

UltraCare table of benefits 2013

| | | UltraCare Standard | UltraCare Select | UltraCare Comprehensive | UltraCare Plus | UltraCare Elite |
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| 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 | £750,000 \$1,275,000 €1,125,000 | £1,000,000 \$1,700,000 €1,500,000 | £2,000,000 \$3,400,000 €3,000,000 | £2,000,000 \$3,400,000 €3,000,000 |
| 2 In-patient and daycare treatment (see section 19 for deductibles) | | | | | | |
| 2.1 | Accidents and emergencies | | | | | |
| 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 | Paid in full | Paid in full | Paid in full | Paid in full | Paid in full |
| 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 €450 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 £3,000 \$5,100 €4,500 *Complementary medicine and treatment , traditional Chinese medicine and physiotherapy limited to £750 \$1,275 €1,125 | Paid up to £5,000 \$8,500 €7,500 *Complementary medicine and treatment , traditional Chinese medicine and physiotherapy limited to £1,000 \$1,700 €1,500 | Paid in full | Paid in full |
| 3.2 | Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist * | | | | | |
| 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 £2,000 \$3,400 €3,000 | Paid up to £3,000 \$5,100 €4,500 |
| 3.4 | Traditional Chinese medicine* | Not covered | | | | |
| 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 £2,000 \$3,400 €3,000 | Paid up to £2,000 \$3,400 €3,000 |
| 3.6 | MRI, PET and CT scans | | Paid in full | Paid in full | Paid in full | Paid in full |
| 3.7 | Out-patient surgical operations | | | | Paid in full | Paid in full |

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| 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 | Not covered | Paid up to 75% of £500 \$850 €750 | Paid up to 75% of £750 \$1,275 €1,125 | Paid up to £750 \$1,275 €1,125 |
| 4.2 | One dental checkup in each plan year to include scraping, cleaning and polishing | | | Not covered | Not covered | Paid up to £100 \$170 €150 |

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| 5 | Cancer care (see section 19 for deductibles) | | | | | |
| 5.1 | Treatment aimed to cure cancer , including bone marrow transplants | In-patient and daycare treatment covered up to the benefit limit shown in section 2. Out-patient treatment paid up to £3,000 \$5,100 €4,500 | Paid in full | 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 | Not covered | Covered in the benefit limit shown in section 7.2 | Covered in the benefit limit shown in section 7.2 | Covered in the benefit limit shown in section 7.2 | |
| 5.4 | Palliative and hospice care when cancer is diagnosed as a terminal medical condition | | Covered in the benefit limit shown in section 8.1 | Covered in the benefit limit shown in section 8.1 | Covered in the benefit limit shown in section 8.1 | |

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| 6 | Wellness benefit | | | | | |
| 6.1 | Adults (18 and over): routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (for example, blood pressure, cholesterol checks) and vaccinations | Not covered | Not covered | Paid up to £400 \$680 €600 | Paid up to £500 \$850 €750 | Paid up to £500 \$850 €750 |
| 6.2 | Children (0-17): well-child tests and vaccinations | | | | | |

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| 7 | Chronic medical conditions (see section 19 for deductibles) | | | | | |
| 7.1 | 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 | Covered in the benefit limits shown in sections 2 and 3 | Covered in the benefit limits shown in sections 2 and 3 |
| 7.2 | In-patient, daycare and out-patient treatment to include consultations, tests, drugs and dressings to maintain the symptoms of chronic medical conditions | | Paid up to a lifetime limit of £40,000 \$68,000 €60,000 | Paid up to a lifetime limit of £50,000 \$85,000 €75,000 | Paid up to a lifetime limit of £60,000 \$102,000 €90,000 | Paid up to a lifetime limit of £60,000 \$102,000 €90,000 |
| 7.3 | 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 | | | | | |

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| 8 | Terminal illness | | | | | |
| 8.1 | Palliative and hospice care for a terminal medical condition | Not covered | Paid up to a lifetime limit of £40,000 \$68,000 €60,000 | Paid up to a lifetime limit of £50,000 \$85,000 €75,000 | Paid up to a lifetime limit of £60,000 \$102,000 €90,000 | Paid up to a lifetime limit of £60,000 \$102,000 €90,000 Terminal medical conditions related to cancer are covered in the benefit limit shown in section 5.4 |



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| 9 Hormone replacement therapy | | | | | | |
| 9.1 | Hormone replacement therapy for pre- and post-menopausal symptoms | Up to £150 \$255 €225 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 €225 | Paid up to £150 \$255 €225 | Paid up to £150 \$255 €225 | Paid up to £150 \$255 €225 |
| 10 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) | | | | | | |
| 10.1 | Treatment for HIV or AIDS and related medical conditions | Not covered | Paid up to a lifetime limit of £50,000 \$85,000 €75,000 | Paid up to a lifetime limit of £50,000 \$85,000 €75,000 | Paid up to a lifetime limit of £50,000 \$85,000 €75,000 | Paid up to a lifetime limit of £50,000 \$85,000 €75,000 |
| 11 Emergency local ambulance | | | | | | |
| 11.1 | 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 | Paid in full | Paid in full |
| 12 Organ transplants (see section 19 for deductibles) | | | | | | |
| 12.1 | 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 €375,000 | Paid up to £250,000 \$425,000 €375,000 | Paid up to £250,000 \$425,000 €375,000 | Paid up to £250,000 \$425,000 €375,000 | Paid up to £250,000 \$425,000 €375,000 |
| 13 Nursing at home | | | | | | |
| 13.1 | 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 €2,250 | Paid up to £2,500 \$4,250 €3,750 | Paid up to £2,500 \$4,250 €3,750 | Paid up to £5,000 \$8,500 €7,500 | Paid up to £5,000 \$8,500 €7,500 |
| 13.2 | 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 | | | | | |
| 14 Compassionate emergency visit | | | | | | |
| 14.1 | 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 | Paid in full | Paid in full |
| 15 Hospital cash benefit | | | | | | |
| 15.1 | Cash payment made to you for each night you are in hospital for in-patient treatment that you receive free of charge | £250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250 | £250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250 | £250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250 | £250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250 | £250 \$425 €375 paid for each night, up to £7,500 \$12,750 €11,250 |



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| 16 Evacuation and repatriation | | | | | | |
| 16.1 | 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 | Paid in full | Paid in full |
| 16.2 | Economy class ticket to the country where you live following your evacuation | | | | | |
| 16.3 | 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 16.1 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 | | | | | |
| 17 Mortal remains | | | | | | |
| 17.1 | 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 in full | Paid in full | Paid in full | Paid in full | Paid in full |
| 18 Emergency medical treatment outside area of cover (see section 19 for deductibles) | | | | | | |
| 18.1 | Emergency medical treatment outside of your area of cover | Not covered | Paid up to £20,000 \$34,000 €30,000 | Paid up to £30,000 \$51,500 €45,000 | Paid up to £35,000 \$59,500 €52,500 | Paid up to £35,000 \$59,500 €52,500 |
| 19 Deductibles | | | | | | |
| 19.1 | Out-patient treatment excess on sections 3, 5, 7 and 10. This deductible is applied for each medical condition in each plan year | £25.00 \$42.50 €37.50 | £25.00 \$42.50 €37.50 | £25.00 \$42.50 €37.50 | £25.00 \$42.50 €37.50 | Nil |
| 19.2 | In-patient, daycare and out-patient treatment excess on sections 2, 3, 5, 7, 10, 12 and 18. 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 | Only applied if you have chosen a voluntary excess . This replaces the standard excess shown in section 19.1 | N/A |
| 19.3 | Out-patient dental treatment co-insurance on section 4.1. This deductible is applied to each claim | N/A | N/A | 25% | 25% | Nil |
| 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 | 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 | | | |