



JOURNEYMAN SERVICES

SUMMARY OF COVER & BENEFITS

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SUMMARY OF KEY FACTS	
BENEFIT SCHEDULE	GOLD
Annual Maximum	\$1,500,000
Percentage Payable	100%
Deductible - Standard	\$100 Single, \$200 SPF +1 or Couple, or \$300 Family with no one member contributing more than \$100 towards the Annual Policy Year Deductible
INPATIENT TREATMENT	
Hospital Fees <small>Includes: Accommodation, Nursing Fees, Physicians Fees, Prescribed Medicines, Reconstructive Surgery following an accident, artificial body parts surgically implanted to form permanent parts of an insured's body. X-Rays, Laboratory tests, Post hospitalization treatment, MRI, CT & PET Scans</small>	100%
Oncology <small>Tests, drugs, consultant fees and cover for chemotherapy, and radiotherapy, MRI, PET & CT Scans, Surgical Services</small>	100%
Physiotherapy <small>When referred by a Medical Practitioner</small>	100%
Parent Accommodation <small>When an insured child under the age of 18 is hospitalized</small>	Maximum \$150 per night 30 days payment
OUTPATIENT TREATMENT	
Primary Consultations and Treatment by a Licensed Physician	100% to maximum of \$5,000 per policy year
Medications <small>Prescribed medications to treat non-chronic conditions</small>	100%
X-Rays, Laboratory Services	100%
Physiotherapy <small>When referred by a medical practitioner, Osteopathic, Chiropractic, Homeopathic and Acupuncture when referred by a licensed Physician</small>	100% to maximum of \$500 per policy year
Oncology <small>Tests, drugs, consultant fees and cover for chemotherapy, and radiotherapy, MRI, PET & CT Scans, Surgical Services</small>	100%
Medical Supplies & Services <small>Including casts, crutches, canes, slings, trusses, braces, and short term rental of a wheelchair. Requires a physician recommendation</small>	Not Covered
Repair and Replacement of Eyeglasses <small>When damaged as a result of an accident</small>	Not Covered
Home Nursing <small>Following a course of inpatient hospital treatment</small>	Not Covered
Accidental Damage to Natural Teeth	100% to maximum of \$1,250 per accident
Emergency Dental Treatment <small>For the relief of acute dental pain</small>	100% to maximum of \$1,250 per policy year
Routine Annual Physical Examinations	Not Covered

CHRONIC MEDICAL CONDITIONS	
Acute exacerbations/episodes of chronic conditions	Subject to the overall maximum policy limit
Consultations, Diagnostic Testing & Ongoing Care relating to stable chronic conditions	Maximum \$2,500 per policy year
Medications Prescribed medications for the treatment of chronic conditions	100% to maximum of \$5,000 per policy year
HIV, AIDS AND ARC (Excluded if Pre-Existing)	
HIV, AIDS and ARC Consultations & Diagnostic Testing	Annual maximum \$100,000
HIV, AIDS and ARC Urgent or Emergency Injuries or Sickness	Annual maximum \$100,000
MENTAL & NERVOUS	
Inpatient	\$5,000 per policy year
Outpatient (12 month wait period applicable to individual family policies only)	\$2,500 per policy year
ORGAN TRANSPLANTS	
Cost of Surgical procedure for transplant of Kidney, Liver, Heart, Lung (Cost for recipient only)	\$400,000 per Transplant
MATERNITY CARE	
Complicated Maternity Includes Newborn Accommodation & Neonatal Intensive Care. Emergency maternity not subject to wait period.	100% to maximum of \$10,000
Routine Maternity Includes Newborn Accommodation (12 month wait period applicable to individual family policies only)	100% to maximum of \$5,000
CONGENITAL CONDITIONS	
Congenital Conditions	100%
EMERGENCY MEDICAL EVACUATION, REPATRIATION, COMPASSIONATE EMERGENCY VISIT & AMBULANCE	
Ambulance Road ambulance only to nearest hospital where adequate treatment can be rendered.	100%
Emergency Medical Treatment Outside the Area of Cover	90 days per year and 60 days any one trip, maximum \$50,000
Elective Treatment in the Home Country INPATIENT ONLY Limited to Major Illness or Injury	100% (Insured must be hospitalized a minimum of 3 nights)
Air Transportation & Accommodation For medically necessary treatment, when recommended by a Physician or Surgeon and not available in the Insured Persons host country	Not Covered
Standard MEDEX Includes the following: Evacuation, Repatriation, Ancillary Benefit	100%
Repatriation of Mortal Remains	100%
Compassionate Emergency Visit Limited to economy airfare to visit Parent, Child or Spouse up to age 75, family member must be on a critical list or due to death, limited to one trip per plan year.	Maximum \$5,000
Counselling Services Bereavement, Trauma Support, Marital Relationship Problems	Full Service
War & Terrorism (Subject to Limitations)	100%
OPTIONAL BENEFITS	
Routine Dental Group or Individual	Information on Request
Travel Insurance Single trip/Annual Multi Trip/Group Travel	Information on Request
Accidental Death & Dismemberment (AD&D) - P.A.	Information on Request
Long Term Disability (LTD)	Information on Request
Life Insurance	Information on Request