

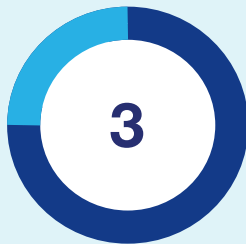
Building your Group plan is easy, simply follow the steps below while reviewing the Schedule of Benefits.



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**



Request a quote today by calling +44(0)2039074922

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

All Hospital Care benefits require pre-authorisation

Core Plan Health Care Benefits Benefits marked with * require pre-authorisation	ExploreWell Core 1	ExploreWell Core 2	ExploreWell Core 3	ExploreWell Core 4
Hospital Accommodation*	Semi private	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* In-patient and day-patient treatment only	Up to 10 days	Up to 20 days	Up to 30 days	Paid in Full

Core Plan Health Care Benefits Benefits marked with * require pre-authorisation	ExploreWell Core 1	ExploreWell Core 2	ExploreWell Core 3	ExploreWell Core 4
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	Included	Included
Accident & Emergency Treatment Outside of Area of Cover (for trips of a maximum period of 6 weeks)	Not covered	20 days per year	30 days per year	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
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	Up to \$600/€500/£450	Up to \$950/€800/£700	Paid in Full

Wellness Benefits (continued)				
My Wellbeing <ul style="list-style-type: none"> 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	\$475/€400/£350	Paid in Full
Dietician Consultations Covers initial consultation 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 limit)	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				
Medical Evacuation & Repatriation* The eligible costs and expenses in connection with the Medical Evacuation and Repatriation Services are as follows: <ol style="list-style-type: none"> Transportation costs of the Insured Member to the nearest centre of excellence or in the case of repatriation to the Insured Members Home Country or Host Country; Dispatch of a Medical Practitioner to Insured Member's location when it is deemed appropriate for medical management of a case; Mobile medical equipment and/or medical escort(s) for travel as Medically Necessary; 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; 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

Assistance Services (continued)				
Security Intelligence Online access to personal security information and general advice for travel safety related questions	Included	Included	Included	Included
Medical Intelligence Continuously updated health information relating to travel destinations	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 Outcare 1	Premium Discount Outcare 2	Premium Discount Outcare 3	Premium Discount Outcare 4
Nil	0%	0%	0%	0%
\$150/€125/£110	39%	8%	5%	4%
\$300/€250/£225	55%	14%	10%	8%
\$800/€675/£600	76%	30%	22%	18%

Optional Cover

Outpatient Health Care Benefits	ExploreWell Outcare 1	ExploreWell Outcare 2	ExploreWell Outcare 3	ExploreWell Outcare 4
Maximum plan limit per member or dependant	Combined limit \$4,750/€4,000/ £3,500	Combined limit \$7,500/€6,500/ £5,750	Combined limit \$12,500/€10,500/ £9,250	Paid in Full
Consultants Fees & Specialist Fees Lab/Diagnostic/Pathology Alternative & Complementary Therapies Includes Acupuncture and Acupressure	Not covered	\$4,700/€4,000/ £3,500	\$7,000/€6,000/ £5,250	Paid in Full
Prescription 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 health care 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 Health Care Benefits (continued)	ExploreWell Outcare 1	ExploreWell Outcare 2	ExploreWell Outcare 3	ExploreWell Outcare 4
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 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