

Table of benefits – International Schools

		Gold	Silver	Bronze
1	Overall limits			
1.1	Under the terms and conditions of the plan, we will pay reasonable costs up to an overall maximum, for you in each plan year (unless a lifetime limit is shown):	£1,000,000 \$1,700,000 €1,500,000	£750,000 \$1,275,000 €1,125,000	£500,000 \$850,000 €750,000

2 In-patient and daycare treatment <small>(see section 19 for deductibles)</small>				
2.1	Accidents and emergencies	Paid in full	Paid in full	Paid in full
2.2	Hospital accommodation			
2.3	Intensive care, theatre costs, nursing fees, medical expenses and other charges, surgeons', consultants', anaesthetists' and medical practitioners' fees, prescribed drugs, MRI, PET and CT scans, X-rays, pathology, diagnostic tests and procedures and physiotherapy by a registered physiotherapist			
2.4	Reconstructive surgery following an accident or following surgery for an eligible medical condition			
2.5	Prostheses: artificial body parts surgically implanted to form permanent parts of your body			
2.6	Parent accommodation (for an insured parent with an insured child under 18 years of age in hospital)			
2.7	Accidental damage to natural teeth			
2.8	Psychiatric treatment and psychotherapy for up to 30 days, available after you have had 12 months continuous cover under the plan	Not covered	Not covered	Not covered

3 Out-patient treatment <small>(see section 19 for deductibles)</small>				
3.1	Consultations to include medical practitioners' fees, prescribed drugs and dressings, X-rays, pathology, diagnostic tests and procedures	Paid in full	Paid up to £4,000 \$6,800 €6,000 *Physiotherapy limited to £250 \$425 €375	Up to £300 \$510 €450 paid in each plan year immediately following related in-patient or daycare treatment for a period of 90 days after leaving hospital
3.2	Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist*	Paid up to £500 \$850 €750		Not covered
3.3	Psychiatric treatment and psychotherapy available after you have had 12 months continuous cover under the plan	Paid up to £1,500 \$2,550 €2,250	Paid up to £1,000 \$1,700 €1,500	
3.4	Complementary medicine and treatment by a therapist, when referred by a medical practitioner, consultant or specialist. This benefit covers osteopathic, chiropractic, homeopathic and acupuncture treatment only	Paid up to £500 \$850 €750	Paid up to £250 \$425 €375	
3.5	Traditional Chinese medicine			
3.6	MRI, PET and CT scans			
3.7	Out-patient surgical operations	Paid in full	Paid in full	

4 Out-patient dental treatment				
4.1	Treatment for the immediate relief of dental pain, accidental damage to natural teeth and restoring natural teeth including X-rays, fillings, extractions, root-canal treatment, gum treatment, semi-precious and replacement crowns. This benefit is available after you have had 182 days continuous cover under the plan (see section 19 for deductibles)	Paid up to 75% of £750 \$1,275 €1,125	Paid up to 75% of £500 \$850 €750	Not covered
4.2	One dental checkup in each plan year to include scraping, cleaning and polishing	Not covered	Not covered	

		Gold	Silver	Bronze
5	Cancer care <small>(see section 19 for deductibles)</small>			
5.1	Treatment aimed to cure cancer, including bone marrow transplants	Paid in full	Paid in full	Covered in the benefit limit shown in section 2. Covered in the benefit limit shown in section 3.1 immediately following in-patient or daycare treatment for a period of 90 days after leaving hospital
5.2	Stabilising acute episodes of a cancer which is diagnosed as a chronic medical condition			
5.3	Consultations, tests, drugs and dressings to maintain the symptoms of a cancer which is diagnosed as a chronic medical condition	Covered in the benefit limit shown in section 6.2	Covered in the benefit limit shown in section 6.2	Not covered
5.4	Palliative and hospice care when cancer is diagnosed as a terminal medical condition	Covered in the benefit limit shown in section 7.1	Covered in the benefit limit shown in section 7.1	

6	Chronic medical conditions <small>(see section 19 for deductibles)</small>			
6.1	Stabilising acute episodes of chronic medical conditions	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limit shown in section 2. Covered in the benefit limit shown in section 3.1 immediately following in-patient or daycare treatment for a period of 90 days after leaving hospital
6.2	Consultations, tests, drugs and dressings to maintain the symptoms of a chronic medical condition	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £40,000 \$68,000 €60,000	Not covered
6.3	Please note: If a chronic medical condition becomes terminal, cover under the chronic medical conditions benefit will end. We can only cover terminal medical conditions under the terminal illness benefit.			

7	Terminal illness			
7.1	Palliative and hospice care for a terminal medical condition	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £40,000 \$68,000 €60,000	Not covered

8	Hormone replacement therapy			
8.1	Hormone replacement therapy for pre- and post-menopausal symptoms	Paid up to £150 \$255 €225	Paid up to £150 \$255 €225	Up to £150 \$255 €225 paid in each plan year immediately following related in-patient or daycare treatment for a period of 90 days after leaving hospital

9	HIV or AIDS <small>available after you have had 4 years continuous cover from the date that the benefit was first introduced on your plan (see section 19 for deductibles)</small>			
9.1	Treatment for HIV or AIDS and related medical conditions	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Paid up to a lifetime limit of £50,000 \$85,000 €75,000	Not covered

10	Emergency local ambulance			
10.1	Costs of appropriate ambulance transport needed because of an emergency or medical necessity to the nearest available and appropriate local hospital	Paid in full	Paid in full	Paid in full

11	Organ transplants <small>(see section 19 for deductibles)</small>			
11.1	Transplants of kidney, liver, heart, lung or heart and lung and any related treatment that you need as a result of a covered medical condition	Paid up to £250,000 \$425,000 €375,000	Paid up to £250,000 \$425,000 €375,000	Paid up to £250,000 \$425,000 €375,000

		Gold	Silver	Bronze
12	Nursing at home			
12.1	Primary care services of a registered nurse in your home immediately after, or instead of, in-patient or daycare treatment	Paid up to £5,000 \$8,500 €7,500	Paid up to £2,500 \$4,250 €3,750	Paid up to £1,500 \$2,550 €2,250
12.2	Please note: The benefit for nursing at home does not apply to terminal medical conditions. We can only cover terminal medical conditions under the terminal illness benefit.			

13	Compassionate emergency visit			
13.1	Costs you have to pay for an economy class return ticket from a country within your area of cover to visit a close family member, if their medical condition results in them being placed on a critical list, or their death. You are limited to one return journey in each plan year	Paid in full	Paid in full	Not covered

14	Hospital cash benefit			
14.1	Cash payment made to you for each night where you receive treatment as a non-paying patient	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250	£250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250



15	Evacuation and repatriation			
15.1	The costs to transport you to the nearest centre where appropriate medical facilities are available. We will only pay this benefit, including treatment received, if you suffer from a medical condition; (a) that means you need to be placed on a critical list, or (b) for which, in our opinion, appropriate treatment is not available locally	Paid in full	Paid in full	Paid in full when relating to in-patient and daycare treatment
15.2	Economy class return ticket following your evacuation, to the country where you live			
15.3	Costs of your dependants, a close family member or business colleague having to accompany you for a medical evacuation. This benefit will only become available under the conditions detailed in clause (a) of section 15.1 above and must be pre-authorized by us. We will provide cover for the following: <ul style="list-style-type: none"> • return economy flight • overnight accommodation to include breakfast • return taxi from the airport to the hotel • return taxi from the hotel to the hospital once a day 			

16	Mortal remains			
16.1	If you die outside of your home country, we will pay the costs of preparing and transporting your body, mortal remains or ashes to your home country, or we will pay the costs of preparing your body or mortal remains for local burial or cremation	Paid up to £15,000 \$25,500 €22,500	Paid up to £15,000 \$25,500 €22,500	Paid up to £15,000 \$25,500 €22,500

17	Emergency medical treatment outside area of cover <small>(see section 19 for deductibles)</small>			
17.1	Emergency medical treatment outside of your area of cover	Paid up to £35,000 \$59,500 €52,500	Paid up to £30,000 \$51,500 €45,000	Not covered

		Gold	Silver	Bronze
18	Maternity care available after you have had 12 months continuous cover under the plan (see section 19 for deductibles)			
18.1	<p>Delivery costs, antenatal checkups, postnatal checkups, examinations, hospital accommodation costs and nursing charges, during a normal uncomplicated pregnancy and normal uncomplicated childbirth. This benefit covers no more than three routine antenatal ultrasound scans (one in each trimester) during the term of a normal uncomplicated pregnancy. If any more ultrasound scans are needed, your treating doctor must provide full reasons in the medical section of the claim form. This benefit also covers 12 routine antenatal visits during the term of a normal uncomplicated pregnancy. If any more antenatal visits are needed, your treating doctor must provide full reasons in the medical section of the claim form, so we can consider cover.</p> <p>This benefit covers the following for the newborn child:</p> <ul style="list-style-type: none"> one consultation charge to cover a physical examination, vitamin K, hepatitis B and BCG vaccine; one hearing test; routine blood tests for PKU, congenital hypothyroidism and G6PD; accommodation costs for no more than four nights for the newborn child, if the mother is admitted and not suffering any complications. 	<p>Paid up to 80% of</p> <p>£5,000 \$8,500 €7,500</p>	Not covered	Not covered
18.2	Treatment for a medical complication which happens during the antenatal period of a pregnancy or childbirth due to a medical condition. This benefit does not cover any complication arising during the antenatal, childbirth or postnatal period in a pregnancy resulting from assisted conception. This will be limited to the amounts shown in section 18.1	Paid in full	<p>Paid up to</p> <p>£5,000 \$8,500 €7,500</p>	<p>Paid up to</p> <p>£2,500 \$4,250 €3,750</p>
18.3	Hospital accommodation costs for a newborn child to stay with its mother when she is receiving treatment as an in-patient in a hospital for a medical condition covered under section 18.2		Paid in full	Paid in full
18.4	Terminating a pregnancy when medically necessary			
18.5	Investigation and treatment of birth defects and congenital abnormalities, including birth trauma, which are diagnosed in the first six months from birth. This benefit is available for each pregnancy covered under sections 18.1 or 18.2 for 12 months from the date of diagnosis if the newborn child is added to the plan before they are 30 days old	<p>Paid up to</p> <p>£20,000 \$34,000 €30,000</p>	<p>Paid up to</p> <p>£20,000 \$34,000 €30,000</p>	<p>Paid up to</p> <p>£20,000 \$34,000 €30,000</p>

19 Deductibles				
19.1	Out-patient medical treatment standard excess on sections 3, 5, 6 and 9 (applied for each medical condition in each plan year)	<p>£30 \$50 €45</p>	<p>£30 \$50 €45</p>	<p>£30 \$50 €45</p>
19.2	In-patient, daycare and out-patient medical treatment excess on sections 2, 3, 5, 6, 9, 11 and 17 (applied for each medical condition in each plan year)	Only applied if you have chosen a voluntary excess. This replaces the standard excess as shown in section 19.1	Only applied if you have chosen a voluntary excess. This replaces the standard excess as shown in section 19.1	Only applied if you have chosen a voluntary excess. This replaces the standard excess as shown in section 19.1
19.3	Out-patient dental treatment co-insurance on section 4.1 (applied to each claim)	25%	25%	N/A
19.4	Normal uncomplicated pregnancy and normal uncomplicated childbirth co-insurance on section 18.1 (applied to each claim)	20%	N/A	N/A

20 red24 security services				
20.1	 AdviceLine – 24/7 personal security information and advice for all travel safety queries	<p>Included on your plan</p> <p>Please contact red24 or visit www.red24.com/interglobal</p>	<p>Included on your plan</p> <p>Please contact red24 or visit www.red24.com/interglobal</p>	
20.2	 ActionResponse – 24/7 international rescue and response service for a potentially life-threatening, non-medical event			N/A