



International Healthcare Plan for Individuals and Families

Benefits Schedule for the Major Medical Plan

£, € and US\$

Effective 1 April 2015

In the table below, **we** have displayed the **benefits** applicable to **your cover**.

To help **you** understand **your cover**, the words and phrases that are in bold in **your policy documentation** have specific meanings, and are defined in your IHP member handbook.

The following **benefits** are covered under this **policy** up to the maximum aggregate limit, subject to the **benefit** limits in this schedule, the applicable medical underwriting, the **member's certificate of insurance** and **our** general conditions and exclusions.

General exclusions include: alcohol, drug or solvent abuse, **chronic medical conditions** that pre-date the **member's** original **date of entry**, cosmetic **treatment**, sexually transmitted diseases, sterilisation and **elective** medical checkups.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated otherwise), and the selected **policy excess** applies to all **benefits** on a per **medical condition** basis (unless specifically stated otherwise).

	Major Medical
<p>Maximum Annual Aggregate Limit We will provide cover for the treatment of medical conditions that first occur during any period of cover and where treatment is actually given during the current period of cover or where such medical conditions have occurred prior to the date of entry but have been declared to and accepted by us in writing. All costs incurred must be medically necessary and are subject to reasonable and customary charges, based on the average treatment costs applicable to the region in which the treatment was received, as determined by us. Inpatient accommodation costs are for a standard private room.</p>	A maximum of £1,000,000 or €/\$1,600,000 per member per period of cover
Inpatient, Day Patient, Emergency Care and Diagnostics	
<p>Inpatient Care Reconstructive Surgery and Rehabilitation Charges incurred for the treatment of a medical condition, including stabilisation of an acute exacerbation of a chronic condition, when treatment is received as an inpatient or day patient including:</p> <ul style="list-style-type: none"> i) Accommodation and associated charges. ii) Admittance to the intensive care unit. iii) Nursing by a qualified nurse. iv) Surgical procedure fees and operating theatre fees. v) Medical practitioner fees including surgeon, consultations, specialist and anaesthetist fees. vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays. vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine. viii) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring. ix) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit. 	Covered in full ix) Rehabilitation is covered in full up to 120 days per medical condition
<p>Ancillary Charges The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient.</p>	Up to £625 or €/\$1,000 per medical condition
<p>Accident & Emergency Treatment in the US Benefit is payable for medical expenses that arise as a result of an emergency, which requires the member to seek treatment in the accident and emergency unit of a hospital whilst temporarily travelling inside the USA and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free. This benefit extends to include outpatient treatment arising as a result of an accident or emergency, whilst the member is temporarily travelling in the USA and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free. For outpatient treatment, a benefit excess applies. In the event of accident and emergency treatment being required inside the USA, the member should contact us either before or as soon as possible after admission to the accident and emergency unit of the hospital. Complications of pregnancy and/or childbirth are not covered under this benefit.</p>	Covered in full for inpatient treatment Outpatient treatment is limited to £315 or €/\$500 per medical condition and subject to an excess of £50 or €/\$80 per medical condition
<p>CT PET and MRI Scans Scans received as an inpatient, day patient or outpatient. These must be pre-authorized by us.</p>	Covered in full
<p>Organ Transplant The organ transplants covered under this policy are: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow, and autologous bone marrow.</p>	Covered in full

	Major Medical
<p>Inpatient Psychiatric Treatment Treatment received in a registered psychiatric unit of a hospital. All benefits are conditional on pre-authorization from us and all treatment being administered under the control of a registered psychiatrist. Without our written confirmation prior to such treatment, we will not be liable to pay any benefit. However, the initial consultation with the medical practitioner (not a psychiatric specialist) that results in a psychiatric referral is covered without the requirement for pre-authorization.</p>	Covered in full (up to 30 days) per period of cover
<p>Accidental Damage to Teeth Treatment received in an accident and emergency ward of a hospital or dental clinic, within 10 days of incurring accidental damage to sound natural teeth, except when the accidental damage has been caused through eating. Follow-up treatment is limited to one visit within 30 days following your initial treatment and must be pre-authorized by us.</p>	Covered in full
<p>Hospital Cash Where the member receives treatment for an eligible medical condition as an inpatient and no costs are incurred for accommodation and treatment, we will pay a cash benefit. To claim this benefit, the member should ask the hospital to sign and stamp his/her claim form. This benefit is not applicable to admissions into the accident and emergency facility of the hospital. The policy excess does not apply.</p>	Up to £75 or €/\$125 per night for a maximum of 20 nights per medical condition
<p>Parental Accommodation Hospital accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to hospital as an inpatient</p>	Covered in full
Disease and Chronic Condition Management	
<p>Oncology All medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient, day patient or outpatient including palliative treatment.</p>	Covered in full
<p>Chronic Conditions Routine checkups, drugs and dressings prescribed for management of the condition, hospital accommodation nursing, renal dialysis, surgery and palliative treatment of chronic conditions (excluding cancer). Costs for the treatment of cancer are covered under the oncology benefit. The policy excess does not apply.</p>	Not available
<p>Congenital Anomalies Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.</p>	Up to £62,500 or €/\$100,000 per medical condition
<p>AIDS Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees. For this benefit, the general exclusion for sexually transmitted diseases does not apply.</p>	Up to £6,250 or €/\$10,000 per insured person per period of cover
<p>Hormone Replacement Therapy Medical practitioner or specialist consultations and the cost of prescribed tablets, implants or patches when treatment is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40).</p>	No cover
Outpatient and Alternative Treatments	
<p>Outpatient Care Medical practitioner, specialist, consultant and nursing fees, outpatient charges including diagnostic and surgical procedures including pathology, x-rays, drugs and dressings and appliances prescribed by a medical practitioner or specialist.</p>	Up to £1,000 or €/\$1,700 per medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation.

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Physiotherapy on referral by a medical practitioner is restricted to 10 sessions per medical condition , after which it must be further reviewed by a specialist . A medical report will be required for outpatient physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such treatment .	Alternative treatment up to 10 sessions in aggregate per medical condition , and subject to the benefit limit above.
Alternative Treatment Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a medical practitioner or specialist .	See Outpatient care
Outpatient Surgery This benefit extends to cover the cost of endoscopy investigations carried out under an outpatient basis. This includes gastroscopy, bronchoscopy, colonoscopy, colposcopy, but excludes laparoscopy and arthroscopy which are covered under the inpatient care benefit .	Covered in full
Outpatient Psychiatric Treatment For outpatient psychiatric treatment , including specialist consultations, all treatment must be pre-authorized by us and must at all times be administered under the direct control of a registered psychiatrist. Without our written confirmation prior to such treatment , we will not be liable to pay any benefit . However, the initial consultation with a medical practitioner (not a psychiatric specialist), which results in a psychiatric referral, is covered without the requirement for pre-authorization.	No cover
Home Nursing Nursing care given outside a hospital that is immediately received subsequent to treatment as an inpatient or day patient on the recommendation of a specialist . This must be provided by a qualified nurse and not provided for domestic reasons or convenience. This must be pre-authorized by us .	Covered in full up to 30 days per medical condition
Traditional Chinese or Ayurvedic Medicine Treatment administered by a recognised medical practitioner .	No cover
Evacuation and Transportation	
Emergency Transportation Emergency transportation costs to and from hospital to receive treatment as an inpatient or day patient , by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist . This benefit does not include the cost of car hire.	Covered in full
Evacuation & Additional Travel Expense Evacuation of a member in the event of an emergency , where treatment is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us , by the most appropriate method of transportation as determined by us , for the purpose of admission to hospital as an inpatient or day patient . Evacuation is subject to written agreement from us , prior to travel and certified instructions to us from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident. This benefit excludes all maternity and childbirth costs except where these are covered under the benefit for Complications of Pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts. Cover is provided for: i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary . ii) Travel to and from medical appointments when treatment is being received as a day patient . iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient . iv) Economy class airline tickets to return the member and the escort to the country of residence or to the country where evacuation occurred. v) Non- hospital accommodation for the member and escort for immediate pre- and post- hospital admission periods provided that the member is under the care of a specialist .	i) Covered in full ii) Covered in full iii) Covered in full iv) Covered in full v) Up to £95 or €/\$150 per person per day and £3,000 or €/\$5,000 per person, per evacuation
Extended Evacuation This benefit covers the evacuation costs of a member in the event emergency treatment is not readily available at the place of incident, to the nearest appropriate medical facility, country of residence , country of nationality or country of the member's choice for the purpose of admission to hospital as an inpatient or day patient , including the cost of one other person to travel with the member as an escort if medically necessary .	Optional

	Major Medical
<p>Mortal Remains</p> <p>In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> <p>Necessary burial or cremation fees including</p> <ul style="list-style-type: none"> - The cost of reopening a grave and burial costs, or - The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or - In the case of cremation: <ol style="list-style-type: none"> 1. The cremation fee 2. The cost of any doctor's certificates 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation <p>But not including costs related to other funeral expenses, such as:</p> <ul style="list-style-type: none"> - Funeral director's fees - Flowers - The cost of any documents needed for the release of the money, savings and property of the deceased - The necessary cost of a return journey for you to either <ol style="list-style-type: none"> 1. Arrange the funeral, or 2. Attend the funeral 	<p>Up to £5,300 or €/\$8,500 per insured person</p>
<p>Mother and Child</p>	
<p>Routine Pregnancy</p> <p>Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility treatment (assisted conception), voluntary caesarean section costs and medically necessary caesarean costs due to any non-medical previous caesarean sections. This benefit covers the cost of pre- and post-natal checkups for up to six weeks, prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives, when associated with delivery.</p> <p>All costs relating to complications of pregnancy or childbirth following infertility treatment (assisted conception) will be limited to this benefit. This benefit extends to include routine neo natal care and new born packages (including elective circumcision) for the first 24 hours following birth, when the baby is accompanying its mother whilst she is receiving treatment as an inpatient in a hospital (mother being an insured member).</p> <p>The newborn must be enrolled as a member within 30 days after birth in order to be eligible for any benefits (as per Policy terms) after the first 24 hours.</p> <p>The policy excess does not apply to this benefit.</p> <p>A 12 month wait period applies from the purchase date of this benefit or the member's date of entry, whichever is the later.</p>	<p>No cover</p>
<p>Complications of Pregnancy</p> <p>Treatment of a medical condition arising during the antenatal stages of pregnancy, a medical condition arising during childbirth and one that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later.</p>	<p>Covered in full</p>
<p>New Born Care</p> <p>Inpatient treatment of an acute medical condition being suffered by a new born baby, and which manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this benefit. In circumstances where a congenital anomaly occurs in a new born baby, cover will be excluded under this benefit and payable under the benefit for congenital anomalies.</p> <p>Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the member's dependent will be eligible for cover under the full benefits of the Policy. Inpatient treatment of an acute medical condition being suffered by a new born baby, and which manifests itself within 30 days following birth, is covered under the New Born Benefit and not under the Inpatient Care</p>	<p>Up to £62,500 or €/\$100,000 per insured person per period of cover and to a maximum of 90 days hospital stay</p>

	Major Medical
benefits of the Policy . A declaration of health is required with respect to all dependants who are born following infertility treatment (assisted conception).	
New Born Accommodation Hospital accommodation costs relating to a new born baby (up to 16 weeks old) to accompany its mother (being a member) whilst she is receiving treatment as an inpatient in hospital , following discharge from the original delivery.	Covered in full
Dental Benefits	
Dental 1 - Routine Dental Treatment Fees of a dental practitioner carrying out routine dental treatment in a dental surgery. Routine dental treatment is defined as: examinations, tooth cleaning, normal compound fillings and simple non-surgical extractions. This benefit excludes orthodontic treatment, restorative treatment and dental implants. The policy excess does not apply. A 6 month wait period applies from the purchase date of this benefit or the member's date of entry , whichever is the later.	No cover
Dental 2 - Major Restorative Dental Treatment This benefit covers the fees of a dental practitioner and associated costs for the treatment of the following specified procedures: removal of impacted, buried, or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal treatment , new or repair of upper or lower dentures, and removal of wisdom teeth (whether performed in hospital or in dental surgery, whether performed by a dental practitioner, specialist or an oral or maxillofacial surgeon). This benefit excludes orthodontic treatment , routine treatment and dental implants. The policy excess does not apply. A 9 month wait period applies from the purchase date of this benefit or the member's date of entry , whichever is the later.	No cover
Options to Upgrade Cover	
Outpatient Direct Settlement Network - nil excess This benefit is available where a Nil, <i>OR</i> £65, €/\$100 policy excess has been selected.	Not available
Extended Evacuation This benefit covers the evacuation costs of a member in the event emergency treatment is not readily available at the place of incident, to the nearest appropriate medical facility, country of residence, country of nationality or country of the member's choice for the purpose of admission to hospital as an inpatient or day patient , including the cost of one other person to travel with the member as an escort if medically necessary . Evacuation is subject to written agreement from us prior to travel and certified instructions to us from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable in the place of incident. The member's country of choice is limited to appropriate medical facilities being in place and where it is medically suitable at our discretion. This option is not operative where travel is undertaken against the advice of our medical advisors or where the nominated country does not have the appropriate facility to treat the medical condition . Our medical advisors will decide the most appropriate method of transportation for the evacuation . This benefit excludes any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts, all maternity and childbirth costs except where these are covered under the benefit for complications of pregnancy, and elective treatment in the USA unless this benefit has been purchased and appears on the member's benefit schedule.	Optional
USA Elective Treatment i) Inpatient or day patient treatment received inside the direct settlement network ii) Inpatient or day patient treatment received outside the direct settlement network iii) Outpatient treatment The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance cover mandated therein.	Not available

	Major Medical
Excess Options	
Standard	Nil
Options	£625, or €/\$1,000 or £3,000 or €/\$5,000



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