

TABLE OF BENEFITS



Please refer to the policy terms and conditions applying to these benefits.

All limits payable are for an eligible Medical Condition and they are subject to 100% Reasonable and Customary Charges and subject to Pre-authorisation (where applicable).

INSURANCE PLANS	YELLOW	SUNRISE	HONEY	MARIGOLD	SAFFRON	TERMS AND DEFINITIONS	
Area of coverage	Option 1: EU Option 2: WW excl. U.S.A.&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. U.S.A.&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. U.S.A.&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. U.S.A.&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. U.S.A.&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. U.S.A.&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	TERMS AND DEFINITIONS	
In-Patient (emergency/ programmed)	Full cover	Full cover	Full cover	Full cover	Full cover	We will pay for hospital room and board costs for a standard single en-suite room including general nursing care.	
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)	We will pay for In-Patient rehabilitation costs for a combination of therapies such as physical, occupational and speech therapy for Rehabilitation. We pay In-Patient Rehabilitation for as long as: <ul style="list-style-type: none"> • it follows an acute brain injury, such as a stroke or accident; and • it is a part of Treatment that is covered by the Policy; and • a Medical Practitioner/Physician who specialises in Rehabilitation is overseeing the Insured Person's Treatment; and • We have agreed the costs before the Insured Person starts Rehabilitation; and • the Treatment could not be carried out on an Out-Patient basis. 	
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)	We will pay for the costs of CT, MRI or PET scan (or combination of these scans) when recommended by Your Specialist.	
Cancer Treatment (surgery, hospitalisation, ambulatory, medicines, Treatments, therapies)	Full cover	Full cover	Full cover	Full cover	Full cover	This benefit requires Pre-authorisation. We will pay for fees specifically related to active Cancer Treatment and this includes chemotherapy, radiotherapy, oncology, diagnostic tests, and prescribed medicines. Cancer Treatment is subject to a limit of up to 120 days per In-Patient admission.	
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)	This benefit is subject to Pre-authorisation. Treatment for and in relation to life-sustaining for the case of transplant of human organs for the following transplants: kidney, heart, heart-lung, liver, pancreas transplants approved by our Medical Advisor in respect of the Insured Person as the recipient of the organ. The transplant will be carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with World Health Organisation (WHO) guidelines. Costs associated for the donor, the search or and the procurement are excluded. The specific type and length of treatment will be determined by the type of transplant and underlying medical condition.	

INSURANCE PLANS	YELLOW	SUNRISE	HONEY	MARIGOLD	SAFFRON	TERMS AND DEFINITIONS
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	Maternity costs incurred after the initial 1-year continuous membership (from the effective start date of this benefit) will be eligible for consideration. For Maternity cash benefit for each night, You must spend in a hospital during childbirth where You are not charged for routine maternity care admission (i.e.: at a public hospital or it was free of charge). Please take note if payable, this benefit replaces the Hospital Cash Benefit.
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	Subject to a Waiting period of 1-year continuous membership (from the effective start date of this benefit) this benefit will be eligible for consideration. We will pay Treatment which is Medically necessary as a direct result Complications of Maternity including Medically Necessary C-Section.
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)	We will pay for the costs of treatment for a new born baby within the first 30 days following birth instead of any other benefit during the Period of Insurance and this shall be up to the limit shown for this benefit and accounted within the Overall Maximum Limit for the selected plan for one of the insured parents. Children can be added as a dependent onto their parent's policy within 30 days of birth with no exclusions. The new born care benefits are not available for children who are born following parent's fertility treatment, assisted reproduction technologies or conception (such as IVF), are born to a surrogate or have been adopted.
Prostheses (surgical implants)	Full cover	Full cover	Full cover	Full cover	Full cover	We will pay for internal prosthesis/medical implants needed as part of treatment. These must be approved by US Food and Drug Administration (FDA) and are used for their intended purpose and proven to be effective Treatment.
Durable medical equipment/ Prosthesis (limb/ear)	Not covered	Not covered	€ 2 500	€ 2 500	€ 2 500	This benefit is subject to Pre-authorisation. We will pay towards the costs of any items, supplies or equipment used in the course of medical treatment or home care. For external prosthetic body parts such as prosthetic limbs all claims are made within 12 (twelve) months of the amputation or removal of the body part.
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)	We will pay for the In-Patient/Day-Patient treatment of congenital and/or hereditary subject to Pre-authorisation. After the specific period, the new born will be subject to underwriting.
HIV/AIDS	€ 50 000 lifetime	€ 50 000 lifetime	€ 50 000 lifetime	€ 50 000 lifetime	€ 50 000 lifetime	We will pay for medical treatment which arises from or is in a related to Human Immuno-Deficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), subject to the terms and conditions in this Policy.
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)	This benefit is subject to Pre-authorisation. We will pay for the costs of home nursing if You have been in hospital receiving treatment which was covered under this Plan but only if it immediately follows discharge from hospital, You require active medical support, is managed by a qualified nurse, and was prescribed by Your treating specialist. We will not pay for social and domestic support. We will not pay for home nursing related to mental illness, psychiatric or psychological disorders.
Hospice and Palliative care	Not covered	Not covered	€ 10 000	€ 20 000	€ 30 000	This benefit is subject to Pre-authorisation. We will pay towards the costs of palliative care (whether in a hospice or at home) if You have received a terminal diagnosis and can no longer receive active medical treatment leading towards Your recovery.

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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	We will pay a cash benefit for each night You spend in a hospital where You are not charged for Your admission (i.e.: at a public hospital or treatment is free of charge).
Out-patient surgery	Not covered	Full cover	Full cover	Full cover	Full cover	We will pay for the costs of a surgical procedure performed as an Out-Patient under a local anaesthesia.
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 (Physiotherapy is limited to 15 sessions, up to a maximum € 1 000 in aggregate per period of cover)	Full cover (Physiotherapy is limited to 20 sessions, up to a maximum € 1 200 in aggregate per period of cover)	Full cover (Physiotherapy is limited to 30 sessions, up to a maximum € 1 500 in aggregate per period of cover)	
Prescribed Medicines (prescribed by Your medical practitioner to treat an eligible medical condition and includes prescribed medicines following a Telemedicine consultation)	Not covered (ambulatory) (Full cover during hospitalisation)					
Laboratory analysis, X-rays, diagnostic tests	Not covered	€ 2 000				
Physiotherapy	Not covered	Up to 12 sessions only, Up to maximum € 1 000 in aggregate, per period of cover				
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; For Out-patient: Up to 10 sessions only, Maximum € 1 000 in aggregate, per period of cover	60 days In-Patient; For Out-patient: Up to 20 sessions only, Maximum € 2 000 in aggregate, per period of cover	60 days In-Patient; For Out-patient: Up to 30 sessions only, Maximum € 3 000 in aggregate, per period of cover	For Outpatient Treatment: We will pay for the consultation and associated costs for psychiatry, psychology or psychotherapy provided the overall treatment plan is under the referral of a practicing registered psychiatrist/ psychologist. All consultations must take place in the psychiatrist/psychologist office. We will only pay Out-Patient drugs related to the medical condition when prescribed by the psychiatrist.
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	

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Emergency dental Treatment (in case of an accident/trauma)	Not covered	Not covered	€ 500	€ 1 000	€ 1 000	
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	Up to a maximum € 200 per Year for: One annual eye test One pair of glasses or contact lenses prescribed by an ophthalmologist	We will pay towards costs of one annual vision/eye test and prescription glasses/contact lenses prescribed by an ophthalmologist.
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 the medical practitioner says you need to have medical supervision whilst you are being transported.	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, Mon–Fri)					