

# Table of Benefits

## Overall annual maximum\*

£ Sterling	£6,000,000*
\$ US Dollar	\$10,200,000*
€ Euro	€7,500,000*

### Note 1: Out-patient treatment

Out-patient <b>surgical operations</b>	Note 1a	Paid in full
Wellness – mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Note 1b	We pay up to £1,200, US\$2,000 or €1,500 each membership year
Full Health Screening – cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests (after one year's membership)	Note 1c	
<b>Consultants' fees</b> for consultations	Note 1d	Paid in full
Pathology, X-rays and <b>diagnostic tests</b>	Note 1e	Paid in full
Costs for <b>treatment</b> by therapists and <b>complementary medicine practitioners</b>	Note 1f	We pay in full for up to 60 visits each membership year
<b>Consultants' fees</b> and <b>psychologists' fees</b> for <b>psychiatric treatment</b> (after two years' membership)	Note 1g	We pay in full for up to 30 visits each membership year
Vaccinations	Note 1h	We pay up to £600, US\$1,000 or €750 each membership year
Costs for <b>treatment</b> by a <b>family doctor</b>	Note 1i	Paid in full
Prescribed drugs and dressings	Note 1j	Paid in full
Accident-related dental <b>treatment</b>	Note 1k	We pay up to £480, US\$815 or €600 each membership year

### Note 2: In-patient and day-case treatment

<b>Hospital</b> accommodation	Note 2a	Paid in full
<b>Surgical operations</b> , including pre- and post-operative care	Note 2b	
Nursing care, drugs and surgical dressings	Note 2c	
Physicians' fees	Note 2d	
Theatre charges	Note 2e	
<b>Intensive Care</b> , intensive therapy, coronary care and high dependency unit	Note 2f	
Pathology, X-rays, <b>diagnostic tests</b> and therapies	Note 2g	
Prosthetic implants and <b>appliances</b>	Note 2h	
Parent accommodation	Note 2i	
<b>Psychiatric treatment</b> (after two years' membership, lifetime maximum 90 days)	Note 2j	

## Table of Benefits (continued)

Note 3: Further benefits		
Advanced imaging	Note 3a	Paid in full
Cancer treatment	Note 3b	Paid in full
Dental treatment	Note 3c	We pay up to £2,400, US\$4,100 or €3,000 maximum benefit for each membership year (See notes for details of eligible costs for preventive, routine and major restorative treatment)
Optical (Dental treatment and optical must be purchased together)	Note 3d	We pay up to £250, US\$425 or €315 maximum benefit for each membership year (See notes for details of eligible costs of eye tests, spectacle lenses, frames and contact lenses)
Healthline services	Note 3e	Included
HIV/AIDS drug therapy including ART (after five years' membership)	Note 3f	We pay up to £12,000, US\$20,000 or €15,000 each membership year
Home nursing after in-patient treatment	Note 3g	We pay up to £120, US\$200 or €150 each day up to a maximum of 30 days each membership year
Hospice and palliative care	Note 3h	We pay up to £24,000, US\$41,000 or €30,000 maximum benefit for the whole of your membership
In-patient cash benefit	Note 3i	We pay £90, US\$150 or €110 each night up to 20 nights each membership year
Local air ambulance	Note 3j	We pay up to £5,900, US\$10,000 or €7,400 each membership year
Local road ambulance	Note 3k	Paid in full
Maternity cover (after 10 months' membership)	Note 3l	Maternity and childbirth: We pay up to £9,600, US\$16,300 or €12,000 each membership year Childbirth at home or birthing centre: We pay up to £780, US\$1,300 or €975 each membership year Medically essential Caesarean section: We pay up to £16,800, US\$28,500 or €18,750 each membership year
Newborn care	Note 3m	We pay £90,000, US\$150,000 or €110,000 maximum benefit for all treatment received during the first 90 days following birth
Prosthetic devices	Note 3n	We pay a maximum benefit of £2,400, US\$4,000, €3,000 each membership year
Rehabilitation	Note 3o	We pay in full for up to 30 days of treatment (which may be in-patient treatment, day-case or out-patient treatment) each membership year
Transplant services	Note 3p	Paid in full
Note 4: Optional benefits (if purchased)		
USA cover	Note 4a	100 percent of costs in network 80 percent of costs out of network. Treatment must be pre-authorised
Assistance cover (Evacuation and Repatriation)	Section 5	See Section 5 for details of the optional assistance cover. Your Membership Certificate will show if you have purchased this cover. The overall annual maximum benefit limit does not apply.