

TABLE OF BENEFITS

The limits are applied per insurance year unless otherwise mentioned in current insurance conditions or in the insurance policy.

INSURANCE PLANS	YELLOW	SUNRISE	HONEY	MARIGOLD	SAFFRON
Area of coverage	Option 1: EU, Option 2: WW excl. USA&CAN, Option 3: WW + € 30 000 (30 days) for emergency In-Patient outside selected Area of coverage Freedom of choice and access to any clinic/Hospital	Option 1: EU, Option 2: WW excl. USA&CAN, Option 3: WW + € 30 000 (30 days) for emergency In-Patient outside selected Area of coverage Freedom of choice and access to any clinic/Hospital	Option 1: EU, Option 2: WW excl. USA&CAN, Option 3: WW + € 30 000 (30 days) for emergency In-Patient outside selected Area of coverage Freedom of choice and access to any clinic/Hospital	Option 1: EU, Option 2: WW excl. USA&CAN, Option 3: WW + € 30 000 (30 days) for emergency In-Patient outside selected Area of coverage Freedom of choice and access to any clinic/Hospital	Option 1: EU, Option 2: WW excl. USA&CAN, Option 3: WW + € 30 000 (30 days) for emergency In-Patient outside selected Area of coverage Freedom of choice and access to any clinic/Hospital
OVERALL MAXIMUM LIMIT	€ 500 000	€ 1 200 000	€ 1 500 000	€ 1 750 000	€ 2 000 000
In-Patient (emergency/programmed)	Full cover	Full cover	Full cover	Full cover	Full cover
Rehabilitation (pre-authorisation)	Not covered	€ 2,000 (after a surgery)	Full cover (30 days/each medical condition)	Full cover (30 days/each medical condition)	Full cover (30 days/each medical condition)
Advanced imaging (MRI, CT, PET)	Full cover (In-Patient + Out-Patient)	Full cover (In-Patient + Out-Patient)	Full cover (In-Patient + Out-Patient)	Full cover (In-Patient + Out-Patient)	Full cover (In-Patient + Out-Patient)
Cancer Treatment (surgery, hospitalization, ambulatory, medicines, Treatments, therapies)	Full cover	Full cover	Full cover	Full cover	Full cover
Transplant medical services	Full cover (In-Patient) € 20 000 (Out-Patient)	Full cover (In-Patient) € 25 000 (Out-Patient)	Full cover (In-Patient) € 30 000 (Out-Patient)	Full cover (In-Patient) € 45 000 (Out-Patient)	Full cover (In-Patient) € 45 000 (Out-Patient)
Maternity	Not covered	Not covered	€ 5 000 (In-Patient +Out-Patient) or € 300/night (maternity cash benefit) 1 Year waiting period	€ 6 000 (In-Patient +Out-Patient) or € 350/night (maternity cash benefit) 1 Year waiting period	€ 7 000 (In-Patient +Out-Patient) or € 350/night (maternity cash benefit) 1 Year waiting period
Complications of Maternity (pregnancy)	Not covered	Not covered	Full cover 1 Year waiting period	Full cover 1 Year waiting period	Full cover 1 Year waiting period
New-born care	Not covered	Not covered	Full cover (if the Insured mother has met the waiting period of 1 Year for Maternity Cover)	Full cover (if the Insured mother has met the waiting period of 1 Year for Maternity Cover)	Full cover (if the Insured mother has met the waiting period of 1 Year for Maternity Cover)
Prostheses (surgical implants)	Full cover	Full cover	Full cover	Full cover	Full cover
Durable medical equipment/ Prosthesis (limb/ear)	Not covered	Not covered	€ 2 500	€ 2 500	€ 2 500
Hereditary and congenital conditions	Full cover in the first 60 days after birth (In-Patient)	Full cover in the first 60 days after birth (In-Patient)	Full cover in the first 90 days after birth (In-Patient)	Full cover in the first 90 days after birth (In-Patient)	Full cover in the first 90 days after birth (In-Patient)

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HIV/AIDS	€ 50 000/lifetime	€ 50 000/lifetime	€ 50 000/lifetime	€ 50 000/lifetime	€ 50 000/lifetime	
Nursing at Home (after In-Patient)	€ 1 000	€ 5 000	Full cover (30 days/after each In-Patient case)	Full cover (30 days/after each In-Patient case)	Full cover (30 days/after each In-Patient case)	
Hospice and Palliative care	Not covered	Not covered	€ 10 000	€ 20 000	€ 30 000	
Cash-benefit (public system In-Patient - in the country where you pay the taxes)	€ 100/night (max. 10 nights/Year)	€ 100/night (max. 10 nights/Year)	€ 120/night	€ 150/night	€ 150/night	
Out-patient surgery	Not covered	Full cover	Full cover	Full cover	Full cover	
Out-Patient consultations (includes Telemedicine consultation – only 1 (one) consultation per day from an approved telehealth provider) (recommended with presumptive diagnosis)	Not covered	€ 1 000	€ 5 000	Full cover	Full cover	
Prescribed Medicines	Not covered (ambulatory) (Full cover during hospitalization)					
Laboratory analysis, X-rays, diagnostic tests	Not covered					€ 2 000
Physiotherapy	Not covered					€ 1 800
Therapist consultations and complementary medicine	Not covered					Not covered
Speech therapy (after an accident/ stroke)	Not covered					Not covered
Emergency Out- Patient room	€ 500	Full cover	Full cover			
Psychiatric Treatment	Not covered	Not covered	30 days - In-Patient; € 3 000 (20 visits - Out-Patient)	60 days - In-Patient; € 3 000 (20 visits - Out-Patient)	60 days - In-Patient; € 3 000 (20 visits - Out-Patient)	
Routine health check and Routine Vaccinations	Not covered	€ 100 Prevention (after 1 Year waiting period)	€ 100 Prevention € 200 vaccinations (after 1 Year waiting period)	€ 500 Prevention € 350 vaccinations (after 1 Year waiting period)	€ 500 Prevention € 350 vaccinations	
Emergency dental Treatment (in case of an accident/trauma)	Not covered	Not covered	€ 500	€ 1 000	€ 1 000	

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Dental Treatment (prevention, routine and major restorative)	Not covered	Not covered	Not covered	Not covered	€ 1 000 max. limit Prevention € 200, Routine and Major Restorative € 200/ tooth – maximum 4 teeth (waiting period 6 months)
Vision benefits (combined limit annual vision tests and prescription glasses or contact lenses)	Not covered	Not covered	Not covered	Not covered	One annual eye test One pair of glasses or contact lenses prescribed by an ophthalmologist up to a limit of max € 200 per Year
International Emergency Medical Assistance (IEMA) Evacuation and repatriation) (for life threatening situation and when admitted as an emergency In-Patient). Services must be approved by Our appointed doctor	Not covered	up to € 10 000 (repatriation of mortal remains) up to € 25 000 (air evacuation)	up to € 10 000 (repatriation of mortal remains) Full cover within Policy limit (air evacuation)	up to € 10 000 (repatriation of mortal remains) Full cover within Policy limit (air evacuation)	up to € 10 000 (repatriation of mortal remains) Full cover within Policy limit (air evacuation)
Type of ambulances covered: • road ambulance • air ambulance, if appropriate. Reasons when transport by ambulance is covered: • for emergency transport to or between hospitals; or • when a medical practitioner says that it is medically essential.	Full cover	Full cover	Full cover	Full cover	Full cover
Lump sum in case of death	€ 5 000	€ 5 000	€ 5 000	€ 10 000	€ 15 000
Second Medical Opinion Service	Included	Included	Included	Included	Included
MediSky Assistance	Customer Care Department (9:00 – 17:30, Mo-Fr)				