

Schedule of Benefits

“Paid in full” below means that relevant expenses shall be paid or reimbursed within the individual Sum Insured, under conditions that such expenses are Usual, Customary and Reasonable, and relevant Treatment is Medically Necessary.

Amounts below can be denominated either in USD or EUR and mean the limits of possible reimbursement of actual costs paid / expenses incurred under relevant items, under condition that such costs/expenses are Usual, Customary and Reasonable, and relevant Treatment is Medically Necessary.

Client can choose between two different areas of cover:

1. Worldwide;
2. Worldwide excl. USA and Canada.

Number of visits/days/nights means that the reimbursement shall be based on the actual number of visits/days/nights, but no more than for the number of visits/days/nights indicated below.

Explanation of definitions used in this Schedule of Benefits is provided in the International Student Health Insurance Rules.

SCHEDULE OF BENEFITS	standard	comprehensive	advantage	superior
Sum Insured per person per year (all sections combined)	500.000	1.000.000	2.000.000	3.000.000
HOSPITALIZATION				
Planned and emergency In-patient Treatment (including day-patient), except for dental Treatments				
Accommodation including all meals	Standard private or 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 100	30 nights 100	30 nights 100	45 nights 100
Inpatient Psychiatric Treatment	30 nights	30 nights	30 nights	30 nights
Reconstructive Surgery	✓	✓	✓	✓
Internal Prosthetic Devices and aids	✓	✓	✓	✓
Hospitalisation Daily Allowance Alternative to reimbursement of Hospitalisation costs	100 per night 20 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 - Co-pay	20 visits 20% co-pay	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	800	800	1.000	1.500
EMERGENCY TREATMENT OF ACUTE ONSET OF AN ONCOLOGY DISEASE				
Consultations, tests, or surgery received at a Hospital or a registered Cancer Treatment centre	150.000	150.000	150.000	150.000
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)	2.000 20% co-pay	2.000	8.000	✓
Physiotherapy when prescribed by a physician	10 visits 20% co-pay	10 visits	15 visits	20 visits
Psychiatric outpatient consultations & prescribed Drugs - 3 month waiting period	x	x	2.000	3.000
Alternative/Complementary Medical Practices Acupuncture, needle therapy, aromatherapy, chiropractic, homeopathic, naturopathic and osteopathic medicine, Ayurvedic and traditional Chinese medicine, hirudotherapy - Available after the first two appointments - Number of appointments - Limit per appointment - Co-pay	10 35 20%	10 35 -	20 40 -	30 50 -
Homeopathic & Chinese medicine prescriptions - Co-pay	350 20%	350 20%	750 20%	1.000 20%
Restorative speech therapy - Co-Pay	5.000 50%	5.000 50%	10.000 50%	10.000 50%
Nursing at Home	x	x	90 days	90 days
DENTAL CARE				
Basic restorative Treatment 3 month waiting period - Co-pay	500 20%	500 20%	750 20%	3.000 20%
Dental Treatment following an accident	1.000	1.000	2.000	5.000
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 of the baby's birth date Private room basis	x	x	75.000	75.000
PREVENTATIVE CARE				
Well Child Care - Co-pay	x	x	500 20%	1.000 20%
Vaccination	100	100	200	300
EMERGENCY CARE				
Local road Ambulance if arranged by the Assistance Service	✓	✓	✓	✓
Emergency medical evacuation	50.000	1.000.000	1.000.000	1.000.000

In acute medical conditions when proper medical aid cannot be arranged locally				
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	3.500	3.500	3.500	3.500
- 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	150	150	150	150
- Up to 5 nights hotel accommodation for Insured Person upon discharge from Hospital	✓	✓	✓	✓
Compassionate Trip Home 3 month waiting period	✓	✓	✓	✓
Emergency Care out of Primary Area of cover - Number of days	50.000 30	100.000 30	100.000 45	100.000 60
Repatriation or local burial	30.000	30.000	30.000	30.000
OTHER BENEFITS				
Coronavirus SARS CoV2 (COVID-19) tests and Treatment (Epidemic or pandemic exclusions are not applicable for COVID-19) <ul style="list-style-type: none"> • medical evacuation related to COVID-19; • PCR virus detecting test for COVID-19 if prescribed by the Doctor in case of confirmed symptoms; • treatment of COVID-19 infection, including Hospitalization, medication and local transportation costs; and • of any resulting complications. Exclusions: <ul style="list-style-type: none"> • COVID-19 or any respiratory disease, the symptoms of which are manifested within the first 21 days since Insurance Start Date; • rapid antibody testing (e.g. population screening tests for use by health authorities to monitor herd immunity); • tests undergone by the Insured Person in order to meet the requirements of the authorities applicable to people entering a country from another country; • tests undergone by the Insured Person without Doctor's prescription. 	subject to the relevant limits established in other sections of Schedule of Benefits, but not more than 100.000 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
Accidental Death and Dismemberment	5.000	10.000	15.000	15.000
Loss of luggage	100	150	200	300
Lost or Stolen Passport	100	150	200	200