

# UltraCare Plans

## Table of Benefits

Overall Limits	Plus	Comprehensive	Select	Standard	
Under the terms and conditions of the <b>plan</b> , we will pay necessary, customary and reasonable expenses up to an overall maximum, per <b>insured person</b> per <b>plan year</b> (unless a lifetime limit is specified):	£2,000,000 \$3,400,000 €3,000,000	£1,000,000 \$1,700,000 €1,500,000	£750,000 \$1,275,000 €1,125,000	£500,000 \$850,000 €750,000	
<b>In-Patient and Daycare Treatment</b>					
<b>Accidents</b> and <b>emergencies</b> , intensive care and theatre costs	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
<b>Hospital</b> accommodation					
Nursing fees, medical expenses and ancillary charges					
Surgeons', <b>consultants</b> ', anaesthetists' and <b>medical practitioners</b> ' fees					
Prescribed medicines and drugs					
Reconstructive surgery following an <b>accident</b> or following surgery for an eligible <b>medical condition</b>					
Prostheses: artificial body parts surgically implanted to form permanent parts of an <b>insured person's</b> body					
MRI, PET and CT scans					
X-rays, pathology, <b>diagnostic tests</b> and <b>procedures</b>					
Oncology tests, drugs and <b>consultants</b> ' fees including cover for chemotherapy and radiotherapy					
Allergies: <b>treatment</b> of allergic <b>medical conditions</b>					
Physiotherapy by a registered <b>physiotherapist</b> , when referred by a <b>medical practitioner</b> , <b>consultant</b> or <b>specialist</b>					
Parent accommodation, insured parent with an insured child under 18 years of age in <b>hospital</b>					
Accidental damage to <b>natural teeth</b>					
<b>Psychiatric treatment</b> up to 30 days available after 12 months continuous cover under the <b>plan</b>	Not Covered	Not Covered	Not Covered		
<b>Out Patient Treatment<sup>1</sup></b>					
<b>Primary</b> consultations and <b>treatment</b> to include <b>medical practitioners</b> ' fees, prescribed medicines, drugs and dressings	Covered in Full	Covered up to £5,000 \$8,500 €7,500	Covered up to £3,000 \$5,100 €4,500	Not Covered	
X-rays, pathology, <b>diagnostic tests</b> and <b>procedures</b>					
<b>Specialists</b> ' and <b>consultants</b> ' fees for consultations, prescribed medicines, drugs and dressings					
<b>Psychiatric treatment</b> available after 12 months continuous cover under the <b>plan</b>	Covered up to £2,000 \$3,400 €3,000	*Complementary medicine and treatment, Chinese herbal medicine and Physiotherapy up to a maximum sub-limit of £1,000 \$1,700 €1,500	*Complementary medicine and treatment, Chinese herbal medicine and Physiotherapy up to a maximum sub-limit of £750 \$1,275 €1,125		
Complementary medicine and <b>treatment</b> by a <b>therapist</b> , when referred by a <b>medical practitioner</b> , <b>consultant</b> or <b>specialist</b> . This <b>benefit</b> extends to osteopathic, chiropractic, homeopathic and acupuncture <b>treatment</b> *	Covered up to £2,000 \$3,400 €3,000				
Chinese herbal medicine*					
Physiotherapy by a registered <b>physiotherapist</b> , when referred by a <b>medical practitioner</b> , <b>consultant</b> or <b>specialist</b> *	Covered in Full				
Oncology tests, drugs and <b>consultants</b> ' fees including cover for chemotherapy and radiotherapy	Covered in Full	Covered in Full	Covered in Full		
MRI, PET and CT scans					
<b>Out-patient</b> surgical operations					
Allergies: <b>treatment</b> of allergic <b>medical conditions</b>	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225		
<b>Post-hospitalisation treatment</b>	Covered in Full up to 90 days	Covered in Full up to 90 days	Covered in Full up to 90 days		Covered in Full up to 90 days
<b>Out-Patient Dental Treatment<sup>2</sup></b> (available after 6 months continuous cover)					
<b>Treatment</b> for the immediate relief of <b>dental</b> pain, accidental damage to <b>natural teeth</b> and restoration of <b>natural teeth</b> including x-rays, fillings, extractions, root-canal <b>treatment</b> , gum <b>treatment</b> , semi-precious and replacement crowns	Covered up to 75% of £750 \$1,275 €1,125	Covered up to 75% of £500 \$850 €750	Not Covered		Not Covered
<b>Wellness Benefit</b>					
Adults (18+): <b>Routine health checks</b> including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations	Covered up to £500 \$850 €750	Covered up to £400 \$680 €600	Not Covered	Not Covered	
Children (0-17): Well child tests and vaccinations					
<b>Chronic Medical Conditions</b>					
Stabilisation of <b>acute</b> exacerbations / episodes of <b>chronic medical conditions</b>	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient and daycare section and immediately following in-patient or daycare treatment for a period of 90 days after discharge	
Maintenance, routine checkups, prescribed drugs and dressings, and <b>palliative treatment</b>	Covered up to a lifetime limit of £60,000 \$102,000 €90,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £40,000 \$68,000 €60,000	Not Covered	
Please note: In the event of a <b>chronic medical condition</b> being deemed <b>terminal</b> , cover under the Chronic Medical Conditions <b>benefit</b> will cease. <b>Terminal medical conditions</b> can only be covered under the Terminal Illness <b>benefit</b> .					
<b>Terminal Illness</b>					
<b>Palliative treatment</b> and <b>hospice</b> care on diagnosis of a <b>terminal</b> condition	Covered up to a lifetime limit of £60,000 \$102,000 €90,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £40,000 \$68,000 €60,000	Not Covered	

## Table of Benefits (continued)

Hormone Replacement Therapy	Plus	Comprehensive	Select	Standard
Hormone replacement therapy in respect of pre- and post-menopausal symptoms	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225 immediately following in-patient or daycare treatment for a period of 90 days after discharge
<b>HIV/AIDS</b> (available after 4 years from the date that the benefit was first introduced on your plan)				
<b>Treatment</b> for HIV/AIDS and <b>related medical conditions</b>	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Not Covered
<b>Emergency Local Ambulance</b>				
Costs of road ambulance transport required due to an <b>emergency</b> or <b>medical necessity</b> to the nearest available and appropriate local <b>hospital</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Organ Transplant</b>				
<b>Treatment</b> for and in relation to an organ transplant of either: kidney, liver, heart, lung, or heart and lung, in respect of the <b>insured person</b> as recipient and not the organ donor	Covered up to £250,000 \$425,000 €375,000	Covered up to £250,000 \$425,000 €375,000	Covered up to £250,000 \$425,000 €375,000	Covered up to £250,000 \$425,000 €375,000
<b>Nursing at Home</b>				
Primary care services of a <b>registered nurse</b> in the <b>insured person's</b> home immediately after, or instead of, <b>in-patient</b> or <b>daycare treatment</b>	Covered up to £5,000 \$8,500 €7,500	Covered up to £2,500 \$4,250 €3,750	Covered up to £2,500 \$4,250 €3,750	Covered up to £1,500 \$2,550 €2,250
Please note: The Nursing at Home <b>benefit</b> does not apply to <b>terminal medical conditions</b> . <b>Terminal medical conditions</b> can only be covered under the Terminal Illness <b>benefit</b>				
<b>Compassionate Emergency Visit</b>				
Costs incurred by an <b>insured person</b> for an economy class return airfare from the <b>country of residence</b> to visit a <b>dose family member</b> , up to the attained age of 75 years, in the event of a <b>medical condition</b> that results in that <b>dose family member</b> being placed on a <b>critical</b> list, or his/her death. Limited to one return journey per <b>insured person</b> per <b>plan year</b>	Covered in Full	Covered in Full	Covered in Full	Not Covered
<b>Hospital Cash Benefit</b>				
Cash payment payable for each night where <b>treatment</b> is received by an <b>insured person</b> as a <b>non-paying patient</b>	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250
<b>Legal Expenses</b>				
Legal expenses incurred by an <b>insured person</b> with <b>our</b> prior written consent in pursuit of a claim against a third party who has caused <b>bodily injury</b> to, or the death of, an <b>insured person</b>	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250
<b>Emergency Evacuation and Repatriation</b>				
The transportation costs of an <b>insured person</b> to the nearest centre where adequate medical facilities are available. Payment of this <b>benefit</b> , including <b>treatment</b> incurred, will be subject to the <b>insured person</b> suffering from a <b>medical condition</b> ; (a)** that necessitates the <b>insured person</b> being placed on a <b>critical</b> list, or, (b) for which, in <b>our</b> opinion, adequate <b>treatment</b> is not available in the location where such <b>treatment</b> is required and/or recovery would be substantially expedited thereby	Covered in Full	Covered in Full	Covered in Full	Covered in Full When relating to in-patient and daycare treatment
Economy class return airfare following an emergency medical evacuation, to <b>country of residence</b>				
**Travelling, accommodation and economy class return airfare expenses for <b>pre-authorised</b> costs of a <b>close business colleague</b> , or the <b>insured person's dependants</b> , or in the case of the <b>insured person</b> being a <b>dependant</b> , a parent or <b>close family member</b> , having to accompany the <b>insured person</b> for an emergency medical evacuation. This <b>benefit</b> will only become available under the conditions detailed in clause (a) above				
<b>Repatriation of Mortal Remains</b>				
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an <b>insured person</b> , from the place of death to the <b>home country</b> , or the preparation and local burial or cremation of the mortal remains of the <b>insured person</b> , who dies outside of the <b>home country</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Emergency Medical Treatment Outside Area of Cover</b>				
<b>Emergency</b> medical <b>treatment</b> cover outside of geographic <b>area of cover</b>	Covered up to £35,000 \$59,500 €52,500	Covered up to £30,000 \$51,500 €45,000	Covered up to £20,000 \$34,000 €30,000	Not Covered
<b>Deductibles</b>				
<sup>1</sup> <b>Out-patient</b> medical <b>treatment</b> standard <b>excess</b> (applied per <b>medical condition</b> , per <b>plan year</b> )	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50
<sup>2</sup> <b>Out-patient dental treatment co-insurance</b> (applied per <b>claim</b> )	25%	25%	N/A	N/A