

# Benefits Schedule

## INTERNATIONAL HEALTHCARE PLAN — ESSENTIAL

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 Essential Benefits Schedule	USD (\$)
Maximum Annual Aggregate Limit	A maximum of \$1,600,000 per <b>Member</b> per <b>Period of Cover</b>
Accidental Damage to Teeth	Full refund
Accident & Emergency Treatment Outside Area of Cover	Full refund for <b>In-Patient Treatment</b> <b>Out-Patient Treatment</b> is limited to \$500 per <b>Medical Condition</b> and subject to an <b>Excess</b> of \$80
AIDS	Up to \$10,000 per <b>Insured Person</b> per <b>Period of Cover</b>
Ancillary Charges	Up to \$1,000 per <b>Medical Condition</b>
Chronic Conditions	Up to \$5,000 per <b>Member</b> per <b>Period of Cover</b>
Complications of Pregnancy	Full refund
Congenital Anomalies	Up to \$100,000 per <b>Medical Condition</b>
CT and MRI Scans	Full refund
Emergency Transportation	Full refund
Evacuation	Full refund
<b>Evacuation - Additional Travel Expense</b> Costs following an <b>Evacuation</b> to include: <ul style="list-style-type: none"> <li>i) Travel to and from medical appointments.</li> <li>ii) For an accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Member</b>.</li> <li>iii) Non-<b>Hospital</b> accommodation for immediate pre- and post-<b>Hospital</b> admission periods</li> <li>iv) Economy class airline ticket to return the <b>Member</b> and accompanying person to the <b>Country of Residence</b> or the country where <b>Evacuation</b> occurred.</li> </ul>	i) Full refund ii) Full refund iii) Up to \$150 per person per day and up to \$5,000 per person, per <b>Evacuation</b> iv) Full refund
Home Nursing	Full refund up to 30 days per <b>Medical Condition</b>



<b>Hormone Replacement Therapy</b>	Full refund up to 18 months
<b>Hospital Cash</b>	\$125 per night for a maximum of 20 nights per <b>Medical Condition</b>
<b>Innocent Bystander</b>	Up to \$50,000 per <b>Member</b> per incident
<b>In-Patient Care</b> i) Accommodation in a standard <b>Private Room</b> ii) <b>Medical Practitioner, Specialist</b> , Consultant and Nursing fees iii) Diagnostic and surgical procedures including pathology, x-rays iv) <b>Drugs, Dressings</b> and Medicines v) <b>Appliances</b> (devices and equipment used as an integral part of a surgical procedure)	Full refund
<b>In-Patient Psychiatric Treatment</b>	Full refund (up to 30 days) per <b>Period of Cover</b>
<b>Mortal Remains</b>	\$8,500 per <b>Insured Person</b>
<b>New Born Accommodation</b>	Full refund
<b>New Born Care</b>	Up to \$100,000 per <b>Insured Person</b> per <b>Period of Cover</b> and to a maximum of 90 days <b>Hospital</b> stay
<b>Oncology</b>	Full refund
<b>Organ Transplant</b>	Full refund
<b>Out-Patient Care</b> i) <b>Medical Practitioner, Specialist</b> , Consultant and Nursing fees ii) Diagnostic and surgical procedures including pathology, x-rays iii) <b>Drugs and Dressings</b> and <b>Appliances</b> iv) Physiotherapy v) Alternative <b>Treatment</b>	i-iv) Full refund v) Full refund up to 10 sessions in aggregate per <b>Medical Condition</b>
<b>Out-Patient Psychiatric Treatment</b>	Up to \$5,000 per <b>Period of Cover</b>
<b>Out-Patient Surgery</b>	Full refund
<b>Parental Accommodation</b>	Full refund
<b>Reconstructive Surgery</b>	Full refund
<b>Rehabilitation</b>	Full refund up to 120 days per <b>Medical Condition</b>

Additional Options	USD (\$)
<b>China Private Room Restriction</b>	Available
<b>Dental 1 - Routine Dental Treatment</b>	Available
<b>Dental 2 - Major Restorative Dental Treatment</b>	Available
<b>Dental 3 - Orthodontic Dental Treatment</b>	Available when purchasing Dental 1 or 2
<b>Direct Settlement Network</b> <b>Out-Patient</b> consultations for the following <b>Benefits</b> at Nil <b>Excess</b> <ul style="list-style-type: none"> <li>i) <b>Out-Patient</b> Care</li> <li>ii) Complications of Pregnancy</li> <li>iii) CT and MRI scans</li> <li>iv) Oncology</li> <li>v) <b>Out-Patient</b> surgery</li> <li>vi) <b>Out-Patient</b> Psychiatric <b>Treatment</b></li> <li>vii) <b>Congenital Anomalies</b></li> </ul>	Available when Nil, \$50, or \$100 <b>Excess</b> options are selected
<b>Direct Settlement Network with an AED 50 (\$13.59) Co-pay per Visit</b> 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.  <b>Out-Patient</b> consultations for the following <b>Benefits</b> <ul style="list-style-type: none"> <li>i) <b>Out-Patient</b> Care</li> <li>ii) Complications of Pregnancy</li> <li>iii) CT and MRI scans</li> <li>iv) Oncology</li> <li>v) <b>Out-Patient</b> surgery</li> <li>vi) <b>Out-Patient</b> Psychiatric <b>Treatment</b></li> <li>vii) <b>Congenital Anomalies</b></li> </ul>	Available where Nil <b>Excess</b> has been selected.
<b>Extended Evacuation</b>	Available
<b>Hong Kong Semi-Private Room Restriction</b>	Available
<b>Routine Pregnancy</b>	Available
<b>Traditional Chinese Medicine</b>	Available
<b>Vision Care</b>	Available when purchasing Wellness
<b>Wellness</b>	Available
<b>USA Elective Treatment</b>	Available
Excess Options	USD (\$)
<b>Standard</b>	\$100
<b>Optional</b>	\$0, \$50, \$250, \$500, \$1,000, \$2,000 or \$5,000



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