



# BeHealthy International Healthcare Schedule of Benefits

Effective 1 November 2025

This Schedule of Benefits lists the benefits and limits of the plan. For a more comprehensive understanding of the coverage provided, please refer to the Membership Guide. The Membership Guide provides instructions on how to utilise the plan, along with the applicable definitions and exclusions.

The services which require pre-authorisation are indicated below with an asterisk (\*).

Unless otherwise stated, all limits apply per insured member, per period of cover.

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

  

Core plan healthcare benefits	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>Prescription medicines, drugs and dressings*</b> Inpatient and day-patient treatment.	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>Accommodation costs for accompanying person*</b> Staying in hospital in the same room in cases of critical conditions.	\$70/€60/ £55 per night	\$70/€60/ £55 per night	Paid in full
<b>Chronic conditions</b>	Covered up to listed benefit limits	Covered up to listed benefit limits	Covered up to listed benefit limits
<b>Surgeon and anaesthetist's fees*</b>	Paid in full	Paid in full	Paid in full
<b>Surgical procedures and appliances and materials*</b> Inpatient 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> Inpatient and day-patient treatment only.	Paid in full	Paid in full	Paid in full
<b>Labs, diagnostics and pathology*</b> Includes pathology, X-rays, radiology, CT and MRI scans, PET and PET-CT scans. Inpatient and day-patient treatment only.	Paid in full	Paid in full	Paid in full

Core plan healthcare benefits (cont.)	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Inpatient rehabilitation*</b> Treatment must start within 14-days of surgery and/or discharge after the acute medical condition. Inpatient and day-patient treatment only.	\$4,000/€3,600/£3,200	\$11,100/€10,000/£8,900	Paid in full
<b>Reconstructive surgery*</b> After an illness, injury or surgery. Inpatient, outpatient and day-patient treatment.	Paid in full	Paid in full	Paid in full
<b>Congenital and hereditary conditions*</b>	\$80,000/€71,000/£65,000	\$120,000/€107,000/£98,000	\$150,000/€134,000/£122,000
<b>Organ transplant*</b>	Paid in full	Paid in full	Paid in full
<b>Dialysis*</b>	Paid in full	Paid in full	Paid in full
<b>Psychiatry and psychotherapy treatment*</b> 10-month waiting period applies to underwritten plans. Inpatient and day-patient treatment only.	Up to 20 days	Up to 30 days	Paid in full
<b>Hospice and palliative care*</b>	\$30,000/€26,750/£24,500 per lifetime	\$47,000/€42,000/£38,000 per lifetime	\$59,000/€52,500/£48,000 per lifetime
<b>Home nursing or in a convalescent home*</b> Covered immediately after or instead of hospitalisation.	\$200/€175/£160 per day up to 20 days	\$200/€175/£160 per day up to 30 days	Paid in full
<b>Inpatient cash benefit</b> Where treatment is free of charge.	\$140/€125/£115 per night up to 20 nights	\$140/€125/£115 per night up to 30 nights	\$140/€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.	Included	Included	Included
<b>Accident and emergency treatment</b> Outside of area of cover for trips of a maximum period of six weeks.	20 days per year	30 days per year	30 days per year
<b>HIV/AIDS care*</b> Inpatient, outpatient and day-patient treatment, and prescribed medicines, drugs and dressings, including antiretroviral therapy (ART).	\$5,000/€4,450/£4,050	Paid in full	Paid in full
<b>Ambulance services</b> Local ambulance services required in a medical emergency or to provide medically necessary transfers.	Paid in full	Paid in full	Paid in full
<b>Dental treatment following an accident</b> Inpatient and day-patient treatment only.	Paid in full	Paid in full	Paid in full
<b>Preventative surgery*</b>	Not covered	\$22,300/€20,000/£18,300	\$33,500/€30,000/£27,500
Oncology benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Oncology treatment*</b> Inpatient, outpatient and day-patient treatment, including prescribed medicines, drugs and dressings.	Paid in full	Paid in full	Paid in full
<b>Wig or prosthetic bra</b> Purchase of a wig or a prosthetic bra following cancer treatment.	\$175/€150/£135	\$175/€150/£135	\$175/€150/£135
<b>Egg or sperm freezing*</b> Egg or sperm harvesting and cryopreservation, for up to 12 months, prior to cancer treatment.	Paid in full	Paid in full	Paid in full

Wellness benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Routine annual health checks and preventive care</b> Includes blood and cholesterol checks, physical examinations, blood pressure and BMI, urine analysis and hearing examination.			
<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</li> <li>Testicular/prostate examination/PSA/DRE tests every year for men aged 50+ or earlier based on family history</li> <li>BRCA 1 and BRCA 2 genetic tests for women at high risk of breast cancer*</li> </ul>	\$600/€550/£500	\$2,500/€2,250/£2,050	\$7,500/€6,700/£6,100
<b>Vaccinations</b>	70% refund	Paid in full	Paid in full
<b>Dietician consultations</b> Cover initial consultations and two follow up visits.	Not covered	Not covered	3 visits
<b>Cardiovascular genetic testing</b>	Not covered	Not covered	Paid in full
Added value services	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Emotional wellbeing solutions</b> A single digital entry point to personalised wellbeing tools and programs including meditation, sleep support, counseling, legal and financial consultations and self-care resources.	Included	Included	Included
<b>Health Management Programme</b> 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
<b>Virtual Visits</b> Digital healthcare and telemedicine service, provided via our telemedicine providers, facilitates a consultation with a doctor through a desktop or mobile device.	Included	Included	Included
<b>Global Intelligence Centre</b> Real-time security and health 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
Maternity benefits	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Routine maternity care*</b> Inpatient, outpatient and day-patient treatment 10-month waiting period applies to underwritten plans.	Not covered	\$9,500/€8,500/ £7,750 per pregnancy	Paid in full
<b>Stem cell storage*</b> Cost covers extraction and one year preservation of stem cells. 10-month waiting period applies to underwritten plans.	Not covered	\$2,000/€1,750/ £1,600 per pregnancy included within the routine maternity care benefit	\$3,000/€2,500/ £2,250 per pregnancy
<b>Complications of pregnancy and childbirth*</b> 10-month waiting period applies to underwritten plans.	Not covered	Paid in full	Paid in full
<b>Home delivery*</b> 10-month waiting period applies to underwritten plans.	Not covered	\$1,100/€1,000/ £900 per pregnancy	Paid in full
<b>Medically necessary caesarean section*</b> 10-month waiting period applies to underwritten plans.	Not covered	\$25,000/€22,000/ £20,000 per pregnancy	Paid in full
<b>Newborn care*</b> For up to 30-days following birth.	Not covered	\$140,000/€125,000/ £115,000 per child	\$235,000/€210,000/ £190,000 per child

Assistance services	BeHealthy Core 1	BeHealthy Core 2	BeHealthy Core 3
<b>Medical evacuation and repatriation*</b> Eligible costs and expenses for medical evacuation and repatriation include:			
1. Arranging and providing transportation and related medical services, escorts and medical supplies.	Paid in full	Paid in full	Paid in full
2. Returning the evacuated person to their home or host country following medical evacuation or medical repatriation, treatment and stabilisation.	Paid in full	Paid in full	Paid in full
3. Hotel accommodation costs for the evacuated person if medical necessity or availability of transport prevents an immediate return trip following completion of treatment. Accommodation will be covered: <ul style="list-style-type: none"> <li>Up to seven days from the completion of treatment, or</li> <li>Until the date we deem them fit to travel, or</li> <li>Until the date we can arrange medical transportation.</li> </ul>	Paid in full	Paid in full	Paid in full
4. Expenses for one adult accompanying an evacuated person.	\$3,100/€2,800/£2,500	\$3,100/€2,800/£2,500	\$3,100/€2,800/£2,500
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	\$2,300/€2,000/£1,800	\$2,300/€2,000/£1,800
6. Transportation of the evacuated member's children to be with the evacuated member or a guardian or relative.	Paid in full	Paid in full	Paid in full
7. Dispatch of a medical practitioner to the evacuated persons location when it is deemed appropriate for medical management of a case.	Paid in full	Paid in full	Paid in full
<b>Repatriation of remains*</b>	Paid in full	Paid in full	Paid in full
<b>Travel costs of insured family member</b> In the event of repatriation of mortal remains.	\$1,700/€1,500/£1,350	\$1,700/€1,500/£1,350	\$1,700/€1,500/£1,350

## 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 period of cover.

Deductible options
Nil
\$150/€125/£110
\$300/€250/£225
\$800/€675/£600

## Optional cover

Outpatient healthcare benefits	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Outcare plan limit</b> Applies per insured member, per period of cover.	\$7,500/€6,500/ £6,000	\$12,000/€10,500/ £9,600	Paid in full
<b>Medical practitioner fees</b>	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Specialist fees</b>	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Prescription medicines, drugs and dressings</b> Outpatient prescription.	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Non-surgical and minor surgical procedures</b>	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Labs, diagnostics and pathology</b>	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Durable medical equipment (DME) and prosthetics</b>	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Hormone replacement therapy (HRT)</b> Includes menopausal hormone therapy.	Up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Outpatient rehabilitation</b> 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
<b>Speech and occupational therapy</b> Includes occupational therapy, restorative and development speech therapy and/or fees.	Not covered	5 visits, up to the Outcare plan limit	Paid in full
<b>Alternative and complementary therapies</b> Includes acupuncture, acupressure, ayurveda, chiropractic, osteopathy, podiatry and traditional Chinese medicine.	Not covered	20 visits, up to the Outcare plan limit	Paid in full
<b>Emergency room outpatient treatment</b> 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, up to the Outcare plan limit	\$2,200/€2,000/ £1,800, up to the Outcare plan limit	Paid in full
<b>Physiotherapy</b>	5 visits, up to the Outcare plan limit	20 visits, up to the Outcare plan limit	Paid in full
<b>Infertility treatment</b> 18-month waiting period applies to underwritten plans.	Not covered	Not covered	50% refund \$10,000/€9,000/ £8,000 lifetime limit

Outpatient healthcare benefits (cont.)	BeHealthy Outcare 1	BeHealthy Outcare 2	BeHealthy Outcare 3
<b>Psychiatry and psychotherapy treatment</b> 18-month waiting period applies to underwritten plans.	Not covered	20 visits, up to the Outcare plan limit	30 visits
<b>Well baby cover</b> Outpatient 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.	70% refund, up to the Outcare plan limit	Up to the Outcare plan limit	Paid in full
<b>Vision</b> Includes one eye examination and one prescription eyewear purchase per year (includes lenses and frames or contact lenses).	Not covered	\$200/€175/£160, up to the Outcare plan limit	\$300/€270/£245
<b>Laser eye treatment</b> Corrective treatments aimed at improving refractive errors.	Not covered	Not covered	\$700/€625/£570
<b>Dental treatment following an accident</b> Outpatient treatment only.	Not covered	\$950/€850/£780, up to the Outcare plan limit	\$950/€850/£780
<b>Prescribed over-the-counter drugs</b> Prescription is not legally required however the drugs must be prescribed by a medical practitioner.	Not covered	\$45/€40/£37, up to the Outcare plan limit	\$55/€50/£45

## 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
<b>Dencare plan limit</b> Applies per insured member, per period of cover.	\$1,000/€900/£820	\$2,500/€2,200/£2,000	\$4,500/€4,000/£3,650
<b>Preventative and routine dental treatment</b>	80% refund, up to the Dencare plan limit	80% refund, up to the Dencare plan limit	Up to the Dencare plan limit
<b>Dental surgery</b>	80% refund, up to the Dencare plan limit	80% refund, up to the Dencare plan limit	Up to the Dencare plan limit
<b>Periodontics</b>	Not covered	80% refund, up to the Dencare plan limit	80% refund, up to the Dencare plan limit
<b>Dental prostheses</b>	Not covered	50% refund, up to the Dencare plan limit	65% refund, up to the Dencare plan limit
<b>Orthodontics</b> 10-month waiting period applies to underwritten plans.	Not covered	50% refund, up to the Dencare plan limit	65% refund, up to the Dencare plan limit
<b>Orthodontic treatments for dependent children under the age of 18</b> 10-month waiting period applies to underwritten plans.	Not covered	50% refund up to \$1,250/€1,100/£1,000, up to the Dencare plan limit	65% refund up to \$2,300/€2,000/£1,850, up to the Dencare plan limit

Area of cover options
Worldwide**
Worldwide excluding U.S.

\*\*Out-of-Network restrictions apply for claims in the U.S., please refer to the Membership Guide for more details.

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