

BeHealthy International Healthcare Schedule of Benefits for Germany

| Core Plan | Germany BeHealthy Core 1 | Germany BeHealthy Core 2 | Germany BeHealthy Core 3 |
|--------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Annual Maximum Benefit USD (\$) | \$1,500,000 | No Limit | No Limit |
| Annual Maximum Benefit EUR (€) | €1,300,000 | No Limit | No Limit |
| Annual Maximum Benefit CHF | 1,400,000 CHF | No Limit | No Limit |
| Benefits marked with * require pre-authorisation | | | |

| Core Plan Healthcare Benefits | Germany BeHealthy Core 1 | Germany BeHealthy Core 2 | Germany 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 / 65 CHF | \$70 / €60 / 65 CHF | Paid in Full |
| Chronic Conditions In-patient, out-patient and day-patient treatment | Paid in Full | Paid in Full | Paid in Full |
| 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 and 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 / 3,900 CHF | \$11,100 / €10,000 / 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* In-patient and day-patient treatment only | Up to 20 days | Up to 30 days | Paid in Full |
| Hospice & Palliative Care* | \$30,000 / €26,750 / 29,000 CHF per lifetime | \$47,000 / €42,000 / 45,000 CHF per lifetime | \$59,000 / €52,500 / 56,500 CHF per lifetime |
| Home nursing or in a convalescent home* Covered immediately after or instead of hospitalisation | \$200 / €175 / 190 CHF per day up to 20 days | \$200 / €175 / 190 CHF per day up to 30 days | Paid in Full |
| Inpatient Cash Benefit Where treatment is free of charge | \$140 / €125 / 135 CHF per night up to 20 nights | \$140 / €125 / 135 CHF per night up to 30 nights | \$140 / €125 / 135 CHF per night up to 40 nights |
| Second Medical Opinion 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 | Included | Included |
| Accident & Emergency Treatment 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 |
| HIV/AIDS* In-patient, out-patient and day-patient treatment | \$4,800 / €4,250 / 4,600 CHF | \$9,500 / €8,500 / 9,200 CHF | Paid in Full |
| Ambulance Services | Paid in Full | Paid in Full | Paid in Full |
| Repatriation of Remains* | Paid in Full | Paid in Full | Paid in Full |
| Travel costs of insured family member in the event of repatriation of mortal remains | \$1,700 / €1,500 / 1,600 CHF | \$1,700 / €1,500 / 1,600 CHF | \$1,700 / €1,500 / 1,600 CHF |
| Emergency Inpatient Dental Treatment | \$950 / €850 / 920 CHF | \$1,900 / €1,700 / 1,850 CHF | Paid in Full |
| Preventative Surgery* | Not covered | \$22,300 / €20,000 / 21,500 CHF | \$33,500 / €30,000 / 32,500 CHF |



| Oncology Benefits | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|---------------------------|
| 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 being diagnosed with cancer | 5 visits | 5 visits | 5 visits |
| Wig Purchase of a wig following chemotherapy or a prosthetic bra | \$175 / €150 / 160 CHF | \$175 / €150 / 160 CHF | \$175 / €150 / 160 CHF |

| Wellness Benefits | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Routine Annual Health Checks & Preventive Care Includes blood and cholesterol checks, physical examinations, blood pressure and BMI, urine analysis and hearing examination | | | |
| 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 (Pre-authorisation required) | 70% Refund | Paid in Full | 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, telephone support to help you and your family with life's challenges. Includes access to structured face to face, virtual and telephone counselling services for acute conditions | 5 face-to-face visits per year & unlimited telephonic support per issue | 5 face-to-face visits per year & unlimited telephonic support per issue | 5 face-to-face visits per year & unlimited telephonic support per issue |
| 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 |



Assistance Services

Medical Evacuation & Repatriation*

The eligible costs and expenses in connection with the Medical Evacuation and Repatriation Services are as follows:

1) Arranging and providing for transportation and related medical services (including the cost of a medical or nonmedical escort) and medical supplies necessarily incurred in connection with the evacuation.

(2) Returning the Insured Member to their Home Country or Host Country following treatment and stablisation. The return journey must be made within one month after treatment has been completed.

(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)

(4) Expenses occurred for one adult accompanying an evacuated person

(5) Travel and hotel costs for the insured family members in the event of an emergency evacuation which could be a life-threatening condition

(6) 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.

(7) Dispatch of a Medical Practitioner to InsuredMember's location when it is deemed appropriate for medical management of a case.

| Paid in Full | Paid in Full | Paid in Full |
|------------------------------------|------------------------------------|------------------------------------|
| Paid in Full | Paid in Full | Paid in Full |
| | | |
| up to 7 days | up to 7 days | up to 7 days |
| | | |
| \$3,100 / €2,800 / | \$3,100 / €2,800 / | \$3,100 / €2,800 / |
| 3,000 CHF \$2,300 / €2,000 / | 3,000 CHF \$2,300 / €2,000 / | 3,000 CHF \$2,300 / €2,000 / |
| 2,150 CHF | 2,150 CHF | 2,150 CHF |
| Paid in Full | Paid in Full | Paid in Full |
| Paid in Full | Paid in Full | Paid in Full |



| Global Intelligence Centre | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Global Security Intelligence & Medical IntelligenceReportsOnline access to personal security information and general advice for travel safety related questions.Continuously updated health information relating to travel destinations. | Included | Included | Included |
| Maternity Benefits | | | |
| Routine Maternity Care* In-patient, out-patient and day-patient treatment Stem Cell Storage* Costs covers extraction and one year preservation of stem | \$5,570/ €5,000 / 5,400 CHF \$2,000 / €1,750 / 1,900 CHF per pregnancy | Paid in Full \$2,000 / €1,750 / 1,900 CHF per pregnancy | Paid in Full \$3,000 / €2,500 / 2,700 CHF per pregnancy |
| cells | included within the routine maternity benefit | included within the routine maternity benefit | included within the routine maternity benefit |
| Complications of Pregnancy & Childbirth* | Paid in Full | Paid in Full | Paid in Full |
| Newborn Care* | Paid in Full | Paid in Full | Paid in Full |
| Home Delivery* | Not covered | \$1,100 / €1,000 / 1,080 CHF per pregnancy | Paid in Full |
| Maternity cash benefit for home delivery | Not covered | Not covered | \$575 / €500/ 540 CHF per birth |
| Pregnancy gymnastics | \$350 / €300/ 325 CHF per pregnancy | \$350 / €300/ 325 CHF per pregnancy | \$350 / €300/ 325 CHF per pregnancy |
| Post natal gymnastics | \$350 / €300/ 325 CHF per pregnancy | \$350 / €300/ 325 CHF per pregnancy | \$350 / €300/ 325 CHF per pregnancy |
| Midwife help at home after the baby is born | 7 days per pregnancy | 7 days per pregnancy | 7 days per pregnancy |



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 / 135 CHF | 6% | 5% | 4% |
| \$300 / €250 / 270 CHF | 11.5% | 10% | 7.5% |
| \$800 / €675 / 725 CHF | 25% | 22.5% | 17.5% |

Optional Cover

| Outpatient Healthcare Benefits | Germany BeHealthy Outcare 1 | Germany BeHealthy Outcare 2 | Germany BeHealthy Outcare 3 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|-----------------------------------|
| Maximum plan limit per member or dependant | \$7,500 / €6,500 / 7,000 CHF | Paid in Full | Paid in Full |
| Medical Practitioner Fees & Specialist Fees | | | |
| Prescription Drugs Outpatient prescriptions relating to Oncology or HIV/AIDS will be captured under the Oncology or HIV/AIDS Core plan benefits | Up to the annual | Paid in Full | Paid in Full |
| Non-Surgical & Minor Surgical Procedures (ex. Dialysis) | outpatient plan limit | | |
| Lab / Diagnostic / Pathology | | | |
| Durable Medical Equipment (DME) & Prosthetics | | | |
| Hormone Replacement Therapy (HRT) Includes Menopausal Hormone Therapy. | Up to the annual outpatient plan limit | Paid in Full | Paid in Full |
| Outpatient 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 | 20 visits | Paid in Full |
| Speech & Occupational Therapy Includes occupational therapy, restorative and development speech therapy and/or fees | Not covered | 5 visits | Paid in Full |
| Physiotherapy Initial 5 sessions non prescribed | 5 visits | 20 visits | Paid in Full |
| Alternative & Complementary Therapies/Medicines Includes Acupuncture, Acupressure, Ayurveda, Chiropractic, Osteopathy, Podiatry and Traditional Chinese Medicine | 70% Refund | 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, speciality provider support and action planning for urgent needs | Included | Included | Included |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-----------------------------------------------------------------------|
| 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 |
| Psychiatry and Psychotherapy | Not covered | 20 visits | 30 visits |
| Well Child CoverOut-patient and day-patient treatmentCovered under the child's own policy only and up untilthe child's sixth birthday.This benefit includes physical examinations, sensoryscreening, neuropsychiatric evaluation, developmentscreening, as well as hereditary and metabolic screeningand routine immunisations | 70% Refund | Paid in Full | Paid in Full |
| Eye and hearing test for children under the age of 15 Includes one eye examination and hardware purchase per year | 70% Refund | Paid in Full | Paid in Full |
| Infertility | Not covered | Not covered | 50% Refund \$11,500 / €10,000 / 10,800 CHF lifetime limit |
| Vision/Optical Includes one eye examination and hardware purchase per year | Not covered | \$200 / €175 / 190 CHF | \$400 / €350 / 375 CHF |
| Emergency Outpatient Dental Treatment | \$950 / €850 / 920 CHF | \$1,725 / €1,500 / 1,600 CHF | \$1,725 / €1,500 / 1,600 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 / 43 CHF | \$55 / €50 / 54 CHF |



Dental Plan

Please note that other dental plans are available upon request.

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

| Dental Benefits | Germany BeHealthy Dencare |
|----------------------------------------------------------|------------------------------------|
| Maximum plan limit per member or dependant | \$5,750 / €5,000 / 5,400 CHF |
| Dental Treatment | Paid in Full |
| Dental Surgery | Paid in Full |
| Periodontics | Paid in Full |
| Orthodontic Treatments for dependent children and adults | 80% Refund |
| Dental Prostheses | 80% Refund |

| Area of Cover | Germany | Germany | Germany |
|-------------------------|--------------------|--------------------|--------------------|
| | BeHealthy | BeHealthy | BeHealthy |
| | Core 1 | Core 2 | Core 3 |
| Worldwide | In the USA In- | In the USA In- | In the USA In- |
| | Network access | Network access | Network access |
| | through Choice | through Choice | through Choice |
| | Plus Network, | Plus Network, | Plus Network, |
| | with over 1.6M+ | with over 1.6M+ | with over 1.6M+ |
| | Providers. Out-of- | Providers. Out-of- | Providers. Out-of- |
| | Network covered | Network covered | Network covered |
| Worldwide excluding USA | | | |

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