

SCHEDULE OF BENEFITS	core	standard	plus	excellence
Sum Insured per person per year (all sections combined)	100.000	1.000.000	2.000.000	3.000.000
HOSPITALISATION Planned and emergency In-patient Treatment (including day-patient), except for dental Treatments				
Accommodation including all meals	Semi-private	Standard private or semi-private	Standard private or semi-private	Superior private
In-patient treatment - Costs and fees of attending Doctor, Surgeon and anaesthetist, other medical staff involved - for Treatment, consultations, development of Treatment plan, Surgery and medical manipulations, conservative Treatment or monitoring as well as other Medically Necessary services, Day-Care Treatment. - Operating theatre, emergency room, recovery room, intensive care unit (ICU), coronary care unit, high dependency unit - Diagnostic tests, laboratory and instrumental tests, electrocardiograms; medical imaging (X-Rays, CT, MRI, PET) - Drugs, dressings, medical materials (bandages/surgical dressings, casts, plaster, etc.)	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓
Parental Accommodation with an insured child aged under 16 (per night limit)	30 nights 30	30 nights 100	30 nights 100	45 nights 100
Accommodation for a baby who is breast fed with the insured mother	✗	✗	✓	✓
Inpatient Psychiatric Treatment 11 month waiting period	15 nights	30 nights	30 nights	30 nights
Reconstructive Surgery	✓	✓	✓	✓
Internal Prosthetic Devices and aids	✓	✓	✓	✓
Transplantation of kidney, heart, heart-lung, liver, bone marrow and stem cell treatment	50.000	100.000	150.000	200.000
Palliative treatment & hospice care (lifetime limit)	✗	✗	20.000	40.000
Hospitalisation Daily Allowance Alternative to reimbursement of Hospitalisation costs	50 per night 10 nights	100 per night 20 nights	150 per night 30 nights	150 per night 30 nights
POST HOSPITAL TREATMENT				
Rehabilitation course in a profile rehabilitation centre, immediately following inpatient Treatment	✗	✗	1.000	1.500
Physiotherapy outpatient if prescribed by the Doctor in connection with and immediately following the inpatient Treatment	10 visits	20 visits	30 visits	40 visits
External Prostheses and Devices which are medically required following Hospitalisation, Day-Care Treatment or Accident and emergency room Treatment	400	800	1.000	1.500
ONCOLOGY TREATMENT				
Consultations, tests, radiotherapy or chemotherapy & take-home drugs received as an inpatient or as an outpatient at a Hospital or a registered Cancer Treatment centre, following discharge from Hospital confinement or Surgery	✓	✓	✓	✓
Cost of a wig or hairpiece if required following a course of cancer Treatment	✗	2.000	8.000	✓

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OUTPATIENT CARE				
Not including oncology or dental Treatments				
Treatments and consultations received from private Doctors and from out-patient clinics: - Fees of GPs, family doctors or specialists, including home visits - Prescription drugs & dressings - X-rays, diagnostic and pathology tests, instrumental tests, electrocardiograms - Hi-tech scans (CT, MRI & PET)	x	2.000	8.000	✓
Hormone Replacement Therapy when not related to the menopause	x	x	✓	✓
Physiotherapy when prescribed by a physician	x	10 visits	15 visits	20 visits
Alternative/Complementary Medical Practices Available after the Insured Person pays the first two visits by him/herself - Acupuncture, needle therapy, aromatherapy, chiropractic, homeopathic, naturopathic and osteopathic medicine, Ayurvedic and traditional Chinese medicine, hirudotherapy Limit per visit	x	10 visits	20 visits	30 visits
Homeopathic & Chinese medicine prescriptions - Annual limit - co-pay	x	35 20%	40 20%	50 20%
Nursing at Home	x	x	90 days	90 days
Psychiatric outpatient consultations & prescribed Drugs - 11 month waiting period	x	x	2.000	3.000
Restorative speech therapy - Co Pay	x	5.000 50%	10.000 50%	10.000 50%
RESTRICTIONS AND LIMITS APPLICABLE TO CERTAIN MEDICAL CONDITIONS OR EVENTS				
Waiting Periods and limits indicated in this section prevail over those envisaged elsewhere in the Schedule of Benefits				
Chronic Conditions other than malignant tumours, congenital and hereditary conditions. Consultations, Inpatient / Outpatient Treatment & Drugs - 11 month waiting period	x	3.000	4.000	7.000
Congenital and hereditary diseases (lifetime limit - for children up to the age of 18 only)	x	2.000	3.000	5.000
HIV/AIDS Consultations, Inpatient and Outpatient Treatment & Drugs (lifetime limit) - 22 month waiting period	10.000	15.000	20.000	25.000
DENTAL CARE				
Annual limit 20% co-pay	x	500	750	3.000
- Basic restorative Treatment 6 month waiting period	x	✓	✓	✓
- Preventive & Diagnostic Treatment 6 month waiting period	x	x	✓	✓
- Major Restorative Dental Treatment 11 month waiting period	x	x	x	✓
Dental Treatment following an accident	x	1.000	2.000	5.000

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MATERNITY CARE				
11 month waiting period Limits established on a per pregnancy basis				
Normal Pregnancy and Childbirth	x	x	3.000	12.000
Complicated Pregnancy and Childbirth * If life-threatening, paid in full	x	x	20.000*	✓
New-born Care within the first 14 days since the baby's birth date. Private room basis	x	x	75.000	75.000
PREVENTATIVE CARE				
Well Child Care 20% co-pay	x	x	500	1.000
Adult Health Screening (Check-up) - 20% co-pay - 11 month waiting period	x	x	500	1.000
Vaccination	x	100	200	300
EMERGENCY CARE				
Local road Ambulance if arranged by the Assistance Service	✓	✓	✓	✓
Emergency medical evacuation In acute medical conditions when proper medical aid cannot be arranged locally	50.000	1.000.000	1.000.000	1.000.000
War and Terrorism as an innocent bystander - Individual limit per Insured Person per event - Aggregate limit per event	100.000 700.000	175.000 700.000	175.000 700.000	175.000 700.000
Companion related costs - Economy class flight ticket for companion - Up to 14 nights hotel accommodation for companion - Daily taxi/transportation costs of companion visiting the hospitalised Insured Person - Up to 5 nights hotel accommodation for Insured Person upon discharge from Hospital	3.500 ✓ ✓ 150 ✓	3.500 ✓ ✓ 150 ✓	3.500 ✓ ✓ 150 ✓	3.500 ✓ ✓ 150 ✓
Compassionate Trip Home - 11 month waiting period	✓	✓	✓	✓
Repatriation or local burial	15.000	15.000	20.000	20.000
Emergency Care out of Primary Area of cover	50.000 30 days	100.000 30 days	100.000 45 days	100.000 60 days