

Japan Top Up Plan with Dental 2010

Table of Benefits

Overall Limits	US Dollars
Under the terms and conditions of the plan , we will pay necessary, reasonable and customary expenses up to an overall maximum, per insured person per plan year (unless a lifetime limit is specified):	\$50,000
In-Patient and Daycare Treatment	
Accidents and emergencies , intensive care and theatre costs	
Hospital accommodation	
Nursing fees, medical expenses and ancillary charges	
Surgeons', consultants' , anaesthetists' and medical practitioners' fees	
Prescribed medicines and drugs	
Reconstructive surgery following an accident or following surgery for an eligible medical condition	
Prostheses: artificial body parts surgically implanted to form permanent parts of an insured person's body	
MRI, PET and CT scans	% not covered by Japan National Health
X-rays, pathology, diagnostic tests and procedures	
Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy	
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner , consultant or specialist	
Parent accommodation, insured parent with an insured child under 18 years of age in hospital	
Accidental damage to natural teeth	
Psychiatric treatment up to 30 days available after 12 months continuous cover under the plan	
Out-Patient Treatment¹	
Primary treatment and consultations to include medical practitioners' fees, prescribed medicines, drugs and dressings	
X-rays, pathology, diagnostic tests and procedures	
Specialists' and consultants' fees for consultations, prescribed medicines, drugs and dressings	
Psychiatric treatment available after 12 months continuous cover under the plan	
Complementary medicine and treatment by a therapist , when referred by a medical practitioner , consultant or specialist . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture treatment . Cover for traditional Chinese medicine is included and available without referral	% not covered by Japan National Health
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner , consultant or specialist	
Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy	
MRI, PET and CT scans	
Out-patient surgical operations	
Post-hospitalisation treatment	
Out-Patient Dental Treatment² (available after 6 months continuous cover under the plan)	
Treatment for the immediate relief of dental pain, accidental damage to natural teeth and the restoration of natural teeth including x-rays, fillings, extractions, root-canal treatment , gum treatment , semi-precious and replacement crowns	% not covered by Japan National Health up to \$1,000
Wellness Benefit	
Adults (18+): Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations	Not Covered
Children (0-17): Well child tests and vaccinations	
Chronic Medical Conditions	
Stabilisation of acute exacerbations/episodes of chronic medical conditions	
Maintenance, routine checkups, prescribed drugs and dressings and palliative treatment	% not covered by Japan National Health
Please note: In the event of a chronic medical condition being deemed terminal , cover under the Chronic Medical Conditions benefit will cease. Terminal medical conditions can only be covered under the Terminal Illness benefit	
Terminal Illness	
Palliative treatment and hospice care on diagnosis of a terminal condition	% not covered by Japan National Health
Hormone Replacement Therapy	
Hormone replacement therapy in respect of pre- and post-menopausal symptoms	Not Covered
HIV/AIDS (available after 4 years from the date that the benefit was first introduced on your plan)	
Treatment for HIV/AIDS and related medical conditions	Not Covered
Emergency Local Ambulance	
Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital	Not Covered
Organ Transplant	
Treatment for and in relation to an organ transplant of either; kidney, liver, heart, lung or heart and lung, in respect of the insured person as recipient and not the organ donor	Not Covered

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Table of Benefits continued

Nursing at Home	
Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or daycare treatment	% not covered by Japan National Health
Please note: The Nursing at Home benefit does not apply to terminal medical conditions . Terminal medical conditions can only be covered under the Terminal Illness benefit	
Compassionate Emergency Visit	
Costs incurred by an insured person for an economy class return airfare from Japan to visit a close family member , up to the attained age of 75 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person per plan year	Not Covered
Hospital Cash Benefit	
Cash payment payable for each night where treatment is received by an insured person as a non-paying patient	Not Covered
Legal Expenses	
Legal expenses incurred by an insured person with our prior written consent in pursuit of a claim against a third party who has caused bodily injury to, or the death of, an insured person	Not Covered
Emergency Evacuation and Repatriation	
The transportation costs of an insured person to the nearest centre where adequate medical facilities are available. Payment of this benefit , including treatment incurred, will be subject to the insured person suffering from a medical condition ; (a) that necessitates the insured person being placed on a critical list**, or (b) for which, in our opinion, adequate treatment is not available in the location where such treatment is required and/or recovery would be substantially expedited thereby	Not Covered
Economy class return airfare following an emergency medical evacuation, to country of residence	
**Travelling, accommodation and economy class return airfare expenses for pre-authorized costs of a close business colleague or the insured person's dependants having to accompany the insured person for an emergency medical evacuation. This benefit will only become available under the conditions detailed in clause (a) above	
Repatriation of Mortal Remains	
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person , from the place of death in Japan to the home country , or the preparation and local burial or cremation of the mortal remains of the insured person , who dies in Japan	Not Covered
Emergency Medical Treatment Outside Area of Cover	
Emergency medical treatment cover outside of geographic area of cover	Not Covered
Maternity Care³	
Normal pregnancy and childbirth comprising normal pre-natal treatments and examinations, normal childbirth, normal post-natal treatments and examinations. This benefit is limited to a maximum of 3 routine antenatal ultrasound scans (one in each trimester), we will consider 12 routine antenatal visits. Under the childbirth benefit , we will cover the following for the newborn baby: 1 consultation charge including physical examination, 1 hearing test, routine blood tests and accommodation charge of up to 4 nights for the newborn if the mother is admitted and not suffering any complications. Subject to the benefit limit shown (available after 12 months continuous cover)	Not Covered
Complications of pregnancy: 1) Treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth. 2) New-born accommodation: hospital accommodation costs for a new-born child to accompany its mother while she is receiving treatment as an in-patient in a hospital for a medical condition covered under the complications of pregnancy. 3) Termination of pregnancy when medically necessary	
Birth defects and congenital abnormalities : Investigation and treatment of birth defects and congenital abnormalities , including birth trauma, provided that such are diagnosed in the first six (6) months from birth. Please note: This benefit is available per eligible pregnancy for a period of twelve (12) months from the initial diagnosis date, provided the newborn child/ren is/are added to the plan within 30 days from birth	
International Clinic Out-Patient Treatment⁴	
Primary treatment and consultations to include medical practitioners' fees , prescribed medicines, drugs and dressings	Covered up to \$500
X-rays, pathology, diagnostic tests and procedures	
Specialists' and consultants' fees for consultations, prescribed medicines, drugs and dressings	
Deductibles	
¹ Out-patient medical treatment excess (applied per out-patient visit to a medical practitioner, consultant or specialist)	\$50
² Out-patient dental treatment co-insurance (applied per claim)	Nil
³ Normal pregnancy and childbirth co-insurance (applied per claim)	N/A
⁴ International Clinic out-patient medical treatment excess (applied per out-patient visit to a medical practitioner, consultant or specialist)	\$50