













Comparison of 2010 Plans

USD

Compare the five HealthCare International Plans to see which one is right for you and your family.















	Benefits	HealthCare Emergency+	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
Annual Maximum	HealthCare Treatment	US\$500,000		US\$1,000,000	US\$1,500,000	US\$2,000,000
	Area 1	Worldwide excluding USA, except 100% of costs for accident or emergency treatment whilst travelling in the USA limited to 60 days per policy year with up to 60 days treatment per policy year.				
	Area 2	Worldwide including USA. 100% of costs for elective and non-emergency treatment.				
	In-Patient & Day-Patient Treatment & Accommodation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Emergency Medical Evacuation & Medical Repatriation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Road Ambulance Transportation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Repatriation of Mortal Remains	100% of costs up to US\$3,000	100% of costs	100% of costs	100% of costs	100% of costs
	Hospitalisation Cash Benefit <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	US\$200 per day (max 50 days)	US\$250 per day (max 50 days)	US\$300 per day (max 50 days)
	Hospital Cash Benefit <i>(in a non-chargeable hospital)</i> <i>(Deductible/Excess does not apply)</i>	US\$100 per day (max 30 days)	US\$100 per day (max 30 days)	US\$200 per day (max 30 days)	US\$250 per day (max 30 days)	US\$250 per day (max 45 days)
	Lifesaving Organ Transplants	100% of costs up to US\$100,000 (Lifetime Maximum)	100% of costs up to US\$100,000 (Lifetime Maximum)	100% of costs up to US\$100,000 (Lifetime Maximum)	100% of costs up to US\$500,000 (Lifetime Maximum)	100% of costs up to US\$500,000 (Lifetime Maximum)
	Outpatient Physician & Paramedical Fees <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	§75% of costs	75% of costs	100% of costs
	Outpatient X-Ray, Laboratory Tests <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	§75% of costs	100% of costs	100% of costs
	Prescribed Drugs <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	§75% of costs	100% of costs up to US\$1,000	100% of costs up to US\$1,000
	Vaccinations <i>(Deductible/Excess does not apply)</i>	Not covered	75% of costs up to US\$150	75% of costs up to US\$150	100% of costs up to US\$250	100% of costs
	Well Child Care <i>(up to 7 years of age)</i> <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	100% of costs up to US\$1,000	100% of costs up to US\$1,000	100% of costs up to US\$1,000

Co-Payment applies to all claims if selected

§ Policy year ceiling per person of US\$1,000 for the combined expenses of well child care, gynaecological tests, outpatient physician fees, outpatient paramedical fees, outpatient X-rays and laboratory tests, outpatient prescription drugs

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Comparison of 2010 Plans - Continued

	Benefits	HealthCare Emergency+	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
Annual Maximum	HealthCare Treatment	US\$500,000		US\$1,000,000	US\$1,500,000	US\$2,000,000
	Daycare Surgery/Treatment	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Psychiatric, Drug & Alcohol Abuse (6 months waiting period) <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	Not covered	Not covered	50% of costs up to US\$5,000 (lifetime maximum)
	Pregnancy & Childbirth (12 months waiting period)	Not covered	100% of costs up to US\$3,000	100% of costs up to US\$3,000	100% of costs up to US\$25,000	100% of costs up to US\$25,000
	Complications of Pregnancy Childbirth (12 months waiting period) <i>(Deductible/Excess does not apply)</i>	Not covered	100% of costs up to US\$10,000	100% of costs up to US\$10,000	100% of costs	100% of costs
	Eyeglasses & Contact Lenses (6 months waiting period) <i>(Deductible/Excess does not apply)</i>	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs up to US\$400
	Dread/Chronic Diseases (including cancer, heart disease & HIV/Aids)	100% of costs up to US\$20,000 (Lifetime Maximum)	100% of costs up to US\$20,000 (Lifetime Maximum)	100% of costs up to US\$20,000 (Lifetime Maximum)	100% of costs up to US\$200,000 (Lifetime Maximum)	100% of costs up to US\$200,000 (Lifetime Maximum)
	General Dental Care (6 months waiting period) <i>(Deductible/Excess does not apply)</i>	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs up to US\$2,000
	Dental Crowns, Bridges, Dentures & Implants (6 months waiting period) <i>(Deductible/Excess does not apply)</i>	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	50% of costs up to US\$500 per tooth up to US\$2,000
	Non-Western & Alternative Medicine (including chiropractic, osteopathy & acupuncture, etc.) <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	Not covered	Not covered	100% of costs up to US\$400
	Annual Health Checks (6 months waiting period) <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	Not covered	100% of costs up to US\$400	100% of costs up to US\$750
	Prescribed Medical Aids <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	Not covered	Not covered	50% of costs up to US\$6,000 (Lifetime Maximum)
	Travel	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available
	Death of Close Relative <i>(Deductible/Excess does not apply)</i>	In the event of the death of a close relative (spouse, parent, child, brother or sister) 100% of costs of a round trip airline ticket and accommodation costs to attend a funeral up to maximum US\$5,000.				
	Personal Accident Cover (Life Cover for Death by Accident only) <i>(Deductible/Excess does not apply)</i>	US\$25,000 per member (over the age of 18 years old). US\$10,000 block increases available. The maximum amount of cover per member is US\$125,000.				

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