

Schedule of Benefits - Summary¹

Prime product (groups)

	Core	Prime	Plus	Excellence
Sum Insured per person per year (All sections combined)	500,000	1,000,000	2,000,000	3,000,000
HOSPITALISATION Planned and emergency Inpatient Treatment (Including Day-Patient), except for Dental Treatments				
Accommodation Including all meals	Semi-private room	Standard private or semi-private room	Standard private or semi-private room	Superior private room
Inpatient Treatment All inpatient treatment ordered by a physician; Fees of the attending doctor, surgeon, and anaesthetist, as well as other medical staff involved; Intensive care unit, diagnostics, laboratory and instrumental tests, electrocardiograms; Medical imaging (X-rays, CT, MRI, PET) drugs and materials	✓	✓	✓	✓
Parental Accommodation	✓	✓	✓	✓
Inpatient Psychiatric Treatment	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)	Paid in full ² / 200,000	Paid in full ² / 250,000	Paid in full ² / 300,000	Paid in full ² / 350,000
Palliative Treatment & Hospice Care	x	✓	✓	✓
Hospitalisation Daily Allowance Alternative to reimbursement of hospitalisation costs (max 20 nights)	125 per night	125 per night	125 per night	125 per night
POST HOSPITAL TREATMENT				
Rehabilitation (per discharge)	Max 30 days	Max 60 days	Max 90 days	Max 120 days
Outpatient Physiotherapy	10 visits	20 visits	30 visits	40 visits
External Prostheses and Devices	500	900	1,150	1,750

¹ For renewals and new contracts effective from 1st October 2026.

² Limit applies in USA, Singapore, Switzerland, Saudi Arabia, UAE and UK.

ONCOLOGY TREATMENT				
Consultations, Tests, Radiotherapy, or Chemotherapy & Take-Home Drugs	✓	✓	✓	✓
Cost of a Wig/Hairpiece If required following a course of Cancer Treatment	x	900	1,150	1,750
OUTPATIENT CARE (except for Oncology treatment and Dental treatments)				
My Daily Telehealth virtual consultation Access to telemedicine services worldwide via the daily health mobile app	✓	✓	✓	✓
Treatments and Consultations received from Private Doctors and Outpatient 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)	1,000 ³	2,300	9,200	✓
Hormone Replacement Therapy	x	x	✓	✓
Physiotherapy (When prescribed by a physician)	x	10 visits	15 visits	20 visits
Alternative/Complementary Medical Practices	x	10 visits	20 visits	30 visits
Limit per visit	x	40	45	60
Nursing at Home	x	x	90 days	90 days
Psychiatric Outpatient Consultations & Prescribed Drugs	x	1,000	2,500	3,500
RESTRICTIONS AND LIMITS APPLICABLE TO CERTAIN MEDICAL CONDITIONS OR EVENTS ⁴				
Congenital and Hereditary Diseases (Available for children up to the age of 18 only)	x	5,000	10,000	25,000
HIV/AIDS (Waiting period of 22 months) Lifetime Limit	11,000	16,500	22,000	27,500
DENTAL CARE				
Annual Limit for all the benefits included under Dental Care (20% Co-payment)	x	600	1,000	3,000
Kind of dental treatment	x	Basic	Basic & Major	Basic & Major
Dental Treatment following an Accident	x	1,200	2,300	5,500
MATERNITY CARE (11-month waiting period applies)				
Normal Pregnancy and Childbirth	x	5,000	10,000	18,000
Complicated Pregnancy and Childbirth (For Prime and Plus: in life-threatening situations paid in full)	x	15,000	22,000	✓
New-born Care	x	x	82,500	82,500

³ Covered only the pre-hospitalisation tests, if they are needed in the 72 hours before in-patient or day care treatment

⁴ Waiting Periods and limits indicated in this section prevail over those envisaged elsewhere in the Schedule of Benefits

PREVENTIVE CARE				
Well Child Care (20% Co-payment)	x	x	600	1,150
Adult Health Screening (Check-up) 20% Co-payment	x	250	600	1,150
Vaccination	150	150	250	250
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	✓	✓	✓	✓
Emergency Medical Evacuation - Companion-related Costs	✓	✓	✓	✓
For one person accompanying an evacuated person	Covered	Covered	Covered	Covered
Compassionate Trip Home Flight Ticket for one round trip per insured person per year	x	✓ Economy	✓ Economy	✓ Economy
Repatriation or Local Burial	✓	✓	✓	✓
Repatriation or Local Burial family members' related travel costs	x	3,000 per event	3,000 per event	3,000 per event
Kidney Dialysis (Paid in full within the scope permitted by the definition)	✓	✓	✓	✓
Emergency Care out of Primary Area of Cover	55,000 30 days	110,000 30 days	✓ 45 days	✓ 60 days
ACCIDENTAL DEATH				
Lump-sum benefit for insured persons aged from 18 to 70	x	x	5,000	15,000

NOTE: This summary covers the key benefits of each plan. Some benefits carry waiting periods, co-payments and sub-limits, which are set out in the full Schedule of Benefits and policy terms.