

Prime Global

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 mean 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.

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 Medical Insurance Terms and Conditions.

GENERAL INFORMATION ABOUT THE PLAN	
Sum Insured per person (all sections combined)	3,000,000
Maximum age to apply for coverage	Up to 75 years old
Waiting Period	30 days
Primary Area of Cover	1, 2, 3, or 4
Deductible	<p style="text-align: center;">Option I: Outside USA 500 Inside USA 1,000</p> <p style="text-align: center;">Option II: Outside/Inside USA 2,000</p> <p style="text-align: center;">Option III: Outside/Inside USA 3,000</p> <p style="text-align: center;">Option IV: Outside/Inside USA 5,000</p> <p style="text-align: center;">Option V: Outside/Inside USA 10,000</p> <p style="text-align: center;">Option VI: Outside/Inside USA 20,000</p> <p style="text-align: center;">Option VII: Outside/Inside USA 50,000</p>

HOSPITALISATION	
Planned and emergency In-patient Treatment (including day-patient), except for dental Treatments	
Accommodation Including all meals	Superior private room
<p>If the room of the level specified in the Schedule of Benefits is not available at the time of admission, then the Usual, Customary and Reasonable expenses for the lower-level accommodation conditions shall be paid for/reimbursed.</p> <p>The Insured Person is allowed to select any of the available categories of more comfortable rooms, however, the reimbursement will be limited to an amount corresponding to the accommodation in room level specified in the Schedule of Benefits, while the difference in the accommodation cost must be paid at Insured Person's own expense.</p>	
Inpatient Treatment 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.	Paid in full
Operating theatre, emergency room, recovery room, intensive care unit (ICU), coronary care unit, high dependency unit	Paid in full
Diagnostic tests, laboratory and instrumental tests, electrocardiograms; medical imaging (X-Rays, CT, MRI, PET)	Paid in full
Drugs, dressings, medical materials (bandages/surgical dressings, casts, plaster, etc.)	Paid in full
Parental Accommodation with an insured Child aged under 16 (per night limit)	30 nights 350
Reconstructive Surgery	Paid in full
Transplantation of kidney, heart, heart-lung, liver, bone marrow and stem cell	1,000,000 lifetime
Inpatient Psychiatric Treatment	Paid in full
Palliative Treatment & Hospice Care	44,000 life-time limit
Hospitalisation Daily Allowance alternative to reimbursement of hospitalisation costs	175 per night 30 nights
External Protheses and Devices which are medically required following Hospitalisation, Day-Care Treatment or Accident and Emergency Room Treatment	Paid in full
ONCOLOGY TREATMENT	
Consultations, Tests, Radiotherapy, or Chemotherapy & Take-Home Drugs received as an inpatient or outpatient at a hospital or registered cancer treatment centre, following a discharge from hospital confinement or surgery	Paid in full

OUT-PATIENT CARE (except for ONCOLOGY TREATMENT and DENTAL TREATMENT)	
Treatments and Consultations received from Private Doctors and Outpatient Clinics <ul style="list-style-type: none"> - 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) 	Paid in full
Physiotherapy when prescribed by a physician	Paid in full
Alternative/Complementary Medical Practices Available after the Insured Person pays the first two visits by him/herself <ul style="list-style-type: none"> - acupuncture, needle therapy, chiropractic, homeopathic, naturopathic, and osteopathic medicine, Ayurvedic and traditional Chinese medicine, hirudotherapy Homeopathic & Chinese Medicine Prescriptions	3,000
Nursing at Home	Paid in full
Specialised treatments (autism, sleep apnea and other sleep disorders) and therapies (occupational and speech)	3,000
Hearing aids	2,000 life-time limit
Alzheimer's disease Treatment	Paid in full
Allergy treatment	Paid in full
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)	
HIV/AIDS (Waiting period of 24 months) Consultations, Inpatient and Outpatient Treatment & Drugs (Lifetime Limit)	1,000,000 life-time limit
Congenital and Hereditary Diseases Diagnosed before age 18	1,000,000 life-time
Diagnosed after age 18	Paid in full
Surgery to reduce the risk of cancer or prophylactic surgery (Waiting period of 12 months)	30,000 life-time
Surgical treatment of symptomatic foot disorders (Waiting period of 24 months)	Paid in full
Dialysis services	Paid in full
Gastric bypass bariatric surgery and any type of surgical procedure for weight loss, its complications or treatments, and/or weight loss Medication (Waiting period of 12 months)	10,000 life-time limit
Treatment for Injuries during the training or practice of Extreme and/or Professional Sports	Paid in full

Refractive eye surgery (Waiting period of 24 months)	500 per eye, per life-time limit
Free extended coverage for eligible Dependents after the Policyholder's death as a result of a covered Accident or condition	2 years
DENTAL CARE	
Dental Treatment following an accident	Paid in full within the first 180 days of the covered Accident
MATERNITY CARE (subject to Waiting Period of 10 months for Pregnancy conception from the inception date of the MATERNITY CARE coverage. Limits below established on a per Pregnancy basis. No Deductible applies)	
Normal Pregnancy and Childbirth	7,000
Complicated Pregnancy and Childbirth	Paid in full
Extraction and storage of Newborn Stem Cells (options I, II & III)	1,000 per covered delivery
Free coverage for Dependents up to 5 years old (options I & II)	<ul style="list-style-type: none"> • Max. of 2 children born from a Covered Maternity (options I & II only), if both parents are insured in the Policy • Max. of 1 child born from a Covered Maternity (options I & II only), if only the mother is insured in the Policy
New-born Care within first 14 days since the baby's birth date	82,500 private room covered
PREVENTIVE CARE	
Well Child Care and Adult Health Screening (Waiting period of 10 months) (No Deductible)	Options I, II & III: <ul style="list-style-type: none"> •200 up to 17 years old •350 at 18 years and older
	Options IV, V & VI: 200, all ages
	Preventive care benefits (options I, II, III & IV): <ul style="list-style-type: none"> • Colon cancer screening (at 50 years and older): 1,200 every 10 years • Mammogram (at 40 years and older): 400 • Pap smear (from 21 to 65 years of age): 150 every 3 years • Prostate cancer screening (at 50 years and older): 300
Vaccination	350

EMERGENCY CARE	
Local Road Ambulance , No Deductible if arranged by the Assistance Service	Paid in full
Emergency Medical Evacuation , No Deductible In acute medical conditions when proper medical aid cannot be arranged locally	Paid in full
Emergency Medical Evacuation - Companion-related Costs Companion Flight ticket	1,500 Economy
Hotel accommodation limit for companion	14 nights
Taxi / transportation costs of companion visiting the Insured Person hospitalised, per day	175
Hotel accommodation limit for Insured Person upon the end of Hospitalisation	5 nights
Compassionate Trip Home (subject to Waiting Period of 11 months since entry into force of the insurance cover under the Contract in respect of the Insured Person concerned)	Economy
Repatriation or Local Burial	Paid in full
Emergency Care out of Primary Area of Cover	110,000 60 days
OTHER BENEFITS	
Elimination/reduction of the Policy Deductible for no claims during the last 3 years	<p>Options I, II, III & IV:</p> <ul style="list-style-type: none"> • Elimination for 1 year after the 3rd year without claims • Reduction of 50% of the Deductible for 1 year after the 3rd year, if the Deductible was not met in any of the years <p>Options V & VI:</p> <ul style="list-style-type: none"> • Reduction of 50% of the Deductible for 1 year after the 3rd year without claims
Elimination of Deductible in case of a Serious Accident (all options)	Elimination of the annual Deductible for the first Hospital urgent treatment that requires a Hospitalization within the first 24 hours after the Serious Accident

Currency: EUR or USD

Complete and detailed Terms and Conditions available upon request.