

## BeHealthy International Healthcare Schedule of Benefits.

**Effective 1st January 2024** 

Core Plan	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Annual Maximum Benefit USD (\$)	\$1,500,000	\$3,000,000	No Limit
Annual Maximum Benefit EUR (€)	€1,300,000	€2,600,000	No Limit
Annual Maximum Benefit GBP (£)	£1,200,000	£2,400,000	No Limit
Annual Maximum Benefit CHF	1,400,000 CHF	2,800,000 CHF	No Limit

*Benefits require pre-authorisation			
Core Plan Healthcare Benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Hospital Accommodation*	Private Room	Private Room	Private Room
Day-patient Treatment*	Paid in Full	Paid in Full	Paid in Full
Prescriptions Medicines, Drugs and Dressings*	Paid in Full	Paid in Full	Paid in Full
Parental Accommodation* Applies to a parent staying in the hospital with a dependant child under 18.	Paid in Full	Paid in Full	Paid in Full
Accommodation Costs for Accompanying Person* Staying in hospital in the same room in cases of critical conditions.	\$70 / €60 / £55 / 65 CHF per night	\$70 / €60 / £55 / 65 CHF per night	Paid in Full
Chronic Conditions	Covered up to listed benefit limits	Covered up to listed benefit limits	Covered up to listed benefit limits
Surgeon & Anaesthetist's Fees*	Paid in Full	Paid in Full	Paid in Full
Surgical Procedures & Appliances and Materials* In-patient and day-patient treatment.	Paid in Full	Paid in Full	Paid in Full
Intensive Care*	Paid in Full	Paid in Full	Paid in Full
Therapist & Physician Fees* In-patient and day-patient treatment only.	Paid in Full	Paid in Full	Paid in Full
Diagnostic Tests* 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
Rehabilitation* Treatment must start within 14 days of surgery and/or discharge after the acute medical condition. In-patient and day-patient treatment only.	\$4,000 / €3,600 / £3,200 / 3,900 CHF	\$11,100 / €10,000 / £8,900 / 10,800 CHF	Paid in Full
Reconstructive Surgery* After an accident, illness or injury. In-patient, out-patient and day-patient treatment.	Paid in Full	Paid in Full	Paid in Full
Congenital & Hereditary Conditions*	Paid in Full	Paid in Full	Paid in Full
Organ Transplant*	Paid in Full	Paid in Full	Paid in Full
Dialysis*	Paid in Full	Paid in Full	Paid in Full
Psychiatric & Psychotherapy Care* 10 month waiting period applies. In-patient and day-patient treatment only.	Up to 20 days	Up to 30 days	Paid in Full



\$30,000 / €26,750 / £24,500 / 29,000 CHF per lifetime	\$47,000 / €42,000 / £38,000 / 45,000 CHF per lifetime	\$59,000 / €52,500 / £48,000 / 56,500 CHF per lifetime
\$200 / €175 / £160 / 190 CHF per day up to 20 days	\$200 / €175 / £160 / 190 CHF per day up to 30 days	Paid in Full
\$140 / €125 / £115 / 135 CHF per night up to 20 nights	\$140 / €125 / £115 / 135 CHF per night up to 30 nights	\$140 / €125 / £115 / 135 CHF per night up to 40 nights
Not covered	Included	Included
20 days per year	30 days per year	30 days per year
\$4,800 / €4,250 / £3,900 / 4,600 CHF	\$9,500 / €8,500 / £7,800 / 9,200 CHF	Paid in Full
Paid in Full	Paid in Full	Paid in Full
Paid in Full	Paid in Full	Paid in Full
	€26,750 / £24,500 / 29,000 CHF per lifetime  \$200 / €175 / £160 / 190 CHF per day up to 20 days  \$140 / €125 / £115 / 135 CHF per night up to 20 nights  Not covered  20 days per year  \$4,800 / €4,250 / £3,900 / 4,600 CHF	€26,750 / £24,500 / 29,000 CHF per lifetime

<sup>\*</sup>Benefits require pre-authorisation

Core Plan Healthcare Benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Travel Costs of Insured Family Member In the event of repatriation of mortal remains.	\$1,700 / €1,500 / £1,350 / 1,600 CHF	\$1,700 / €1,500 / £1,350 / 1,600 CHF	\$1,700 / €1,500 / £1,350 / 1,600 CHF
In-patient Dental Treatment Following an Accident	\$950 / €850 / £750 / 920 CHF	\$1,900 / €1,700 / £1,500 / 1,850 CHF	Paid in Full
Preventative Surgery*	Not covered	\$22,300/ €20,000/ £18,300/ 21,500 CHF	\$33,500/ €30,000/ £27,500/ 32,500 CHF

Oncology Benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Oncology Treatment* In-patient, out-patient and day-patient treatment.	Paid in Full	Paid in Full	Paid in Full
Oncology Counselling Services  Consultations with a registered counsellor via our EAP service when you have been diagnosed with cancer.	7 visits	7 visits	7 visits
Wig or Prosthetic Bra Purchase of a wig or a prosthetic bra following cancer treatment.	\$175 / €150 / £135 /	\$175 / €150 / £135 /	\$175 / €150 / £135 /



Wellness Benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Routine Annual Health Checks & Preventive Care Includes blood and cholesterol checks, physical examinations, blood pressure and BMI, urine analysis and hearing examination.	70% Refund		Paid in Full
Cancer Screenings  Mammograms every two years for women aged 40-49 or one mammogram every year for women aged 50+  Routine gynaecological tests including PAP smears  Testicular/prostate examination/PSA/DRE tests every year for men aged 50+ or earlier based on family history  BRCA 1 & BRCA 2 genetic tests for women with high risk for breast cancer*		Paid in Full	
My Wellbeing A healthy lifestyle mobile app and web based services focused on health activity and nutritional programmes. Includes Digital Wellness Coaching.	Included	Included	Included
Employee Assistance Programme (EAP) Confidential, 24/7 telephonic support to help you and your family with life's challenges. Includes access to structured face-to-face, virtual and telephonic counseling services for acute conditions.	7 face-to-face visits per year & unlimited telephonic support per issue	7 face-to-face visits per year & unlimited telephonic support per issue	7 face-to-face visits per year & unlimited telephonic support per issue

Wellness Benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Livewell Online Resources  The Livewell portal is your guide for all things health and wellness related. It provides comprehensive information on the EAP service and offers an extensive range of educational materials and tools.	Included	Included	Included
Vaccinations	70% Refund	Paid in Full	Paid in Full
Dietician Consultations  Cover initial consultations and two follow up visits.	Not Covered	Not Covered	3 visits
Cardiovascular Genetic Testing	Not Covered	Not Covered	Paid in Full

Maternity Benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Routine Maternity Care* In-patient, out-patient and day-patient treatment 10-month waiting period.	Not covered	\$9,500/ €8,500/ £7,750/ 9,200 CHF per pregnancy	Paid in Full
Stem Cell Storage*  Costs covers extraction and one year preservation of stem cells  10-month waiting period.	Not covered	\$2,000 / €1,750 / £1,600/ 1,900 CHF per pregnancy included within the routine maternity benefit	\$3,000/ €2,500/ £2,250/ 2,700 CHF per pregnancy
Complications of Pregnancy & Childbirth*  10-month waiting period.	Not covered	Paid in Full	Paid in Full
Home Delivery* 10-month waiting period.	Not covered	\$1,100 / €1,000 / £900 / 1,080 CHF per pregnancy	Paid in Full



Medically Necessary Caesarean Section* 10-month waiting period.	Not covered	\$25,000 / €22,000 / £20,000 / 23,750 CHF per pregnancy	Paid in Full
Newborn Care*	Not covered	\$140,000 / €125,000 / £115,000 / 135,000 CHF per child	\$235,000 / €210,000 / £190,000 / 227,000 CHF per child

<sup>\*</sup>Benefits require pre-authorisation

Assistance Services	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Medical Evacuation & Repatriation* The eligible costs and expenses in connection with the Medical Evacuation and Repatriation Services are as follows:			
<ol> <li>Arranging and providing for transportation and related medical services (including the cost of a medical or non-medical escort) and medical supplies necessarily incurred in connection with the evacuation.</li> </ol>	Paid in Full	Paid in Full	Paid in Full
2. Returning the Insured Member to their Home Country or Host Country following treatment and stabilisation, their Home Country must be within their Area of Cover. The return journey must be made within one month after treatment has been completed.	Paid in Full	Paid in Full	Paid in Full
3. Hotel accommodation costs are covered for the Insured Member if medical necessity or availability of transport prevents an immediate return trip following completion of treatment (discharge or final appointment) hotel costs will be covered up to the limit specified in the Schedule of Benefits. Your accommodation will be covered:  • up to 7 days from the completion of treatment OR  • until the date you are deemed fit to travel (ie. fit to fly) in the event that your clinical condition advances your fitness to travel date beyond the 7 day limit OR  • until the date of your medical transportation (in cases where we are arranging your medical transportation).	Up to 7 days	Up to 7 days	Up to 7 days
Expenses occurred for one adult accompanying an evacuated person.	\$3,100 / €2,800 / £2,500 / 3,000 CHF	\$3,100 / €2,800 / £2,500 / 3,000 CHF	\$3,100 / €2,800 / £2,500 / 3,000 CHF
5. Travel and hotel costs for the insured family members in the event of an emergency evacuation which could be a life-threatening condition.	\$2,300 / €2,000 / £1,800 / 2,150 CHF	\$2,300 / €2,000 / £1,800 / 2,150 CHF	\$2,300 / €2,000 / £1,800 / 2,150 CHF
<ol><li>Transportation of Your children (under the age of 18) either to the same location as the Insured Member or to a location where the children can be placed under the care of another guardian or relative.</li></ol>	Paid in Full	Paid in Full	Paid in Full
Dispatch of a Medical Practitioner to Insured Member's location when it is deemed appropriate for medical management of a case.	Paid in Full	Paid in Full	Paid in Full

Global Intelligence Centre	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Global Security Intelligence & Medical Intelligence Reports  The Global Intelligence Centre contains real-time security and healthcare information for 200+ territories and countries and 350+ major cities around the globe to help travellers prepare before visiting an international destination.	Included	Included	Included

<sup>\*</sup>Benefits require pre-authorisation



## **Outpatient Plan and Deductibles**

The following Outpatient plans can be purchased with any of the Core Plans. They cannot be purchased separately. Deductibles apply per Insured Member, per Insurance Year.

Deductible Options	Premium Discount		
Nil	0%	0%	0%
\$150 / €125 / £110 / 135 CHF	6%	5%	4%
\$300 / €250 / £225 / 270 CHF	11.5%	10%	7.5%
\$800 / €675 / £600 / 725 CHF	25%	22.5%	17.5%

## **Optional Cover**

Out-patient Healthcare Benefits	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
Outcare Plan Limit Applies per insured member, per insurance year.	\$7,500 / €6,500 / £6,000 / 7,000 CHF	\$12,000 / €10,500 / £9,600 / 11,350 CHF	Paid in Full
Medical Practitioner Fees & Specialist Fees			
Prescription Drugs Out-patient prescriptions relating to Oncology or HIV/AIDS will be captured under the Oncology or HIV/AIDS Core plan benefits.			
Non-Surgical & Minor Surgical Procedures (ex. Dialysis)	Up to the outcare plan limit	Up to the outcare plan limit	Paid in Full
Lab / Diagnostic / Pathology			
Durable Medical Equipment (DME) & Prosthetics			
Hormone Replacement Therapy (HRT) Includes Menopausal Hormone Therapy.			
Out-patient Rehabilitation If treatment is required after an acute medical condition and or surgical treatment it must start within 14 days of surgery and/or discharge.	5 visits, up to the outcare plan limit	20 visits, up to the outcare plan limit	Paid in Full
Speech & Occupational Therapy Includes occupational therapy, restorative and development speech therapy and/or fees.	Not covered	5 visits, up to the outcare plan limit	Paid in Full
Alternative & Complementary Therapies Includes Acupuncture, Acupressure, Ayurveda, Chiropractic, Osteopathy, Podiatry and Traditional Chinese Medicine.	Not covered	20 visits, up to the outcare plan limit	Paid in Full
Emergency Room Out-patient Treatment Treatment received in an emergency room or in a casualty ward within 24- hours of an accident or sudden illness where there is no need for you to occupy a bed.	\$1,100 / €1,000 / £900 / 1,080 CHF, up to the outcare plan limit	\$2,200 / €2,000 / £1,800 / 2,160 CHF, up to the outcare plan limit	Paid in Full
Physiotherapy Initial 5 sessions non prescribed.	5 visits, up to the outcare plan limit	20 visits, up to the outcare plan limit	Paid in Full
Virtual Visits Digital healthcare and telemedicine service that facilitates a consultation with a doctor through a desktop or mobile device.	Paid in Full	Paid in Full	Paid in Full
Health Management Programme  Personal support for managing chronic health conditions. The programme focuses on medication and dietary management, DME supplies assistance, specialty provider support and action planning for urgent needs.	Included	Included	Included



Infertility 18 month waiting period applies.	Not covered	Not covered	50% Refund \$10,000 / €9,000 / £8,000 / 9,700 CHF lifetime limit
Psychiatry & Psychotherapy 18 month waiting period applies.	Not covered	20 visits, up to the outcare plan limit	30 visits
Well Baby Cover Out-patient and day-patient treatment. Covered under the child's own policy only 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, up to the outcare plan limit	Up to the outcare plan limit	Paid in Full
Vision/Optical Includes one eye examination and hardware purchase per year.	Not covered	\$200 / €175 / £160 /190 CHF, up to the outcare plan limit	\$300 / €270 / £245 / 290 CHF
Out-patient Dental Treatment Following an Accident	Not covered	\$950 / €850 / £780 / 920 CHF, up to the outcare plan limit	\$950 / €850 / £780 / 920 CHF
Prescribed Over-the-Counter Drugs  Prescription is not legally required however the drugs must be prescribed by a medical practitioner.	Not covered	\$45 / €40 / £37 / 43 CHF, up to the outcare plan limit	\$55 / €50 / £45 / 54 CHF

## **Dental Plan**

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

Dental Benefits	BeHealthy Dencare 1	BeHealthy Dencare 2	BeHealthy Dencare 3
Dencare Plan Limit Applies per insured member, per insurance year	\$1,000 / €900 / £820 / 970 CHF	\$2,500 / €2,200 / £2,000 / 2,375 CHF	\$4,500 / €4,000 / £3,650 / 4,300 CHF
Dental Treatment	80% Refund	80% Refund	Paid in Full
Dental Surgery	80% Refund	80% Refund	Paid in Full
Periodontics	Not covered	80% Refund	80% Refund
Dental Prostheses	Not covered	50% Refund	65% Refund
Orthodontic Treatments 10 month waiting period applies.	Not covered	50% Refund	65% Refund
Orthodontic Treatments for Dependent Children Under the Age of 18 10 month waiting period applies.	Not covered	50% Refund up to \$1,250 / €1,100 / £1,000 / 1,200 CHF	65% Refund up to \$2,300 / €2,000 / £1,850 / 2,150 CHF

Area of Cover	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
Worldwide	In the U.S. In- Network access through Choice Plus Network, with over 1.6M+ Providers. No Out-of- Network access	In the U.S. In- Network access through Choice Plus Network, with over 1.6M+ Providers. No Out-of- Network access	In the U.S. In- Network access through Choice Plus Network, with over 1.6M+ Providers. 80% refund for Out-of- Network services
Worldwide, Excluding U.S.			



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