



# JOURNEYMAN SERVICES

## SUMMARY OF COVER & BENEFITS

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SUMMARY OF KEY FACTS	
BENEFIT SCHEDULE	SILVER
<b>Annual Maximum</b>	\$1,000,000
<b>Percentage Payable</b>	100%
<b>Deductible - Standard</b>	\$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	
<b>Hospital Fees</b> 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%
<b>Oncology</b> Tests, drugs, consultant fees and cover for chemotherapy, and radiotherapy, MRI, PET & CT Scans, Surgical Services	100%
<b>Physiotherapy</b> When referred by a Medical Practitioner	Not Covered
<b>Parent Accommodation</b> When an insured child under the age of 18 is hospitalized	Not Covered
OUTPATIENT TREATMENT	
<b>Primary Consultations and Treatment by a Licensed Physician</b>	Not Covered
<b>Medications</b> Prescribed medications to treat non-chronic conditions	Not Covered
<b>X-Rays, Laboratory Services</b>	Not Covered
<b>Physiotherapy</b> When referred by a medical practitioner, Osteopathic, Chiropractic, Homeopathic and Acupuncture when referred by a licensed Physician	Not Covered
<b>Oncology</b> Tests, drugs, consultant fees and cover for chemotherapy, and radiotherapy, MRI, PET & CT Scans, Surgical Services	Not Covered
<b>Medical Supplies &amp; Services</b> Including casts, crutches, canes, slings, trusses, braces, and short term rental of a wheelchair. Requires a physician recommendation	Not Covered
<b>Repair and Replacement of Eyeglasses</b> When damaged as a result of an accident	Not Covered
<b>Home Nursing</b> Following a course of inpatient hospital treatment	Not Covered
<b>Accidental Damage to Natural Teeth</b>	Not Covered
<b>Emergency Dental Treatment</b> For the relief of acute dental pain	Not Covered
<b>Routine Annual Physical Examinations</b>	Not Covered

<b>CHRONIC MEDICAL CONDITIONS</b>	
<b>Stabilisation of acute exacerbations/episodes of chronic conditions</b>	Not Covered
<b>Consultations, Diagnostic Testing &amp; Ongoing Care relating to stable chronic conditions</b>	Not Covered
<b>Medications</b> Prescribed medications for the treatment of chronic conditions	Not Covered
<b>HIV, AIDS AND ARC (Excluded if Pre-Existing)</b>	
<b>HIV, AIDS and ARC</b> Consultations & Diagnostic Testing	Not Covered
<b>HIV, AIDS and ARC</b> Urgent or Emergency Injuries or Sickness	Subject to the overall maximum policy limit
<b>MENTAL &amp; NERVOUS</b>	
<b>Inpatient</b>	\$5,000 per policy year
<b>Outpatient</b> (12 month wait period applicable to individual family policies only)	Not Covered
<b>ORGAN TRANSPLANTS</b>	
<b>Cost of Surgical procedure for transplant of Kidney, Liver, Heart, Lung</b> (Cost for recipient only)	\$250,000 per Transplant
<b>MATERNITY CARE</b>	
<b>Complicated Maternity</b> Includes Newborn Accommodation & Neonatal Intensive Care. Emergency maternity not subject to wait period.	100% to maximum of \$10,000
<b>Routine Maternity</b> Includes Newborn Accommodation (12 month wait period applicable to individual family policies only)	Not Covered
<b>CONGENITAL CONDITIONS</b>	
<b>Congenital Conditions</b>	100% Inpatient Only
<b>EMERGENCY MEDICAL EVACUATION, REPATRIATION, COMPASSIONATE EMERGENCY VISIT &amp; AMBULANCE</b>	
<b>Ambulance</b> Road ambulance only to nearest hospital where adequate treatment can be rendered.	100%
<b>Emergency Medical Treatment</b> Outside the Area of Cover	90 days per year and 60 days any one trip, maximum \$50,000
<b>Elective Treatment in the Home Country INPATIENT ONLY</b> Limited to Major Illness or Injury	100% (Insured must be hospitalized a minimum of 3 nights)
<b>Air Transportation &amp; Accommodation</b> 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
<b>Standard MEDEX</b> Includes the following: Evacuation, Repatriation, Ancillary Benefit	100%
<b>Repatriation of Mortal Remains</b>	100%
<b>Compassionate Emergency Visit</b> 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%
<b>Counselling Services</b> Bereavement, Trauma Support, Marital Relationship Problems	Full Service
<b>War &amp; Terrorism</b> (Subject to Limitations)	100%
<b>OPTIONAL BENEFITS</b>	
<b>Routine Dental</b> Group or Individual	Information on Request
<b>Travel Insurance</b> Single trip/Annual Multi Trip/Group Travel	Information on Request
<b>Accidental Death &amp; Dismemberment (AD&amp;D) - P.A.</b>	Information on Request
<b>Long Term Disability (LTD)</b>	Information on Request
<b>Life Insurance</b>	Information on Request