



JOURNEYMAN SERVICES

SUMMARY OF COVER & BENEFITS

The Laurels, Park End Walk
 Sling, Coleford
 Gloucestershire
 GL16 8JJ
 United Kingdom.

Tel: +44(0)1594-839333
 Fax: +44(0)1594-839444
 E-Mail: sales@jssl.uk.com

SUMMARY OF KEY FACTS	
BENEFIT SCHEDULE	PLATINUM
Annual Maximum	\$2,000,000
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 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	100%
Oncology Tests, drugs, consultant fees and cover for chemotherapy, and radiotherapy, MRI, PET & CT Scans, Surgical Services	100%
Physiotherapy When referred by a Medical Practitioner	100%
Parent Accommodation When an insured child under the age of 18 is hospitalized	Maximum \$200 per night 45 days payment
OUTPATIENT TREATMENT	
Primary Consultations and Treatment by a Licensed Physician	100% to maximum of \$10,000 per policy year
Medications Prescribed medications to treat non-chronic conditions	100%
X-Rays, Laboratory Services	100%
Physiotherapy When referred by a medical practitioner, Osteopathic, Chiropractic, Homeopathic and Acupuncture when referred by a licensed Physician	100% to maximum of \$750 per policy year
Oncology Tests, drugs, consultant fees and cover for chemotherapy, and radiotherapy, MRI, PET & CT Scans, Surgical Services	100%
Medical Supplies & Services Including casts, crutches, canes, slings, trusses, braces, and short term rental of a wheelchair. Requires a physician recommendation	100% to maximum of \$250 per policy year
Repair and Replacement of Eyeglasses When damaged as a result of an accident	100% up to \$200 every 24 months
Home Nursing Following a course of inpatient hospital treatment	100% maximum \$60 per day and limited to 30 days per policy year
Accidental Damage to Natural Teeth	100% to maximum of \$2,000 per accident
Emergency Dental Treatment For the relief of acute dental pain	100% to maximum of \$2,000 per policy year
Routine Annual Physical Examinations	100% to maximum of \$500 per policy year

CHRONIC MEDICAL CONDITIONS	
Stabilisation of acute exacerbations/episodes of chronic conditions	Subject to the overall maximum policy limit
Consultations, Diagnostic Testing & Ongoing Care relating to stable chronic conditions	Maximum \$5,000 per policy year
Medications Prescribed medications for the treatment of chronic conditions	100% to maximum of \$10,000 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	Subject to the overall maximum policy limit
MENTAL & NERVOUS	
Inpatient	\$7,500 per policy year
Outpatient (12 month wait period applicable to individual family policies only)	\$3,000 per policy year
ORGAN TRANSPLANTS	
Cost of Surgical procedure for transplant of Kidney, Liver, Heart, Lung (Cost for recipient only)	\$500,000 per Transplant
MATERNITY CARE	
Complicated Maternity Includes Newborn Accommodation & Neonatal Intensive Care. Emergency maternity not subject to wait period.	100% to maximum of \$15,000
Routine Maternity Includes Newborn Accommodation (12 month wait period applicable to individual family policies only)	100% to maximum of \$10,000
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 \$75,000
Elective Treatment in the Home Country INPATIENT ONLY Limited to Major Illness or Injury	100% (Insured must be hospitalized a minimum of 1 night)
Air Transportation & Accommodation For medically necessary treatment, when recommended by a Physician or Surgeon and not available in the Insured Persons host country	Air fare will be limited to the cost of an Economy ticket to a maximum of \$5,000 per policy year
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.	100%
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