

International Schools table of benefits 2013

		Bronze	Silver	Gold
1 Overall limits				
1.1	Under the terms and conditions of the plan , we will pay reasonable costs up to an overall maximum, for you in each plan year (unless a lifetime limit is shown):	£500,000 \$850,000	£750,000 \$1,275,000	£1,000,000 \$1,700,000
2 In-patient and daycare treatment (see section 19 for deductibles)				
2.1	Accidents and emergencies	Paid in full	Paid in full	Paid in full
2.2	Hospital accommodation			
2.3	Intensive care, theatre costs, nursing fees, medical expenses and other charges, surgeons', consultants' , anaesthetists' and medical practitioners' fees, prescribed drugs, MRI, PET and CT scans, X-rays, pathology, diagnostic tests and procedures and physiotherapy by a registered physiotherapist			
2.4	Reconstructive surgery following an accident or following surgery for an eligible medical condition			
2.5	Prostheses: artificial body parts surgically implanted to form permanent parts of your body			
2.6	Parent accommodation for a parent or legal guardian with an insured child under the age of 18 in hospital for an eligible medical condition			
2.7	Dental treatment that medically requires you to be admitted in to hospital to restore damage to your natural teeth following an accident that is covered under your plan			
2.8	Psychiatric treatment and psychotherapy for up to 30 days, available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan	Not covered	Not covered	Not covered
3 Out-patient treatment (see section 19 for deductibles)				
3.1	Consultations to include medical practitioners' fees, prescribed drugs and dressings, X-rays, pathology, diagnostic tests and procedures	Up to £300 \$510 paid in each plan year for pre-operative tests up to 72 hours before in-patient or daycare treatment and following related in-patient or daycare treatment for a period of 90 days after leaving hospital	Paid up to £4,000 \$6,800 *Physiotherapy limited to £250 \$425	Paid in full
3.2	Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist*	Not covered		Paid up to £500 \$850
3.3	Complementary medicine and treatment by a therapist , when referred by a medical practitioner, consultant or specialist . This benefit covers osteopathic, chiropractic, homeopathic, podiatry and acupuncture treatment only			Paid up to £250 \$425
3.4	Traditional Chinese medicine			
3.5	Psychiatric treatment and psychotherapy available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan			Paid up to £1,000 \$1,700
3.6	MRI, PET and CT scans			
3.7	Out-patient surgical operations			Paid in full
4 Out-patient dental treatment				
4.1	Treatment for the immediate relief of dental pain, accidental damage to natural teeth and restoring natural teeth including X-rays, fillings, extractions, root-canal treatment , gum treatment , semi-precious and replacement crowns. This benefit is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan (see section 19 for deductibles)	Not covered	Paid up to 75% of £500 \$850	Paid up to 75% of £750 \$1,275
4.2	One dental checkup in each plan year to include scraping, cleaning and polishing		Not covered	Not covered



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5 Cancer care (see section 19 for deductibles)

5.1	Treatment aimed to cure cancer , including bone marrow transplants	Paid in full	Paid in full	Paid in full
5.2	Stabilising acute episodes of a cancer which is diagnosed as a chronic medical condition			
5.3	Consultations, tests, drugs and dressings to maintain the symptoms of a cancer which is diagnosed as a chronic medical condition	Paid up to a lifetime limit of £20,000 \$34,000	Covered in the benefit limit shown in section 6.2	Covered in the benefit limit shown in section 6.2
5.4	Palliative and hospice care when cancer is diagnosed as a terminal medical condition	Paid up to a lifetime limit of £20,000 \$34,000	Covered in the benefit limit shown in section 7.1	Covered in the benefit limit shown in section 7.1

6 Chronic medical conditions (see section 19 for deductibles)

6.1	Stabilising acute episodes of chronic medical conditions	Covered in the benefit limit shown in section 2. Covered in the benefit limit shown in section 3.1 for pre-operative tests up to 72 hours before in-patient or daycare treatment and following in-patient or daycare treatment for a period of 90 days after leaving hospital	Covered in the benefit limits shown in sections 2 and 3	Covered in the benefit limits shown in sections 2 and 3
6.2	In-patient, daycare and out-patient treatment to include consultations, tests, drugs and dressings to maintain the symptoms of chronic medical conditions	Not covered	Paid up to a lifetime limit of £40,000 \$68,000	Paid up to a lifetime limit of £50,000 \$85,000
6.3	Please note: If a chronic medical condition becomes terminal , cover under the chronic medical conditions benefit will end. We will only cover terminal medical conditions under the terminal illness benefit			

7 Terminal illness

7.1	Palliative and hospice care for a terminal medical condition	Not covered	Paid up to a lifetime limit of £40,000 \$68,000	Paid up to a lifetime limit of £50,000 \$85,000
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8 Hormone replacement therapy

8.1	Hormone replacement therapy for pre- and post-menopausal symptoms	Up to £150 \$255 paid in each plan year following related in-patient or daycare treatment for a period of 90 days after leaving hospital	Paid up to £150 \$255	Paid up to £150 \$255
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9 HIV or AIDS – available after you have had four years' continuous cover from the date that the benefit was first introduced on your plan (see section 19 for deductibles)

9.1	Treatment for HIV or AIDS and related medical conditions	Not covered	Paid up to a lifetime limit of £50,000 \$85,000	Paid up to a lifetime limit of £50,000 \$85,000
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10 Emergency local ambulance

10.1	Costs of appropriate ambulance transport needed because of an emergency or medical necessity to the nearest available and appropriate local hospital	Paid in full	Paid in full	Paid in full
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11 Organ transplants (see section 19 for deductibles)

11.1	Transplants of kidney, liver, heart, lung or heart and lung and any related treatment that you need as a result of a covered medical condition	Paid up to £250,000 \$425,000	Paid up to £250,000 \$425,000	Paid up to £250,000 \$425,000
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12 Nursing at home

12.1	Primary care services of a registered nurse in your home immediately after, or instead of, in-patient or daycare treatment	Paid up to £1,500 \$2,550	Paid up to £2,500 \$4,250	Paid up to £5,000 \$8,500
12.2	Please note: The benefit for nursing at home does not apply to terminal medical conditions . We will only cover terminal medical conditions under the terminal illness benefit			

13 Compassionate emergency visit

13.1	Costs you have to pay for an economy class return ticket from a country within your area of cover to visit a close family member , if their medical condition results in them being placed on a critical list, or their death. You are limited to one return journey in each plan year	Not covered	Paid in full	Paid in full
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14 Hospital cash benefit

14.1	Cash payment made to you for each night you are in hospital for in-patient treatment that you receive free of charge	£250 \$425 paid for each night, up to £7,500 \$12,750	£250 \$425 paid for each night, up to £7,500 \$12,750	£250 \$425 paid for each night, up to £7,500 \$12,750
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15 Evacuation and repatriation

15.1	The costs to transport you to the nearest location within your area of cover where appropriate medical facilities are available. We will only pay this benefit , including treatment received, if you suffer from a medical condition ; (a) that means you need to be placed on a critical list, or (b) for which, in our opinion, appropriate treatment is not available locally	Paid in full when relating to in-patient or daycare treatment	Paid in full	Paid in full
15.2	Economy class ticket to the country where you live following your evacuation			
15.3	Costs of your dependants , a close family member or business colleague having to accompany you for a medical evacuation. This benefit will only become available under the conditions detailed in clause (a) of section 15.1 above and must be pre-authorized by us . We will provide cover for the following: <ul style="list-style-type: none"> • return economy flight • overnight accommodation to include breakfast • return taxi from the airport to the hotel • return taxi from the hotel to the hospital once a day 			

16 Mortal remains

16.1	If you die outside of your home country , we will pay the costs of preparing and transporting your body, mortal remains or ashes to your home country , or we will pay the costs of preparing your body or mortal remains for local burial or cremation	Paid up to £15,000 \$25,500	Paid up to £15,000 \$25,500	Paid up to £15,000 \$25,500
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17 Emergency medical treatment outside area of cover (see section 19 for deductibles)

17.1	Emergency medical treatment outside of your area of cover	Not covered	Paid up to £30,000 \$51,500	Paid up to £35,000 \$59,500
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18 Maternity care – available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan				
18.1	<p>Delivery costs, antenatal checkups, postnatal checkups, examinations, hospital accommodation costs and nursing charges, during a normal uncomplicated pregnancy and normal uncomplicated childbirth. This benefit covers no more than three routine antenatal 2D ultrasound scans (one in each trimester) during the term of a normal uncomplicated pregnancy. If any more ultrasound scans are needed, your treating doctor must provide full reasons in the medical section of the claim form. This benefit also covers 12 routine antenatal visits during the term of a normal uncomplicated pregnancy. If any more antenatal visits are needed, your treating doctor must provide full reasons in the medical section of the claim form, so we can consider cover.</p> <p>This benefit covers the following for the newborn child:</p> <ul style="list-style-type: none"> • one consultation charge to cover a physical examination, vitamin K, hepatitis B and BCG vaccine • one hearing test • routine blood tests for PKU, congenital hypothyroidism and G6PD • accommodation costs for no more than four nights for the newborn child, if the mother is admitted and not suffering any complications. (see section 19 for deductibles) 	Not covered	Not covered	Paid up to 80% of £5,000 \$8,500
18.2	Treatment for a medical complication which happens during the antenatal period of a pregnancy or childbirth due to a medical condition . This benefit does not cover any complication arising from a pregnancy resulting from assisted conception. Any complication arising from a pregnancy resulting from assisted conception will be limited to the amounts shown in section 18.1	Paid up to £2,500 \$4,250	Paid up to £5,000 \$8,500	Paid in full
18.3	Hospital accommodation costs for a newborn child to stay with its mother when she is receiving treatment as an in-patient in a hospital for a medical condition covered under section 18.2	Paid in full	Paid in full	
18.4	Terminating a pregnancy when medically necessary			
18.5	Investigation and treatment of birth defects and congenital abnormalities , including birth trauma, which are diagnosed in the first six months from birth. This benefit is available for each pregnancy covered under sections 18.1 or 18.2 for 12 months from the date of diagnosis if the newborn child is added to the plan before they are 30 days old	Paid up to £20,000 \$34,000	Paid up to £20,000 \$34,000	Paid up to £20,000 \$34,000

19 Deductibles				
19.1	Out-patient treatment excess on sections 3, 5, 6 and 9. This deductible is applied for each medical condition in each plan year	£30 \$50	£30 \$50	£30 \$50
19.2	In-patient, daycare and out-patient treatment excess on sections 2, 3, 5, 6, 9, 11 and 17. This deductible is applied for each medical condition in each plan year	Only applied if you have chosen a voluntary excess . This replaces the standard excess shown in section 19.1	Only applied if you have chosen a voluntary excess . This replaces the standard excess shown in section 19.1	Only applied if you have chosen a voluntary excess . This replaces the standard excess shown in section 19.1
19.3	Out-patient dental treatment co-insurance on section 4.1. This deductible is applied to each claim	N/A	25%	25%
19.4	Normal uncomplicated pregnancy and normal uncomplicated childbirth co-insurance on section 18.1. This deductible is applied to each claim	N/A	N/A	20%

20 red24 security services				
20.1	AdviceLine - 24/7 personal security information and advice for all travel safety queries	Included on your plan . Please contact red24 or visit www.red24.com/interglobal	Included on your plan . Please contact red24 or visit www.red24.com/interglobal	Included on your plan . Please contact red24 or visit www.red24.com/interglobal
20.2	ActionResponse - 24/7 international rescue and response service for a potentially life-threatening, non-medical event	N/A	N/A	