

## SCHEDULE OF BENEFITS

	Core	Prime	Plus	Excellence
Sum Insured per person per year (All sections combined)	100.000	1.000.000	2.000.000	3.000.000

## HOSPITALIZATION

Planned and emergency Inpatient Treatment  
(Including Day-Patient), except for Dental Treatments

<b>Accommodation</b> Including all meals	Semi-private	Standard private or semi-private	Standard private or semi-private	Superior private
<b>Inpatient Treatment</b> Costs and fees of the attending doctor, surgeon, and anaesthetist, as well as other medical staff involved - for treatments, consultations, development of treatment plans, surgeries and medical procedures, conservative treatments 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.)	✓	✓	✓	✓
<b>Parental Accommodation</b> With an insured child aged under 16 (per night limit)	30 nights 35	30 nights 115	30 nights 115	45 nights 115
<b>Accommodation for a Breastfed baby</b> With the insured mother	x	x	✓	✓
<b>Inpatient Psychiatric Treatment</b> Waiting period of 11 months	15 nights	30 nights	30 nights	30 nights
<b>Reconstructive Surgery</b>	✓	✓	✓	✓
<b>Internal Prosthetic Devices and Aids</b>	✓	✓	✓	✓
<b>Transplantation</b> Kidney, heart, heart-lung, liver, bone marrow and stem cell	55.000	110.000	165.000	220.000
<b>Palliative Treatment &amp; Hospice Care</b> (Lifetime Limit)	x	x	22.000	44.000
<b>Hospitalization Daily Allowance</b> Alternative to reimbursement of hospitalization costs	60 per night 10 nights	115 per night 20 nights	175 per night 30 nights	175 per night 30 nights

## POST HOSPITAL TREATMENT

<b>Rehabilitation</b> Course in a profile rehabilitation centre, immediately following an Inpatient Treatment	x	x	1.150	1.750
<b>Outpatient Physiotherapy</b> If prescribed by the Doctor in connection with and immediately following an Inpatient Treatment	10 visits	20 visits	30 visits	40 visits

<b>External Protheses and Devices</b> Which are medically required following Hospitalization, Day-Care Treatment or Accident and Emergency Room Treatment	500	900	1.150	1.750
<b>ONCOLOGY TREATMENT</b>				
<b>Consultations, Tests, Radiotherapy, or Chemotherapy &amp; Take-Home Drugs</b> Received as an inpatient or outpatient at a hospital or registered cancer treatment centre, following a discharge from hospital confinement or surgery	✓	✓	✓	✓
<b>Cost of a Wig/Hairpiece</b> If required following a course of Cancer Treatment	x	900	1.150	1.750
<b>OUTPATIENT CARE</b> Not including oncology or Dental Treatments				
<b>Treatments and Consultations received from Private Doctors and Outpatient Clinics:</b> <ul style="list-style-type: none"> <li>Fees of GPs, Family Doctors or Specialists, including home visits</li> <li>Prescription drugs &amp; dressings</li> <li>X-rays, diagnostic and pathology tests, instrumental tests, electrocardiograms</li> <li>Hi-tech scans (CT, MRI &amp; PET)</li> </ul>	x	2.300	9.200	✓
<b>Hormone Replacement Therapy</b> When not related to menopause	x	x	✓	✓
<b>Physiotherapy</b> When prescribed by a physician	x	10 visits	15 visits	20 visits
<b>Alternative/Complementary Medical Practices</b> Available after the Insured Person pays the first two visits by him/herself Acupuncture, needle therapy, chiropractic, homeopathic, naturopathic, and osteopathic medicine, Ayurvedic and traditional Chinese medicine, hirudotherapy	x	10 visits	20 visits	30 visits
Limit per visit	x	40	45	60
<b>Homeopathic &amp; Chinese Medicine Prescriptions</b> Annual Limit Co-payment	x	400 20%	850 20%	1.150 20%
<b>Nursing at Home</b>	x	x	90 days	90 days
<b>Psychiatric Outpatient Consultations &amp; Prescribed Drugs</b> Waiting period of 11 months	x	x	2.500	3.500
<b>Restorative Speech Therapy</b> Co-payment	x	5.750 50%	11.000 50%	11.000 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

<b>Chronic Conditions</b> Other than malignant tumours, congenital and hereditary conditions. Consultations, Inpatient/Outpatient Treatment & Drugs Waiting period of 11 months	x	3.500	4.500	8.000
<b>Congenital and Hereditary Diseases</b> (Available for children up to the age of 18 only) Lifetime Limit for the Benefit	x	2.300 11.000	3.500 16.500	5.750 27.500
<b>War and Terrorism as an innocent bystander</b> Individual Limit per Insured Person per event Subject to the Aggregate Limit per event concerning several Insured Persons	100.000 750.000	195.000 750.000	195.000 750.000	195.000 750.000
<b>HIV/AIDS</b> Consultations, Inpatient and Outpatient Treatment & Drugs Lifetime Limit Waiting period of 22 months	11.000	16.500	22.000	27.500
<b>DENTAL CARE</b>				
Annual Limit 20% Co-payment	x	600	850	3.500
<ul style="list-style-type: none"> <li>• <b>Basic Restorative Treatment</b> Waiting period of 6 months</li> <li>• <b>Preventive &amp; Diagnostic Treatment</b> Waiting period of 6 months</li> <li>• <b>Major Restorative Dental Treatment</b> Waiting period of 11 months</li> </ul>	x	✓ x x	✓ ✓ x	✓ ✓ ✓
<b>Dental Treatment following an Accident</b>	x	1.200	2.300	5.500
<b>MATERNITY CARE</b>				
Waiting period of 11 months Limits established on a per pregnancy basis				
<b>Normal Pregnancy and Childbirth</b>	x	x	3.500	13.500
<b>Complicated Pregnancy and Childbirth</b> * If life-threatening, paid in full	x	x	22.000*	✓
<b>New-born Care</b> Within the first 14 days since the baby's birth date. Private room basis	x	x	82.500	82.500
<b>PREVENTIVE CARE</b>				
<b>Well Child Care</b> 20% Co-payment	x	x	600	1.150
<b>Adult Health Screening (Check-up)</b> 20% Co-payment Waiting period of 11 months	x	x	600	1.150
<b>Vaccination</b> Including COVID-19 vaccination if available for private purchase	x	120	230	350

## EMERGENCY CARE

<b>Local Road Ambulance</b> If arranged by the Assistance Service	✓	✓	✓	✓
<b>Emergency Medical Evacuation</b> In acute medical conditions when proper medical aid cannot be arranged locally	55.000	1.000.000	1.000.000	1.000.000
<b>Companion-related Costs</b>	4.000	4.000	4.000	4.000
• Economy class flight ticket for the companion	✓	✓	✓	✓
• Up to 14 nights hotel accommodation for the companion	✓	✓	✓	✓
• Daily taxi/transportation costs of the companion visiting the hospitalized Insured Person	175	175	175	175
• Up to 5 nights hotel accommodation for the Insured Person upon discharge from hospital	✓	✓	✓	✓
<b>Compassionate Trip Home</b> Waiting period of 11 months	✓	✓	✓	✓
<b>Repatriation or Local Burial</b>	16.500	16.500	22.000	22.000
<b>Emergency Care out of Primary Area of Cover</b>	55.000 30 days	110.000 30 days	110.000 45 days	110.000 60 days

## OTHER BENEFITS

<b>Coronavirus SARS CoV2 (COVID-19) Tests and Treatment</b> (Epidemic or pandemic exclusions are not applicable for COVID-19) <ul style="list-style-type: none"> <li>• Medical evacuation related to COVID-19;</li> <li>• PCR virus detecting test for COVID-19 if prescribed by the Doctor in case of confirmed symptoms;</li> <li>• Treatment of COVID-19 infection, including hospitalization, medication, and local transportation costs; and</li> <li>• Of any resulting complications.</li> </ul> Exclusions: <ul style="list-style-type: none"> <li>• COVID-19 or any respiratory disease, the symptoms of which are manifested within the first 21 days since Insurance Start Date;</li> <li>• Rapid antibody testing (e.g. population screening tests for use by health authorities to monitor herd immunity);</li> <li>• Tests undergone by the Insured Person in order to meet the requirements of the authorities applicable to people entering a country from another country;</li> <li>• Tests undergone by the Insured Person without Doctor's prescription.</li> </ul>	subject to the relevant limits established in other sections of Schedule of Benefits, but not more than 20.000 in aggregate	subject to the relevant limits established in other sections of Schedule of Benefits, but not more than 200.000 in aggregate	subject to the relevant limits established in other sections of Schedule of Benefits, but not more than 400.000 in aggregate	subject to the relevant limits established in other sections of Schedule of Benefits, but not more than 600.000 in aggregate
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