

ExploreWell Oil & Gas International Health Care Schedule of Benefits

The following services are available for employee's onsite and offsite. We cater for a broad spectrum of clients offering options of different cover for the principle members and dependents.

Core Plan	ExploreWell Core 1	ExploreWell Core 2	ExploreWell Core 3	ExploreWell Core 4
Annual Maximum Benefit USD (\$)	\$900,000	\$1,500,000	\$1,750,000	\$2,350,000
Annual Maximum Benefit EUR (€)	€ 750,000	€ 1,300,000	€ 1,500,000	€ 2,000,000
Annual Maximum Benefit GBP (£)	£675,000	£1,150,000	£1,300,000	£1,775,000

Benefits marked with * require pre-authorisation

Core Plan Healthcare Benefits	ExploreWell Core 1	ExploreWell Core 2	ExploreWell Core 3	ExploreWell Core 4
Hospital Accommodation*	Semi Private Room	Private Room	Private Room	Private Room
Day-patient Treatment*	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Prescriptions Medicines, Drugs and Dressings*	Paid in Full	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	Not covered	Not covered	Paid in Full	Paid in Full
Surgeon & Anaesthetist's Fees*	Paid in Full	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	Paid in Full
Intensive Care*	Paid in Full	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	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	Paid in Full
Rehabilitation* 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	\$4,000 /€3,500/ £3,000	\$6,000 /€5,000/ £4,500	Paid in Full
Oncology Treatment* In-patient, out-patient and day-patient treatment	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Organ Transplant*	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Dialysis*	Paid in Full	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 10 days	Up to 20 days	Up to 30 days	Paid in Full

Hospice & Palliative Care*	Not covered	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
Home nursing or in a convalescent home* Covered immediately after or instead of hospitalisation	\$200 / €175 / £150 per day up to 10 days	\$200 / €175 / £150 per day up to 20 days	\$200 / €175 / £150 per day up to 30 days	Paid in Full
Inpatient Cash Benefit Where treatment is free of charge	Not covered	Not covered	\$150 / €125 / £115 per night up to 30 nights	\$150 / €125 / £115 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	Not covered	Paid in Full	Paid in Full
Accident & Emergency Treatment Outside of Area of Cover (for trips of a maximum period of 6 weeks)	Not covered	Full refund 30 days per year	Full refund 30 days per year	Full refund 30 days per year
HIV/AIDS* In-patient, out-patient and day-patient treatment	Not covered	\$5,000 / €4,250 / £3,750	\$10,000 / €8,500 / £7,500	Paid in Full
Ambulance Services	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Repatriation of Remains*	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Chronic Conditions In-patient, out-patient and day-patient treatment	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Congenital & Hereditary Conditions*	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Emergency Inpatient Dental Treatment	Not covered	Covered up to \$1,000 / € 850 / £750	Covered up to \$ 2,000 / €1,700 / £1,500	Paid in Full

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 <ul style="list-style-type: none"> › 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) 	Not covered	\$600 / €500 / £450	\$950 / €800 / £700	Paid in Full

My Wellbeing › Customised healthy lifestyle mobile app and web based services focused on health activity and nutritional programmes › Wellness Coaching › 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.	Included (max 5 visits)	Included (max 5 visits)	Included (max 5 visits)	Included (max 5 visits)
Vaccinations	Not covered	\$240 / €200 / £175	\$480 / €400 / £350	Paid in Full
Dietician Consultations Cover initial consultations and two follow up visits	Not covered	3 visits	3 visits	3 visits

Maternity Benefits				
Routine Maternity Care* In-patient, out-patient and day-patient treatment 10-month waiting period	Not covered	Not covered	Covered up to \$10,000 / €8,500 / £7,500	Paid in Full
Stem Cell Storage* Costs covers extraction and one year preservation of stem cells (included within the routine maternity benefit)	Not covered	Not covered	\$2,000 /€1,750/ £1,500	\$3,000 / €2,500 / £2,250
Complications of Pregnancy & Childbirth* 10-month waiting period	Not covered	Not covered	Paid in Full	Paid in Full
Newborn Care*	Not covered	Not covered	Covered up to \$147,000 / €125,000 / £115,000	Covered up to \$250,000 / €210,000 / £185,000

Assistance Services

<p>Medical Evacuation & Repatriation* The eligible costs and expenses in connection with the Medical Evacuation and Repatriation Services are as follows:</p> <ol style="list-style-type: none"> 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; 2) Dispatch of a Medical Practitioner to Insured Member's location when it is deemed appropriate for medical management of a case; 3) Mobile medical equipment and/or medical escort(s) for travel as Medically Necessary; 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; 5) Economy round-trip airfare for a family member to join an Insured Member in the event of an evacuation 	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<p>Security Intelligence Online access to personal security information and general advice for travel safety related questions</p>	Included	Included	Included	Included
<p>Medical Intelligence Continuously updated health information relating to travel destinations</p>	Included	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	N/A	N/A	N/A	N/A
\$150 / €125 / £110	39%	8%	5%	4%
\$300 / €250 / £225	55%	14%	10%	8%
\$800 / €675 / £600	76%	30%	22%	18%

Optional Cover

Outpatient Healthcare Benefits	ExploreWell Outcare 1	ExploreWell Outcare 2	ExploreWell Outcare 3	ExploreWell Outcare 4
Maximum plan limit per member or dependant	\$4,750 / €4,000 / £3,500	\$7,500 / €6,500 / £5,750	\$12,500 / €10,500 / £9,250	Paid in Full
Consultations Fees & Specialist Fees	Not covered			Paid in Full
Lab / Diagnostic / Pathology	Not covered	\$4,700 / €4,000 / £3,500	\$7,000 / €6,000 / £5,250	Paid in Full
Alternative & Complementary Therapies Includes Acupuncture and Acupressure	Not covered			Paid in Full
Prescriptions Drugs Outpatient prescriptions relating to Oncology or HIV/AIDS will be captured under the Oncology or HIV/AIDS core plan benefits	Not covered	Not covered	\$1,200 / €1,000 / £900	Paid in Full
Psychiatry and Psychotherapy 18 month waiting period applies	Not covered	20 visits	30 visits	Paid in Full
Medical Practitioner Fees	Not covered	20 visits	30 visits	Paid in Full
Virtual Visits Digital healthcare and telemedicine	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Global 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	Included
Durable Medical Equipment & Prosthetics	Not covered	Not covered	\$1,200 / €1,000 / £900	Paid in Full
Non-Surgical & Minor Surgical Procedures (ex. Dialysis)	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Outpatient Rehabilitation Treatment must be within 14 days of surgery and/or discharge after the acute medical condition Includes Physiotherapy, Chiropractic, Osteopathy and Podiatry	Not covered	Not covered	20 visits	30 visits
Emergency Outpatient Dental Treatment	Not covered	Not covered	Covered up to \$1,000 /€850 /£750	Covered up to \$1,000 /€850 /£750

Vision/Optical Includes one eye examination and hardware purchase per year	Not covered	Not covered	Paid in full up to \$200 / €175 / £150	Paid in full up to \$300 / €250 / £225
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	Not covered	Not covered	Paid in Full	Paid in Full

Dental Plan

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

Dental Benefits	ExploreWell Dencare 1	ExploreWell Dencare 2	ExploreWell Dencare 3
Maximum plan limit per member or dependant	\$1,000 / €850 / £750	\$2,500 / €2,125 / £1,900	\$4,500 / €3,800 / £3,350
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
Orthodontic Treatments and Dental Prostheses	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 / €1,000 / £950	65% Refund up to \$2,300 / €2,000 / £1,750

Region of cover	
Worldwide	
Worldwide excluding USA	

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