

# Comparison of 2015/2016 Plans (USD \$)

BENEFITS	HealthCare Emergency Plus	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
Annual Maximum Healthcare Treatment	\$500,000	\$500,000	\$1,000,000	\$1,500,000	\$2,000,000
Area 1	Worldwide excluding USA				
Area 2	Worldwide including USA				
Deductible per Event	\$2,000	\$1,000/\$250	\$1,000/\$250	\$1,000/\$250/Nil	\$1000/\$250/Nil
Co-Pay (Optional) (capped liability to \$20,000)	Nil, 10%, 20% or 30%				
IN-PATIENT AND DAY-PATIENT TREATMENT					
Accommodation, Operating Theatre and Recovery Room	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Day-care Surgery/Treatment	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Diagnostic Procedures	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Hospital Cash Benefit (non medical expenses in a non-chargeable hospital) (Deductible/Excess does not apply)	\$100 per day (max 30 days)	\$100 per day (max 30 days)	\$200 per day (max 30 days)	\$250 per day (max 30 days)	\$250 per day (max 45 days)
Hospitalisation Cash Benefit (non medical expenses) (Deductible/Excess does not apply)	Not covered	Not covered	\$200 per day (max 50 days)	\$250 per day (max 50 days)	\$300 per day (max 50 days)
Lifesaving Organ Transplant	100% of costs up to \$100,000 (Lifetime Maximum)	100% of costs up to \$100,000 (Lifetime Maximum)	100% of costs up to \$100,000 (Lifetime Maximum)	100% of costs up to \$500,000 (Lifetime Maximum)	100% of costs up to \$500,000 (Lifetime Maximum)
Nursing	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Parental Accommodation (Child up to 16 years old)	\$45 per day (max 30 days)	\$45 per day (max 30 days)	\$150 per day (max 30 days)	\$150 per day (max 30 days)	\$150 per day (max 45 days)
Physician, Specialist, Surgeon and Anaesthetist Fees	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Prescription Drugs and Medicines	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Radiotherapy, Chemotherapy and Oncology	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Second Opinion for Surgery	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Surgical Appliances	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
OUTPATIENT TREATMENT					
Non-Western and Alternative Medicine (including chiropractic, osteopathy and acupuncture) (Deductible/Excess does not apply)	Not covered	Not covered	Not covered	Not covered	100% of costs up to \$400
Physician and Paramedical Fees (Deductible/Excess does not apply)	Not covered	Not covered	*75% of costs	75% of costs	100% of costs
Physiotherapy (Deductible/Excess does not apply)	Not covered	Not covered	*100% of costs (12 sessions)	100% of costs (12 sessions)	100% of costs (12 sessions)
Prescribed Drugs (Deductible/Excess does not apply)	Not covered	Not covered	*100% of costs	100% of costs up to \$1,000	100% of costs up to \$1,000
X-Ray, Laboratory Tests and Treatment (Deductible/Excess does not apply)	Not covered	Not covered	*75% of costs	75% of costs	100% of costs
PREVENTATIVE					
Annual Health Checks (6 months waiting period on claims) (Deductible/Excess does not apply)	Not covered	Not covered	Not covered	100% of costs up to \$400	100% of costs up to \$750
Vaccinations (Deductible/Excess does not apply)	Not covered	75% of costs up to \$150	75% of costs up to \$150	100% of costs up to \$250	100% of costs
Well Being (Routine Gynaecological Tests, Mammograms and Prostate Examinations) (Deductible/Excess does not apply)	Not covered	Not covered	100% of costs up to \$450	100% of costs up to \$450	100% of costs up to \$450
Well Child Care (up to 7 years of age) (Deductible/Excess does not apply)	Not covered	Not covered	100% of costs up to \$1,000	100% of costs up to \$1,000	100% of costs up to \$1,000

\*Outpatient Overall Combined Benefit Limit (Except Day-Care Surgery or Treatment) up to \$1,000.

\*Co-Pay applies to all claims if selected\*

BENEFITS	HealthCare Emergency Plus	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
<b>MATERNITY</b>					
Complications of Pregnancy and Childbirth (12 months waiting period on claims)	Not covered	100% of costs up to \$10,000	100% of costs up to \$10,000	100% of costs	100% of costs
Normal Pregnancy and Childbirth (12 months waiting period on claims)	Not covered	100% of costs up to \$3,000	100% of costs up to \$3,000	100% of costs up to \$25,000	100% of costs up to \$25,000
<b>DENTAL</b> (Overall combined limit up to \$4,000)					
Emergency Dental Treatment (Deductible/Excess does not apply)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs
Dental Crowns, Bridges, Dentures and Implants (6 months waiting period on claims) (Deductible/Excess does not apply)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	50% of costs up to \$500 per tooth up to \$2,000
Routine Dental Care (6 months waiting period on claims) (Deductible/Excess does not apply)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs (limited to \$700 per period of insurance)
Restorative Dental Treatment (6 months waiting period on claims) (Deductible/Excess does not apply)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs up to \$2,000
Orthodontic Treatment (6 months waiting period on claims) (Only eligible for dependent children under the age of 18) (Deductible/Excess does not apply)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	50% of costs up to \$2,000 (Lifetime Maximum)
<b>SPECIAL AND TRAVEL BENEFITS</b>					
Additional Travel Benefits	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available
Compassionate Travel and Accommodation Expenses (Deductible/Excess does not apply)	In the event of the death of a close relative (spouse, parent, child, brother or sister) 100% of costs of a round trip Economy Class airline ticket and accommodation costs to attend a funeral up to maximum \$5,000.				
Elective Home Country Treatment	Not covered	Not covered	100% of costs	100% of costs	100% of costs
Emergency Medical Evacuation and Medical Repatriation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Out of Area Accident or Emergency Cover (20% Co-Pay applies)	Limited to 30 days per policy year	Limited to 30 days per policy year	Limited to 30 days per policy year	Limited to 60 days per policy year	Limited to 60 days per policy year
Out of Hospital Network Cover	30% Co-Pay	20% Co-Pay	20% Co-Pay	20% Co-Pay	20% Co-Pay
Repatriation of Mortal Remains	100% of costs up to \$3,000	100% of costs	100% of costs	100% of costs	100% of costs
Road Ambulance Transportation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Travel Expenses to Home Country for Childbirth	Not covered	Not covered	Not covered	50% of costs	50% of costs
<b>OTHER BENEFITS</b>					
Dread/Chronic Diseases (including cancer, heart disease and HIV/Aids)	100% of costs up to \$20,000 (Lifetime Maximum)	100% of costs up to \$20,000 (Lifetime Maximum)	100% of costs up to \$20,000 (Lifetime Maximum)	100% of costs up to \$200,000 (Lifetime Maximum)	100% of costs up to \$200,000 (Lifetime Maximum)
Eye Surgery (Illness and Accidental only)	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
Eyeglasses and Contact Lenses (6 months waiting period on claims) (Deductible/Excess does not apply)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs up to \$400
Home Nursing	Not covered	Not covered	Not covered	100% of costs (max 60 days)	100% of costs (max 60 days)
Personal Accident Cover (Life Cover for Death by Accident only) (Deductible/Excess does not apply)	\$25,000 per member (over the age of 18 years old). \$10,000 block increases available. The maximum amount of cover per member is \$125,000.				
Prescribed Medical Aids (Deductible/Excess does not apply)	Not covered	Not covered	Not covered	Not covered	50% of costs up to \$6,000 (Lifetime Maximum)
Psychiatric, Drug and Alcohol Abuse (6 months waiting period on claims) (Deductible/Excess does not apply)	Not covered	Not covered	Not covered	Not covered	50% of costs up to \$5,000 (Lifetime Maximum)
Rehabilitation/Convalescence	Not covered	Not covered	Not covered	100% of costs (max 45 days)	100% of costs (max 60 days)

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E&OE

HealthCare International  
UK Administration Office

T: +44 (0)20 7590 8800 F: +44 (0)20 7590 8815  
enquiries@healthcareinternational.com www.healthcareinternational.com

95 Cromwell Road, London, SW7 4DL  
United Kingdom