

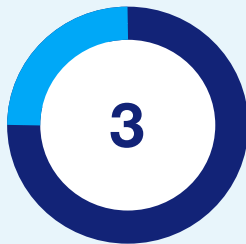
The process for building a bespoke product is simple by following this process when reviewing the Schedule of Benefits.



Choose the **level** of Core cover and currency



Choose if **Out-patient** cover is required and if so at what **level**



Choose if a **deductible** should be added to the Out-patient benefits



Choose if **Routine Dental** cover is required and if so at what **level**



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## International Health Care Plans Schedule of Benefits

Core Plan	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Annual Maximum Benefit USD (\$)	\$1,500,000.00	\$3,000,000.00	No Limit
Annual Maximum Benefit EUR (€)	€1,300,000.00	€2,600,000.00	No Limit
Annual Maximum Benefit GBP (£)	£1,150,000.00	£2,300,000.00	No Limit

All Hospital Care benefits require pre-authorisation

Core Plan Health Care Benefits Benefits marked with * require pre-authorisation	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Hospital Accommodation*</b>	Private room	Private Room	Private Room
<b>Day-patient Treatment*</b>	Paid in Full	Paid in Full	Paid in Full
<b>Prescriptions Medicines, Drugs and Dressings*</b>	Paid in Full	Paid in Full	Paid in Full
<b>Parental Accommodation*</b> Applies to a parent staying in the hospital with a dependant child under 18	Paid in Full	Paid in Full	Paid in Full
<b>Surgeon &amp; Anaesthetist's Fees*</b>	Paid in Full	Paid in Full	Paid in Full
<b>Surgical Procedures &amp; Appliances and Materials*</b> In-patient and day-patient treatment	Paid in Full	Paid in Full	Paid in Full
<b>Intensive Care*</b>	Paid in Full	Paid in Full	Paid in Full
<b>Therapist and Physician Fees*</b> In-patient and day-patient treatment only	Paid in Full	Paid in Full	Paid in Full
<b>Diagnostic Tests*</b> Includes pathology, X-rays, radiology, CT and MRI scans, PET and CT-PET scans In-patient and day-patient treatment only	Paid in Full	Paid in Full	Paid in Full
<b>Rehabilitation*</b> Treatment must be within 14 days of surgery and/or discharge after the acute medical condition In-patient and day-patient treatment only	\$4,000/€3,500/ £3,000	\$6,000/€5,000/ £4,500	Paid in Full
<b>Oncology Treatment*</b> In-patient, out-patient and day-patient treatment	Paid in Full	Paid in Full	Paid in Full
<b>Organ Transplant*</b>	Paid in Full	Paid in Full	Paid in Full

<b>Core Plan Health Care Benefits</b> Benefits marked with * require pre-authorization	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Dialysis*</b>	Paid in Full	Paid in Full	Paid in Full
<b>Psychiatric &amp; Psychotherapy Care*</b> 10 month waiting period applies In-patient and day-care treatment only	Up to 20 days	Up to 30 days	Paid in Full
<b>Hospice &amp; Palliative Care*</b>	Covered up to \$30,000/€25,000 /£22,000 per Lifetime	Covered up to \$47,000/€40,000 /£35,000 per Lifetime	Covered up to \$59,000/€50,000 /£45,000 per Lifetime
<b>Home nursing or in a convalescent home*</b> covered immediately after or instead of hospitalisation	\$200 /€175 /£150 per day up to 20 days	\$200 /€175 /£150 per day up to 30 days	Paid in Full
<b>Inpatient Cash Benefit</b> Where treatment is free of charge	\$150 /€125 /£115 per night up to 20 nights	\$150 /€125 /£115 per night up to 30 nights	\$150 /€125 /£115 per night up to 40 nights
<b>Second Medical Opinion</b> Provided by another medical professional to confirm the diagnosis and treatment of a primary physician or to offer an alternative diagnosis and or treatment	Not covered	Not covered	Included
<b>Accident &amp; Emergency Treatment</b> Outside of Area of Cover (for trips of a maximum period of 6 weeks)	20 days per year	30 days per year	30 days per year
<b>HIV/AIDS*</b> In-patient, out-patient and day-patient treatment	\$5,000/€4,250/£3,750	\$10,000/€8,500/£7,500	Paid in Full
<b>Ambulance Services</b>	Paid in Full	Paid in Full	Paid in Full
<b>Repatriation of Remains*</b>	Paid in Full	Paid in Full	Paid in Full
<b>Emergency Inpatient Dental Treatment</b>	Covered up to \$1,000/€850/£750	Covered up to \$2,000/€1,700/£1,500	Paid in Full

Wellness Benefits			
<b>Routine Annual Health Checks &amp; Preventive Care</b> Includes blood and cholesterol checks, physical examinations, blood pressure and BMI, urine analysis and hearing examination	70% Refund	Paid in Full	Paid in Full
<b>Cancer Screenings</b> <ul style="list-style-type: none"> <li>Mammograms (every two years for women aged 40 -49 or one mammogram every year for women aged 50+ )</li> <li>Routine gynaecological tests including PAP smears</li> <li>Testicular/prostate examination/PSA/DRE tests (every year for men aged 50 + or earlier based on family history)</li> <li>BRCA 1 &amp; BRCA 2 genetic tests for women with high risk for breast cancer (Pre-authorisation required)</li> </ul>	70% Refund	Paid in Full	Paid in Full
<b>My Wellbeing</b> <ul style="list-style-type: none"> <li>Customised healthy lifestyle mobile app and web based services focused on health activity and nutritional programmes</li> <li>Wellness Coaching</li> <li>International Employee Assistance Programme. Phone and Face to Face Counselling Service which provides access to a range of 24/7 multinational support services countries through a toll-free line.</li> </ul>	Included (max 5 visits)	Included (max 5 visits)	Included (max 5 visits)
<b>Vaccinations</b>	70% Refund	Paid in Full	Paid in Full

Maternity Benefits			
<b>Routine Maternity Care*</b> In-patient, out-patient and day-patient treatment 10-month waiting period	No cover	Covered up to \$10,000/€8,500/£7,500	Paid in Full
<b>Stem Cell Storage*</b> Costs covers extraction and one year preservation of stem cells	No cover	\$2,000/€1,750/£1,500 included within the routine maternity benefit	\$3,000 /€2,500/£2,250
<b>Complications of Pregnancy &amp; Childbirth*</b> 10-month waiting period	No cover	Paid in Full	Paid in Full
<b>Newborn Care*</b>	No cover	Covered up to \$147,000/€125,000/£115,000	Covered up to \$250,000/€210,000/£185,000

Assistance Services			
<p><b>Medical Evacuation &amp; Repatriation*</b> The eligible costs and expenses in connection with the Medical Evacuation and Repatriation Services are as follows:</p> <ol style="list-style-type: none"> <li>1. Transportation costs of the Insured Member to the nearest center of excellence or in the case of repatriation to the Insured Members Home Country or Host Country;</li> <li>2. Dispatch of a Medical Practitioner to Insured Member's location when it is deemed appropriate for medical management of a case;</li> <li>3. Mobile medical equipment and/or medical escort(s) for travel as Medically Necessary;</li> <li>4. Returning the Insured Member to their Home Country or Host Country following treatment and stabilisation. The return journey must be made within one month after treatment has been completed;</li> <li>5. Economy round-trip airfare for a family member to join an Insured Member who is travelling alone.</li> </ol>	Paid in Full	Paid in Full	Paid in Full
<p><b>World Watch® Global Security Intelligence</b> Online access to personal security information and general advice for travel safety related questions</p>	Included	Included	Included
<p><b>Medical Intelligence Reports</b> Continuously updated health information relating to travel destinations</p>	Included	Included	Included
<p><b>Travel Security Manager</b> Online Risk Management Tool for program administrators to monitor global events and communicate with members potentially impacted</p>	Included	Included	Included

### Outpatient Plan and Deductibles

The following Outpatient plans can be purchased with any of the Core Plans. They cannot be purchased separately.

Deductible options	Premium Discount		
Nil			
\$150 / €125 / £110	6%	5%	4%
\$300 / €250 / £225	11.5%	10%	7.5%
\$800 / €675 / £600	25%	22.5%	17.5%

## Optional Cover

Outpatient Health Care Benefits	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Maximum plan limit per member or dependant</b>	Combined limit \$7,500/ €6,500/ £5,750	Combined limit \$12,500/ €10,500/ £9,250	Paid in Full
<b>Medical Practitioner Fees &amp; Specialist Fees</b>	Paid in Full	Paid in Full	Paid in Full
<b>Prescription Drugs</b> Outpatient prescriptions relating to Oncology or HIV/AIDS will be captured under the Oncology or HIV/AIDS Core plan benefits			
<b>Non-Surgical &amp; Minor Surgical Procedures (ex. Dialysis)</b>			
<b>Lab/Diagnostic/Pathology</b>			
<b>Durable Medical Equipment &amp; Prosthetics</b>			
<b>Outpatient Rehabilitation</b> Treatment must be within 14 days of surgery and/or discharge after the acute medical condition. Includes Physiotherapy, Chiropractic, Osteopathy and Podiatry			
<b>Alternative &amp; Complementary Therapies</b> Includes Acupuncture and Acupressure			

Outpatient Health Care Benefits	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Psychiatry and Psychotherapy</b> 18 month waiting period applies	No cover	20 visits	30 visits
<b>Emergency Outpatient Dental Treatment</b>	No cover	Covered up to \$1,000 /€850 /£750	Covered up to \$1,000 /€850 /£750
<b>Infertility</b> 18 month waiting period applies	No cover	No cover	50% Refund \$10,000/ €8,500/ £7,500 lifetime limit
<b>Vision/ Optical</b> Includes one eye examination and hardware purchase per year	No Cover	Paid in full up to \$200/€175/£150	Paid in full up to \$300/€250 /£225

Outpatient Health Care Benefits	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Well Baby Cover</b> Out-patient and day-patient treatment Covered under the child's own policy and up until the child's second birthday. This benefit includes physical examinations, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening and routine immunisations	70% Refund	Paid in full	Paid In full
<b>Prescribed Drugs</b> Prescription is not legally required however the drugs must be prescribed by a medical practitioner	No Cover	\$50/€40/£35	\$60/€50/£45

### Dental Plan

The following Dental plans can be purchased with any of the Outpatient Plans. They cannot be purchased separately.

Dental Benefits	BeHealthy Dencare 1	BeHealthy Dencare 2	BeHealthy Dencare 3
<b>Maximum plan limit per member or dependant</b>	\$1,000/€850/ £750	\$2,500/€2,125/ £1,900	\$4,500/€3,800/ £3,350
<b>Dental treatment</b>	80% Refund	80% Refund	Paid in Full
<b>Dental surgery</b>	80% Refund	80% Refund	Paid in Full
<b>Periodontics</b>	No cover	80% Refund	80% Refund
<b>Orthodontic treatments and dental protheses</b>	No cover	50% Refund	65% Refund
<b>Orthodontic treatments for dependent children under the age of 18</b> 10 month waiting period applies	No cover	50% Refund up to \$1,250/€1,000/ £950	65% Refund up to \$2,300/€2,000/ £1,750

Region of cover			
Worldwide			
Worldwide excluding USA			