Silver		
Annual benefit limit	US\$2,500,000 or £1,6	66,000 or €1,875,000	
Hospital costs			
Hospital accommodation	O Private hospital room		
Hospital treatment	O Full cover		
Parent accommodation	O Full cover		
Local ambulance	O Full cover		
Hospital cash benefit	O US\$200 or £132 or €1	50 per night	
Advanced imaging tests	O Full cover		
Cancer treatment			
Cancer treatment	Full cover		
Cancer genome tests	O Full cover		
Wigs	C Lifetime limit of US\$1	50 or £100 or €113	
Counselling	C Lifetime limit of US\$5	00 or £330 or €375	
Dietitian	C Lifetime limit of US\$1	00 or £67 or €75	
Organ, bone marrow or tis	ssue transplants		
Transplant and related trea	tment		
Donor costs	O Up to US\$25,000 or £	16,600 or €18,750 per transplar	nt
Kidney dialysis			
Kidney dialysis	O Full cover		
Reconstructive surgery			
Reconstructive surgery	O Full cover		
Congenital conditions or l	hereditary conditions		
Congenital conditions or hoconditions	ereditary O Lifetime limit of US\$8	0,000 or £53,300 or €60,000	





O Full cover within annual benefit limit Partial or limited cover Optional cover Key Silver Mental health treatment Lifetime mental health treatment limit US\$75,000 or £50,000 or €56,250 In-patient and day-patient mental health Oup to the lifetime limit for mental health treatment treatment (12-month waiting period) Out-patient mental health treatment Oup to 10 consultations per period of cover (12-month waiting period) Out-patient mental health medication O Up to US\$500 or £333 or €375 per period of cover, subject to (12-month waiting period) a 20% co-insurance **HIV/AIDS** treatment **HIV/AIDS** treatment O Up to US\$75,000 or £50,000 or €56,250 per period of cover (24-month waiting period) **Medical appliances** Medical aids O Up to US\$500 or £330 or €375 per medical condition per period of cover **Prosthetic implants** Full cover **Prosthetic devices** O Up to US\$1,000 or £660 or €750 per device **Out-patient treatment Annual limit for out-patient treatment** Full cover up to your annual plan limit Primary medical care O Full cover **Emergency ward treatment** O Full cover **Out-patient surgical procedures** O Full cover Complementary treatments O Up to 10 sessions per period of cover Hormone replacement therapy Maximum period of 12 months from the date of diagnosis **Traditional Chinese medicine** O Up to US\$50 or £33 or €38 per session, up to a maximum of 15 sessions **Physiotherapy** O Full cover **Chronic conditions** Acute flare-ups O Full cover Monitoring and maintenance O Full cover Well-being benefits Preventive health and well-being O Up to US\$300 or £200 or €225 per period of cover (6-month waiting period) O Up to US\$500 or £330 or €375 per period of cover Vaccinations for adults OUp to US\$150 or £100 or £113 per period of cover Well-child benefit O Up to US\$200 or £133 or €150 per period of cover (6-month waiting period)





Key	O Full cover w	ithin annual benefit li	imit	O Partial or limited of	cover Optional cover
		Silver			
Rehabilitation treatment					
Rehabilitation treatment	(O Up to US\$4,000 c	or £2,660	or €3,000 per period	d of cover
Home nursing costs					
Home nursing costs	(O Up to US\$10,000 of cover	or £6,66	60 or €7,500 per medi	ical condition per period
Lifetime care					
Lifetime limit for all lifetim	e care	US\$50,000 or £3	3,300 or	€37,500	
Hospice and palliative care	•	Oup to the lifetime	limit for	all lifetime care	
Artificial life maintenance	(Oup to the lifetime	limit for	all lifetime care	
Persistent vegetative state neurological damage	and	Oup to the lifetime	limit for	all lifetime care	
Dental costs					
Emergency restorative trea	atment you	Full cover			
Emergency restorative trea receive as an out-patient	atment you	Oup to US\$500 or	£330 or	€375 per period of co	over
Dental Basic (6-month waiting period)	(O Up to US\$1,000 o subject to a 20%		or €750 per period of cance	cover,
Dental Plus (10-month waiting period)	(Up to US\$1,500 o subject to a 20%		or €1,125 per period o ance	of cover,
Complex maternity costs					
Complications of pregnand (12-month waiting period)	су	O Up to US\$15,000	or £10,0	00 or €11,250 per per	iod of cover
Treatment for congenital c hereditary conditions for n					hin the 90-day period 27,500 per pregnancy
Expat benefits					
24-hour medical assistanc	e helpline	Full cover			
Medevac Basic		Full cover			
Return airfare		Full cover			
Travel expenses of a comp	anion	Full cover			
Accommodation expenses	of a companion	Up to US\$150 or £	£100 or ŧ	£113 per night	
Compassionate home visit (12-month waiting period)	(C Lifetime limit of o	ne claim	per insured person	
Repatriation of mortal rem	ains	Full cover			
Burial or cremation	(O Up to US\$1,600 o	r £1,060	or €1,200	
Medevac Plus		Full cover			





Additional well-being cover

As standard on the Silver plan, you're covered for preventive health and well-being checks up to US\$300 or £200 or €225 per period of cover. You can choose to increase these limits to US\$500 or £330 or €375.

Dental options

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$1,000 or £660 or €755 per period of cover, subject to a 20% co-insurance.

You can add cover for complex dental care with the Dental Plus option. The cover provided by Dental Plus includes dentures, dental bridges, crowns, inlays and onlays, and dental implants up to US\$1,500 or £1,000 or €1,125 per period of cover, subject to a 20% co-insurance.

Medevac Plus

As standard on the Silver plan, we organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally. If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced imaging tests and cancer treatment that cannot be provided locally.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.





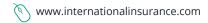


The Gold plan

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Key	Full cover within annual benefit limit	O Partial or limited cover	Optional cover
	Gold		
Annual benefit limit	US\$5,000,000 or £3,	333,000 or €3,750,000	
Hospital costs			
Hospital accommodation	O Private hospital room	1	
Hospital treatment	O Full cover		
Parent accommodation	O Full cover		
Local ambulance	O Full cover		
Hospital cash benefit	O US\$350 or £231 or €2	263 per night	
Advanced imaging tests	O Full cover		
Cancer treatment			
Cancer treatment	O Full cover		
Cancer genome tests	O Full cover		
Cash benefit upon diagnosis (6-month waiting period)	of cancer US\$5,000 or £3,330 per insured person	or €3,750 with a lifetime limit of	one claim
Wigs	C Lifetime limit of US\$2	250 or £165 or €188	
Counselling	O Lifetime limit of US\$7	750 or £500 or €563	
Dietitian	O Lifetime limit of US\$2	250 or £165 or €188	
Organ, bone marrow or tiss	ue transplants		
Transplant and related treatn	nent		
Donor costs	O Up to US\$25,000 or to	£16,600 or €18,750 per transpla	nt
Kidney dialysis			
Kidney dialysis	O Full cover		
Reconstructive surgery			
Reconstructive surgery	Full cover		





Key	O Full cover	within annual benefit limit	O Partial or limited cover	Optional cover
		Gold		
Congenital conditions or	hereditary con	ditions		
Congenital conditions or h conditions	ereditary	O Lifetime limit of US\$100,	000 or £66,600 or €75,000	
Mental health treatment				
Lifetime mental health tre	eatment limit	US\$100,000 or £66,600	or €75,000	
In-patient and day-patient treatment (12-month waitin		Oup to the lifetime limit fo	or mental health treatment	
Out-patient mental health (12-month waiting period)	treatment	O Up to 10 consultations p	er period of cover	
Out-patient mental health (12-month waiting period)	medication	O Up to US\$500 or £333 of subject to a 20%co-insu		
HIV/AIDS treatment				
HIV/AIDS treatment (24-month waiting period)		O Up to US\$100,000 or £6	6,600 or €75,000 per period o	fcover
Medical appliances				
Medical aids		O Up to US\$1,000 or £660 of cover	or €750 per medical condition	ı per period
Prosthetic implants		O Full cover		
Prosthetic devices		O Up to US\$1,500 or £1,00	0 or €1,125 per device	
Out-patient treatment				
Annual limit for out-patie	nt treatment	Full cover up to your anr	nual plan limit	
Primary medical care		O Full cover		
Emergency ward treatmen	t	O Full cover		
Out-patient surgical proce	dures	O Full cover		
Complementary treatment	s	O Up to 15 sessions per pe	riod of cover	
Hormone replacement the	rapy	O Maximum period of 18 m	onths from the date of diagno	sis
Traditional Chinese medic	ine	O Up to US\$50 or £33 or €	38 per session, up to a maxim	um of 20 sessions
Physiotherapy		O Full cover		
Chronic conditions				
Acute flare-ups		O Full cover		
Monitoring and maintenan	ce	O Full cover		





Key	Full cover w	vithin annual benefit limit	O Partial or limited cover	Optional cover
		Gold		
Well-being benefits				
Preventive health and wel (6-month waiting period)	l-being		or €563 per period of cover 60 or €975 per period of cover	
Vaccinations for adults		O Up to US\$250 or £167	or €188 per period of cover	
Well-child benefit (6-month waiting period)		O Up to US\$400 or £260	or €300 per period of cover	
Rehabilitation treatment				
Rehabilitation treatment		O Up to US\$6,000 or £4,	000 or €4,500 per period of cov	ver
Home nursing costs				
Home nursing costs		O Up to US\$15,000 or £1 of cover	0,000 or €11,250 per medical co	ondition period
Lifetime care				
Lifetime limit for all lifeting	ne care	US\$100,000 or £66,60	0 or €75,000	
Hospice and palliative car	е	Oup to the lifetime limit	for all lifetime care	
Artificial life maintenance		O Up to the lifetime limit	for all lifetime care	
Persistent vegetative state neurological damage	e and	Oup to the lifetime limit	for all lifetime care	
Dental costs				
Emergency restorative tre receive as an in-patient	atment you	O Full cover		
Emergency restorative tre receive as an out-patient	atment you	O Up to US\$1,000 or £66	0 or €750 per period of cover	
Dental Basic (6-month wa	iting period)	O Up to US\$1,500 or £1,0	000 or €1,125 per period of cover	
Dental Plus (10-month wai	ting period)	O Up to US\$2,000 or £1,20% co-insurance	330 or €1,500 per period of cove	er, subject to a
Maternity costs				
Routine maternity care an of newborns (12-month wa		O Up to US\$18,500 or £1	2,200 or €13,875 per pregnancy	,
Complications of pregnan (12-month waiting period)	су	O Full cover		
Childbirth necessitating a surgical procedure (12-mon		O Full cover		
Treatment for congenital of hereditary conditions for the second			nt treatment received within the JS\$100,000 or £66,600 or €75,0	





Key	O Full cover within annual benefit limit		O Partial or limited cover	Optional cover
		Gold		
Expat benefits				
24-hour medical assistance	e helpline C	Full cover		
Medevac Basic	C	Full cover		
Return airfare	C	Full cover		
Travel expenses of a comp	anion C	Full cover		
Accommodation expenses	of a companion C	Up to US\$250 or £167 or	€188 per night	
Compassionate home visit (12-month waiting period)	C	Lifetime limit of one clair	n per insured person	
Repatriation of mortal rem	ains C	Full cover		
Burial or cremation	C	Up to US\$1,600 or £1,060	or €1,200	
Medevac Plus	C	Full cover		
Accidental death benefit				
Accidental death benefit	C	US\$15,000 or £10,000 or	€11,250	





Additional well-being cover

As standard on the Gold plan, you're covered for preventive health and well-being checks up to US\$750 or £500 or €563 per period of cover. You can choose to increase these limits to US\$1,300 or £860 or €975.

Dental options

You can add cover for complex dental care with the Dental Plus option. The cover provided by Dental Plus includes dentures, dental bridges, crowns, inlays and onlays, and dental implants up to US\$2,000 or £1,330 or €1,500 per period of cover, subject to a 20% co-insurance.

Medevac Plus

As standard on the Gold plan, we organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally. If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced imaging tests and cancer treatment that cannot be provided locally.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.



