

## 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
<b>HOSPITALIZATION</b>				
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
<b>POST HOSPITAL TREATMENT</b>				
<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
• <b>Basic Restorative Treatment</b> Waiting period of 6 months	x	✓	✓	✓
• <b>Preventive &amp; Diagnostic Treatment</b> Waiting period of 6 months	x	x	✓	✓
• <b>Major Restorative Dental Treatment</b> Waiting period of 11 months	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