

Benefits Schedule

INTERNATIONAL HEALTHCARE PLAN — ELITE

In the table below, **We** have summarised the **Benefits** applicable for this product option. All **Benefits** shown are per **Insured Person**, per **Period of Cover** (unless specifically stated).

To help you understand your **Cover**, the words and phrases that are capitalised and in bold in the **Policy Documentation** have specific meanings, and are defined in the IHP Brochure.

*Please note that this **Benefits** Schedule is not applicable to **Members** residing and/or working in the emirate of Abu Dhabi. For **Members** residing and/or working in the emirate of Abu Dhabi, kindly refer to the **Benefits** Schedule approved by Health Authorities of Abu Dhabi, which will be provided with the IHP **Member** Handbook.

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IHP Elite Benefits Schedule	USD (\$)
Maximum Annual Aggregate Limit	A maximum of \$2,500,000 per Member per Period of Cover
Accidental Damage to Teeth	Full refund
Accident & Emergency Treatment Outside Area of Cover	Full refund for In-Patient Treatment Out-Patient Treatment is limited to \$500 per Medical Condition and subject to an Excess of \$80
AIDS	Up to \$20,000 per Insured Person per Period of Cover
Ancillary Charges	Up to \$2,500 per Medical Condition
Chronic Conditions	Up to \$30,000 per Insured Person per Period of Cover
Compassionate Emergency Travel	Up to \$3,000 per Period of Cover
Complications of Pregnancy	Full refund
Congenital Anomalies	Up to \$250,000 per Medical Condition
CT and MRI Scans	Full refund
Emergency Transportation	Full refund
Evacuation	Full refund
Evacuation - Additional Travel Expense Costs following an Evacuation to include: i) Travel to and from medical appointments. ii) For an accompanying person to travel to and from the Hospital to visit the Member . iii) Non-Hospital accommodation for immediate pre- and post- Hospital admission periods iv) Economy class airline ticket to return the Member and accompanying person to the Country of Residence or the country where Evacuation occurred.	i) Full refund ii) Full refund iii) Up to \$250 per person per day and up to \$10,000 per person, per Evacuation iv) Full refund
Home Nursing	Full refund up to 28 weeks per Medical Condition



Hormone Replacement Therapy	Full refund up to 18 months per Medical Condition
Hospice Care	Up to \$50,000 per lifetime
Hospital Cash	\$250 per night for a maximum of 20 nights per Medical Condition
Innocent Bystander	Up to \$50,000 per Member per incident
In-Patient Care <ul style="list-style-type: none"> i) Accommodation in a standard Private Room ii) Medical Practitioner, Specialist, Consultant and Nursing fees iii) Diagnostic and surgical procedures including pathology, x-rays iv) Drugs, Dressings and Medicines v) Appliances (devices and equipment used as an integral part of a surgical procedure) 	Full refund
In-Patient Psychiatric Treatment	Full refund (up to 30 days) per Period of Cover
Mortal Remains	\$15,000 per Insured Person
New Born Accommodation	Full refund
New Born Care	Up to \$250,000 per Insured Person per Period of Cover and to a maximum of 180 days Hospital stay
Oncology	Full refund
Organ Transplant	Full refund
Out-Patient Care <ul style="list-style-type: none"> i) Medical Practitioner, Specialist, Consultant and Nursing fees ii) Diagnostic and surgical procedures including pathology, x-rays iii) Drugs and Dressings and Appliances iv) Physiotherapy v) Alternative Treatment 	i- iv) Full refund v) Full refund up to 30 sessions in aggregate per Medical Condition
Out-Patient Psychiatric Treatment	Up to \$5,000 per Period of Cover
Out-Patient Surgery	Full refund
Parental Accommodation	Full refund
Prosthesis Artificial Eyes and Limbs	Up to \$10,000 per Period of Cover
Reconstructive Surgery	Full refund
Rehabilitation	Full refund up to 120 days per Medical Condition
Vaccinations and Inoculations	Up to \$500 per Period of Cover

Additional Options	USD (\$)
China Private Room Restriction	Available
Dental 1 - Routine Dental Treatment	Available
Dental 2 - Major Restorative Dental Treatment	Available
Dental 3 - Orthodontic Dental Treatment	Available when purchasing Dental 1 or 2
Direct Settlement Network Out-Patient consultations for the following Benefits at Nil Excess <ul style="list-style-type: none"> i) Out-Patient Care ii) Complications of Pregnancy iii) CT and MRI scans iv) Oncology v) Out-Patient surgery vi) Out-Patient Psychiatric Treatment vii) Congenital Anomalies 	Available when Nil, \$50, or \$100 Excess options are selected
Direct Settlement Network with an AED 50 (\$13.59) Co-pay per Visit Out-Patient consultations are subject to an AED 50 (\$13.59) co-pay per visit. Where consultations take place out-of-network, an AED 50 deductible is payable for each visit. Out-Patient consultations for the following Benefits <ul style="list-style-type: none"> i) Out-Patient Care ii) Complications of Pregnancy iii) CT and MRI scans iv) Oncology v) Out-Patient surgery vi) Out-Patient Psychiatric Treatment vii) Congenital Anomalies 	Available where Nil Excess has been selected.
Extended Evacuation	Available
Hong Kong Semi-Private Room Restriction	Available
Infertility Treatment (minimum of 10 Employees required)	Available
Routine Pregnancy	Available
Traditional Chinese Medicine	Available
Vision Care	Available when purchasing Wellness
Wellness	Available
USA Elective Treatment	Available
Excess Options	USD (\$)
Standard	\$100
Optional	\$0, \$50, or \$250



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