

Table of Benefits

Overall annual maximum*

£ Sterling	£5,000,000
\$ US Dollar	\$10,000,000
€ Euro	€7,500,000

Note 1: Out-patient treatment

Out-patient <i>surgical operations</i>	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 £1,000, US\$2,000 or €1,500 each <i>membership year</i>
Full Health Screening – cholesterol, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests (after one year's membership)	Note 1c	
<i>Consultants'</i> fees for consultations	Note 1d	
Pathology, X-rays and <i>diagnostic tests</i>	Note 1e	
Costs for <i>treatment</i> by <i>therapists</i> and <i>complementary medicine practitioners</i>	Note 1f	We pay in full for up to 60 visits each <i>membership year</i>
<i>Consultants'</i> fees and <i>psychologists'</i> fees for <i>psychiatric treatment</i> (after two years' membership)	Note 1g	We pay in full for up to 30 visits each <i>membership year</i>
Vaccinations	Note 1h	We pay up to £500, US\$1000 or €750 each <i>membership year</i>
Costs for <i>treatment</i> by a <i>family doctor</i>	Note 1i	Paid in full
Prescribed drugs and dressings	Note 1j	Paid in full
Accident-related dental <i>treatment</i>	Note 1k	We pay up to £400, US\$800 or €600 each <i>membership year</i>

Note 2: In-patient and day-case treatment

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

Note 3: Further benefits

Advanced imaging	Note 3a	Paid in full
Cancer <i>treatment</i>	Note 3b	Paid in full
Dental <i>treatment</i>	Note 3c	We pay up to £2,000, US\$4,000 or €3,000 maximum benefit for each <i>membership year</i> Preventive (100 percent of eligible costs) Routine (100 percent of eligible costs) Major restorative (50 percent of eligible costs)
Eye test (Dental <i>treatment</i> and Eye test must be purchased together)	Note 3d	We pay for one eye test each <i>membership year</i> up to £50, US\$85 or €65
Healthline services	Note 3e	Included
HIV/AIDS drug therapy including ART (after five years' membership)	Note 3f	We pay up to £10,000, US\$20,000 or €15,000 each <i>membership year</i>
Home nursing after <i>in-patient treatment</i>	Note 3g	We pay up to £100, US\$200 or €150 each day up to a maximum of 30 days each <i>membership year</i>
Hospice and palliative care	Note 3h	We pay up to £20,000, US\$40,000 or €30,000 maximum benefit for the whole of <i>your membership</i>
In-patient cash benefit	Note 3i	We pay £75, US\$150 or €110 each night up to 20 nights each <i>membership year</i>
Local air ambulance	Note 3j	We pay up to £5,000, US\$10,000 or €7,300 each <i>membership year</i>
Local road ambulance	Note 3k	Paid in full
Maternity cover (after 10 months' membership)	Note 3l	Maternity and childbirth: We pay up to £8,000, US\$16,000 or €12,000 each <i>membership year</i> Childbirth at home: We pay up to £650, US\$1,300 or €975 each <i>membership year</i> Medically essential Caesarean section: We pay up to £14,000, US\$28,000 or €21,000 each <i>membership year</i>
Newborn care	Note 3m	We pay £75,000, US\$150,000 or €110,000 maximum benefit for all <i>treatment</i> received during the first 90 days following birth
Prosthetic devices	Note 3n	We pay a maximum benefit of £2,000, US\$4,000, €3,000 each <i>membership year</i>
<i>Rehabilitation</i>	Note 3o	We pay in full for up to 30 days of <i>treatment</i> (which may be <i>in-patient treatment</i> , <i>day-case</i> or <i>out-patient treatment</i>) each <i>membership year</i>
Transplant services	Note 3p	Paid in full

Note 4: Optional benefits (if purchased)

USA cover	Note 4a	100 percent of costs in <i>network</i> 80 percent of costs out of <i>network</i> . <i>Treatment</i> must be pre-authorized
Assistance cover (Evacuation and Repatriation)	Section 6	Your Membership Certificate will show if you have purchased this cover. The overall annual maximum benefit limit does not apply.