

# Japan Top Up Plus Plan with Dental 2010

## Table of Benefits

Overall Limits	US Dollars
Under the terms and conditions of the <b>plan</b> , <b>we</b> will pay necessary, <b>reasonable and customary</b> expenses up to an overall maximum, per <b>insured person</b> per <b>plan year</b> (unless a lifetime limit is specified):	\$50,000
<b>In-Patient and Daycare Treatment</b>	
<b>Accidents</b> and <b>emergencies</b> , intensive care and theatre costs	% not covered by Japan National Health
<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	
Physiotherapy by a registered <b>physiotherapist</b> , when referred by a <b>medical practitioner, 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>	
<b>Out-Patient Treatment<sup>1</sup></b>	
<b>Primary treatment</b> and consultations to include <b>medical practitioners</b> ' fees, prescribed medicines, drugs and dressings	% not covered by Japan National Health
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>	
Complementary medicine and <b>treatment</b> by a <b>therapist</b> , when referred by a <b>medical practitioner, consultant</b> or <b>specialist</b> . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture <b>treatment</b> . Cover for traditional Chinese medicine is included and available without referral	
Physiotherapy by a registered <b>physiotherapist</b> , when referred by a <b>medical practitioner, consultant</b> or <b>specialist</b>	
Oncology tests, drugs and <b>consultants</b> ' fees including cover for chemotherapy and radiotherapy	
MRI, PET and CT scans	
<b>Out-patient</b> surgical operations	
<b>Post-hospitalisation treatment</b>	
<b>Out-Patient Dental Treatment<sup>2</sup></b> (available after 6 months continuous cover under the plan)	
<b>Treatment</b> for the immediate relief of <b>dental</b> pain, accidental damage to <b>natural teeth</b> and the 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	% not covered by Japan National Health up to \$1,000
<b>Wellness Benefit</b>	
Adults (18+): <b>Routine health checks</b> including cancer screening, cardiovascular examinations, neurological examinations, vital signs tests (e.g. blood pressure, cholesterol checks) and vaccinations	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>	% not covered by Japan National Health
Maintenance, routine checkups, prescribed drugs and dressings and <b>palliative treatment</b>	
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	% not covered by Japan National Health
<b>Hormone Replacement Therapy</b>	
Hormone replacement therapy in respect of pre- and post-menopausal symptoms	Not Covered
<b>HIV/AIDS</b> (available after 4 years from the date that the <b>benefit</b> was first introduced on <b>your plan</b> )	
<b>Treatment</b> for HIV/AIDS and <b>related medical conditions</b>	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>	Not Covered

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## Table of Benefits continued

<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	Not Covered
<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>	% not covered by Japan National Health
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 Japan to visit a <b>close 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>close 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
<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>	Not Covered
<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>	Not Covered
<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
Economy class return airfare following an <b>emergency</b> medical evacuation, to <b>country of residence</b>	
**Travelling, accommodation and economy class return airfare expenses for <b>pre-authorized</b> costs of a <b>close business colleague</b> or the <b>insured person's dependants</b> having to accompany the <b>insured person</b> for an <b>emergency</b> 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 in Japan 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 in Japan	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>	Not Covered
<b>Maternity Care<sup>3</sup></b>	
Normal pregnancy and childbirth comprising normal pre-natal <b>treatments</b> and examinations, normal childbirth, normal post-natal <b>treatments</b> and examinations. This <b>benefit</b> is limited to a maximum of 3 routine antenatal ultrasound scans (one in each trimester), <b>we</b> will consider 12 routine antenatal visits. Under the childbirth <b>benefit</b> , <b>we</b> 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 <b>benefit</b> limit shown (Available after 12 months continuous cover)	Not Covered
Complications of pregnancy: 1) <b>Treatment</b> of a <b>medical condition</b> which arises during the antenatal stages of pregnancy, or a <b>medical condition</b> which arises during childbirth. 2) New-born accommodation: <b>hospital</b> accommodation costs for a newborn child to accompany its mother while she is receiving <b>treatment</b> as an <b>in-patient</b> in a <b>hospital</b> for a <b>medical condition</b> covered under the complications of pregnancy. 3) Termination of pregnancy when <b>medically necessary</b>	
<b>Birth defects</b> and <b>congenital abnormalities</b> : Investigation and <b>treatment</b> of <b>birth defects</b> and <b>congenital abnormalities</b> , including birth trauma, provided that such are diagnosed in the first six (6) months from birth. Please note: This <b>benefit</b> 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 <b>plan</b> within 30 days from birth	
<b>International Clinic Out-Patient Treatment<sup>4</sup></b>	
<b>Primary treatment</b> and consultations to include <b>medical practitioners'</b> fees, prescribed medicines, drugs and dressings	Covered up to \$500
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>Deductibles</b>	
<sup>1</sup> <b>Out-patient</b> medical <b>treatment excess</b> (applied per out-patient visit to a <b>medical practitioner, consultant</b> or <b>specialist</b> )	Nil
<sup>2</sup> <b>Out-patient dental treatment co-insurance</b> (applied per <b>claim</b> )	Nil
<sup>3</sup> Normal pregnancy and childbirth <b>co-insurance</b> (applied per <b>claim</b> )	N/A
<sup>4</sup> International Clinic <b>out-patient</b> medical <b>treatment excess</b> (applied per out-patient visit to a <b>medical practitioner, consultant</b> or <b>specialist</b> )	\$50