

Comparison of 2017 Plans (EUR € and USD \$)

BENEFITS	HealthCare Emergency Plus	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive	
Annual Maximum Healthcare Treatment	€/\$500,000	€/\$1,000,000	€/\$2,000,000	€/\$3,000,000	€/\$4,000,000	
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	€/\$1,000 / €/\$250 / Nil	
Co-Pay (Optional)	Nil, 10%, 20% or 30%					
All benefits are up to plan limits or sub-benefits						
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) <i>(Deductible/Excess does not apply)</i>	€/\$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) <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	Not covered	Not covered	100% of costs up to €/\$400
	Physician and Paramedical Fees <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	75% of costs up to €/\$1,000	75% of costs	100% of costs
	Physiotherapy <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	§100% of costs (12 sessions)	100% of costs (12 sessions)	100% of costs (12 sessions)
	Prescribed Drugs <i>(Deductible/Excess does not apply)</i>	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
	X-Ray, Laboratory Tests and Treatment <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	§75% of costs	75% of costs	100% of costs
PREVENTATIVE	Health Checks (12 months waiting period on claims) <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	Not covered	100% of costs up to €/\$400	100% of costs up to €/\$1,500
	Vaccinations <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	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

§Under the HealthCare Plus plan the Outpatient Overall Combined Benefit Limit (Except Day-Care Surgery or Treatment) up to €/\$1,000.

Co-Pay applies to all claims if selected

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	BENEFITS	HealthCare Emergency Plus	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
MATERNITY	Normal Pregnancy and Childbirth (12 months waiting period on claims) <i>(10% Co-Pay applies)</i>	Not covered	100% of costs up to €/\$3,000	100% of costs up to €/\$3,000	§100% of costs up to €/\$15,000	§100% of costs up to €/\$17,500
	Complications of Pregnancy and Childbirth (12 months waiting period on claims) <i>(10% Co-Pay applies)</i>	Not covered	100% of costs up to €/\$10,000	100% of costs up to €/\$50,000	100% of costs up to €/\$500,000	100% of costs up to €/\$1,000,000
	Caesarean Section <i>(10% Co-Pay applies)</i>	Not covered	100% of costs up to €/\$1,500	100% of costs up to €/\$1,500	100% of costs up to €/\$2,000	100% of costs up to €/\$3,000
DENTAL <small>(Overall Combined Limit up to €/\$4,000)</small>	Emergency Dental Treatment <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	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) <i>(Only eligible for dependent children under the age of 18)</i> <i>(Deductible/Excess does not apply)</i>	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	50% of costs up to €/\$2,000 (Lifetime Maximum)
SPECIAL AND TRAVEL BENEFITS	Additional Travel Benefits	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available
	Compassionate Travel and Accommodation Expenses <i>(Deductible/Excess does not apply)</i>	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 (max 15 days).				
	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 <i>(20% Co-Pay applies)</i>	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	
OTHER BENEFITS	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) <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	€/\$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 <i>(Deductible/Excess does not apply)</i>	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) <i>(Deductible/Excess does not apply)</i>	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)

§Benefit will be increased if both parents are enrolled on the same scheme (Premium €/\$20,000, Executive €/\$25,000)

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