













# Comparison of 2010 Plans

EUR

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
<b>Annual Maximum</b>	<b>HealthCare Treatment</b>	€500,000		€1,000,000	€1,500,000	€2,000,000
	<b>Area 1</b>	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.				
	<b>Area 2</b>	Worldwide including USA. 100% of costs for elective and non-emergency treatment.				
	<b>In-Patient &amp; Day-Patient Treatment &amp; Accommodation</b>	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	<b>Emergency Medical Evacuation &amp; Medical Repatriation</b>	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	<b>Road Ambulance Transportation</b>	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	<b>Repatriation of Mortal Remains</b>	100% of costs up to €3,000	100% of costs	100% of costs	100% of costs	100% of costs
	<b>Hospitalisation Cash Benefit</b> <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	€200 per day (max 50 days)	€250 per day (max 50 days)	€300 per day (max 50 days)
	<b>Hospital Cash Benefit</b> <i>(in a non-chargeable hospital)</i> <i>(Deductible/Excess does not apply)</i>	€100 per day (max 30 days)	€100 per day (max 30 days)	€200 per day (max 30 days)	€250 per day (max 30 days)	€250 per day (max 45 days)
	<b>Lifesaving Organ Transplants</b>	100% of costs up to €100,000 (Lifetime Maximum)	100% of costs up to €100,000 (Lifetime Maximum)	100% of costs up to €100,000 (Lifetime Maximum)	100% of costs up to €500,000 (Lifetime Maximum)	100% of costs up to €500,000 (Lifetime Maximum)
	<b>Outpatient Physician &amp; Paramedical Fees</b> <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	75% of costs	75% of costs	100% of costs
	<b>Outpatient X-Ray, Laboratory Tests</b> <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	75% of costs	100% of costs	100% of costs
	<b>Prescribed Drugs</b> <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	75% of costs	100% of costs up to €1,000	100% of costs up to €1,000
	<b>Vaccinations</b> <i>(Deductible/Excess does not apply)</i>	Not covered	75% of costs up to €150	75% of costs up to €150	100% of costs up to €250	100% of costs
	<b>Well Child Care</b> <i>(up to 7 years of age)</i> <i>(Deductible/Excess does not apply)</i>	Not covered	Not covered	100% of costs up to €1,000	100% of costs up to €1,000	100% of costs up to €1,000

Co-Payment applies to all claims if selected

<sup>S</sup> Policy year ceiling per person of €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

CONTINUED ON NEXT PAGE

## Comparison of 2010 Plans - Continued

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

Co-Payment applies to all claims if selected