

Executive Healthcare Plan Table of Benefits

International Private Medical Insurance
Effective 1st Nov 2022






The following benefits are covered under this policy up to the maximum plan limit subject to the respective sub limits, the applicable medical underwriting terms, the member's insurance certificate and our terms, conditions and exclusions.





All benefits shown are per insured person, per Insurance Year (unless specifically stated), and the selected policy deductible applies to all benefits on a per year basis (unless specifically stated).

All limits and deductibles noted in the Table of Benefits expressed in \$ shall in all instances mean US\$.

Key to Table of Benefits

-  Covered in full, up to the maximum plan benefit.
-  Not available.
-  Optional benefits

Plans

| | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|--|---|---|---|---|
| Maximum plan benefit | \$1,600,000 | \$1,600,000 | \$2,500,000 | \$5,000,000 |
| Geographical area of coverage* <ul style="list-style-type: none"> • Africa plus India, Pakistan, Bangladesh and Sri Lanka • Worldwide excluding USA • Worldwide** <p>* Cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is your responsibility to ensure that your health cover is legally appropriate. If you are not sure, please get independent legal advice, as we may no longer be able to cover you. The cover we provide is not a substitute for local compulsory health insurance.</p> <p>** Worldwide cover available with Foundation and Lifestyle plans only. Deductible options for Worldwide cover are limited to \$40, \$80 and \$150.</p> | As noted on your Insurance Certificate | As noted on your Insurance Certificate | As noted on your Insurance Certificate | As noted on your Insurance Certificate |
| Deductible Each product option carries a deductible that each member needs to pay towards claims in the Insurance Year. Your Insurance Certificate will show you the deductible applicable. | Nil / \$250 / \$750 / \$1,500 / \$4,000 | Nil / \$250 / \$750 / \$1,500 / \$4,000 | Nil / \$40 / \$80 / \$150 / \$250 | Nil / \$40 / \$80 / \$150 / \$250 |
| In-patient treatment | | | | |
| General in-patient charges Hospital charges, room and board, drugs and dressings, surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology. |  |  |  |  |
| Hospital cash benefit When treatment is received as an in-patient for an eligible medical condition for a maximum of 30 nights and no costs are incurred for accommodation and/or treatment. This benefit is not applicable to accident and emergency admissions. | \$450 per night | \$450 per night | \$450 per night | \$450 per night |

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|--|--|------------------------|------------------------|------------------------|
| Parent accommodation Hospital accommodation costs in respect of a parent or legal guardian staying with an insured person who is under 18 years of age and is admitted to a hospital as an in-patient. | ✓ | ✓ | ✓ | ✓ |
| Newborn cover In-patient treatment of an acute medical condition and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth. | \$100,000, max 90 days | \$100,000, max 90 days | \$100,000, max 90 days | \$100,000, max 90 days |
| Newborn accommodation Hospital accommodation costs relating to a newborn baby to accompany its mother (being an insured person) whilst she is receiving treatment as an in-patient in a hospital. | ✓ | ✓ | ✓ | ✓ |
| In-patient psychiatric treatment In a registered psychiatric unit of a hospital. All benefits are conditional upon pre-approval from us and all treatment being administered under the direct control of a registered psychiatrist. | ✓ (up to 30 days) | ✓ (up to 30 days) | ✓ (up to 30 days) | ✓ (up to 30 days) |
| Organ transplant The entire cost incurred to perform an organ transplant, including accommodation, intensive care unit, hospital charges, surgeon fees, anaesthetist fees, operating theatre fees, specialist fees whilst an in-patient in a hospital. | ✓ | ✓ | ✓ | ✓ |
| Reconstructive surgery Reconstructive surgery following an accident or following surgery for an eligible medical condition. | ✓ | ✓ | ✓ | ✓ |
| In-patient and day-care treatment of chronic conditions Treatment of a chronic medical condition requiring in-patient or day-care treatment in a hospital. | ✓ | ✓ | ✓ | ✓ |
| Out-patient treatment | | | | |
| Out-patient charges including: <ul style="list-style-type: none"> • Medical practitioner fees including consultations. • Specialist fees. • Diagnostic procedures. • Physiotherapy on referral by a medical practitioner/ specialist. • Prescribed drugs and dressings for acute conditions. | Up to \$3,000 per medical condition for out-patient consultative & diagnostic costs for treatment 30 days prior to hospitalisation and for up to 90 days immediately following hospitalisation | Up to \$5,000 | ✓ | ✓ |
| Alternative medicine Alternative medicine administered by a registered chiropractor, osteopath, homeopath, ayurvedic medicine practitioner, podiatrist and acupuncturists. | ✗ | ✗ | ✓ up to \$1,500 | ✓ up to \$2,000 |

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| Out-patient surgery | ✓ | ✓ | ✓ | ✓ |
| Out-patient psychiatric treatment Including specialist consultations. All treatments must be administered under the direct control of a registered psychiatrist. | ✗ | ✗ | ✓ up to \$4,500 per medical condition | ✓ up to \$4,500 per medical condition |
| Home nursing Immediately following hospital discharge on the recommendation of a specialist and must be provided by a qualified nurse. All treatments under this benefit must be pre-approved by us. | ✓ up to 60 days per medical condition | ✓ up to 60 days per medical condition | ✓ up to 90 days per medical condition | ✓ up to 120 days per medical condition |
| Emergency out-patient treatment inside area of coverage Emergency treatment received as an out-patient received in the accident and emergency unit of a hospital. | Up to \$2,000 per period of cover | Up to \$2,000 per period of cover | ✓ | ✓ |
| Other general benefits | | | | |
| Oncology All treatments for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer. | ✓ | ✓ | ✓ | ✓ |
| Ancillary charges The purchase or rental of crutches or wheelchairs following treatment as an in-patient or day-care patient. | Up to \$1,500 per medical condition | Up to \$1,500 per medical condition | Up to \$1,500 per medical condition | Up to \$1,500 per medical condition |
| Durable medical equipment Durable medical equipment including prosthetic and orthotic supplies. We will pay for: <ul style="list-style-type: none"> Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of prescribed drugs and dressings. The purchase and fitting of devices or items medically necessary for treatment, including, but not limited to, spinal supports, orthopaedic braces and air-cast boots The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports This benefit does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment. | Up to \$1,000 | Up to \$1,000 | Up to \$1,000 | Up to \$2,000 |
| Hospice care charges Treatment provided by a hospice for the care of an insured person with a terminal illness. | ✓ (up to 30 days) where treatment is received as an in-patient only | ✓ (up to 30 days) where treatment is received as an in-patient only | ✓ | ✓ |

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| Rehabilitation Rehabilitation (including out-patient treatment) in a recognised rehabilitation unit of a hospital subsequent to in-patient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the in-patient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit. | Limited to 120 days per medical condition | Limited to 120 days per medical condition | Limited to 120 days per medical condition | Limited to 120 days per medical condition |
| Congenital anomalies Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependent child born in the year prior to cover commencing. | Up to \$100,000 per medical condition | Up to \$100,000 per medical condition | Up to \$100,000 per medical condition | Up to \$100,000 per medical condition |
| CT, MRI and PET scans Scans received as an in-patient, day-care patient or out-patient and pre-approved by us. | ✓ | ✓ | ✓ | ✓ |
| Evacuation/transportation benefits | | | | |
| Emergency transportation Emergency transportation costs to and from hospital, for the purpose of admission as in-patient or day-care patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist. | ✓ | ✓ | ✓ | ✓ |
| Evacuation Evacuation of an insured person in the event of emergency treatment not being readily available at the place of the incident, to an appropriate medical facility in an alternative country of your choice, within the geographical area of coverage, for the purpose of admission to hospital as an in-patient or day-care patient. Extended to cover the costs for one other person to travel with the insured person as an escort. | ✓ | ✓ | ✓ | ✓ |
| Out of country transportation The costs of moving an insured person in the event of non-emergency treatment not being readily available at the place of the incident, to an appropriate facility, within the geographical area of coverage, for the purpose of admission to hospital as an in-patient or day-care patient. Extended to cover the costs for one other person to travel with the insured person as an escort. Cover under this benefit is restricted to economy class flight tickets only. | ✓ | ✓ | ✓ | ✓ |
| Additional travel expenses (following evacuation or out-of-country transportation) Reasonable travel costs: | ✓ | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> Incurred by the insured person to and from medical appointments when treatment is being received as a day-care patient. | ✓ | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> For an accompanying person to travel to and from the hospital to visit the insured person following admission as an in-patient. | ✓ | ✓ | ✓ | ✓ |

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| <p>Additional travel expenses (continued)</p> <ul style="list-style-type: none"> For an accompanying person (where applicable) for non-hospital accommodation where the insured person has been admitted as an in-patient and for the duration of the insured person's stay as an in-patient. For the insured person and one other accompanying person (where applicable) for non-hospital accommodation only for immediate pre- and post-hospital admission periods, provided that the insured person is under the care of a specialist. Economy class airline ticket to return the insured person and accompanying person who has travelled as an escort to the country of residence or to the country from where evacuation occurred. | Up to a daily limit of \$120 per insured person and to an overall benefit limit of \$5,000 per insured person, per evacuation | Up to a daily limit of \$120 per insured person and to an overall benefit limit of \$5,000 per insured person, per evacuation | Up to a daily limit of \$120 per insured person and to an overall benefit limit of \$5,000 per insured person, per evacuation | Up to a daily limit of \$120 per insured person and to an overall benefit limit of \$5,000 per insured person, per evacuation |
| | ✓ | ✓ | ✓ | ✓ |
| <p>Mortal remains</p> <p>In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> | ✓ | ✓ | ✓ | ✓ |
| <p>Compassionate Emergency Visit</p> <p>Costs you have to pay for an economy class return travel ticket from a country within your area of cover for you to visit a direct family member:</p> <ul style="list-style-type: none"> If their medical condition is critical, or To attend their burial or cremation following their death. You are limited to one return journey per Insurance Year. | ✗ | ✗ | ✓ | ✓ |
| Condition management | | | | |
| <p>Routine management of chronic conditions</p> <p>Routine check-ups, drugs and dressings prescribed for management of the condition, nursing and palliative treatment for chronic conditions.</p> | ✗ | Up to \$2,000 within the Out-patient limit (nil deductible) | Up to \$5,000 per Insurance Year (nil deductible) | Up to \$5,000 per Insurance Year (nil deductible) |
| <p>AIDS</p> <p>Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.</p> | Up to \$10,000 | Up to \$10,000 | Up to \$10,000 | Up to \$10,000 |
| <p>Hormone replacement therapy</p> <p>Medical practitioner or specialist consultation and the cost of prescribed tablets, implants or patches, when treatment is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40 years).</p> | ✗ | ✗ | ✗ | ✓ up to 18 months per condition |

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| <p>Renal dialysis Covers the cost of renal dialysis needed as a result of chronic and irreversible End Stage Renal Disease or renal failure in both kidneys caused by illness or injury unrelated to alcohol or drug abuse. Also covers the cost of renal dialysis incurred: a) Immediately pre- and post-operatively b) In connection with acute secondary failure when dialysis is part of intensive care Treatment must be received as an in-patient, day-care patient or out-patient in a hospital, or in a legally registered and licensed dialysis centre.</p> | ✓ | ✓ | ✓ | ✓ |
| Maternity benefit | | | | |
| <p>Complications of Pregnancy Treatment of a defined medical condition arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum haemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Post-natal check-ups needed as a result of one of the above complications of pregnancy are covered for a period of 6 weeks. This benefit is payable after the first 12 months from the Start Date or Effective Date, whichever is the later.</p> | ✓ | ✓ | ✓ | ✓ |
| Dental benefits | | | | |
| <p>Accidental damage to teeth Treatment received in a dental surgery or in an accident and emergency room in a hospital within seven days of incurring accidental damage caused to sound, natural teeth.</p> | Up to \$3,750 when treatment received as in-patient only per event | Up to \$3,750 when treatment received as in-patient only per event | Up to \$3,750 per event | Up to \$3,750 per event |
| <p>Routine and Major Restorative Dental Treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions. Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal treatment, new or repair of upper or lower dentures. This benefit is subject to a six months waiting period from Start Date of this benefit or your Effective Date, whichever is the later.</p> | ✗ | ✗ | ✗ | Up to \$1,000 and subject to 25% co-payment (nil deductible) |
| Preventative care | | | | |
| <p>Vaccinations/Inoculations Medically necessary vaccinations and inoculations</p> | ✗ | ✗ | ✗ | ✓ |

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| Optional benefits | | | | |
| Routine pregnancy and childbirth Costs associated with normal pregnancy and childbirth, pre and postnatal checkups and delivery costs. This benefit is payable after the first 12 months from your purchase date or Start Date, whichever is the later. |  Optional for groups of 20+ employees with a limit of \$2,500 (nil deductible) |  Optional for groups of 20+ employees with a limit of \$2,500 (nil deductible) |  Up to \$4,500 (nil deductible) |  Up to \$8,000 (nil deductible) |
| Elective treatment excluding USA Cover is extended to provide elective treatment worldwide excluding USA. |  Optional |  Optional |  Optional |  Optional |
| USA elective treatment Costs will be reimbursed on a covered in full basis, where in-patient or day-care treatment is received within our provider network or for any out-patient treatment. In-patient or day-care treatment received outside our provider network will be subject to a 50% co-payment and an annual maximum of \$750,000. |  Optional |  Optional |  Optional |  Optional |
| Medical history disregarded Cover for treatment for any medical condition or related condition where symptoms have existed or advice has been sought prior to your Start Date under this policy (Only available to compulsory group schemes of 10 or more employees). |  Optional |  Optional |  Optional |  Optional |
| Wellness Routine medical check-ups, associated tests, medically necessary vaccinations and inoculations. |  Optional |  Optional |  Optional up to \$400 |  Optional up to \$400 |
| Routine dental treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions and root canal treatment incurred after six months from the purchase date of this benefit or your Start Date, whichever is the later. |  Optional |  Optional |  Optional Up to \$400 subject to 25% co-payment (nil deductible) |  Up to US\$1,000 and subject to 25% co-payment (nil deductible) |
| Vision care Includes cover for one routine eye exam per Insurance Year and the purchase of Vision Hardware when the member's prescription has changed, up to the amount listed in the insurance certificate. Vision Hardware covers prescribed spectacle lenses and frames or prescribed contact lenses. |  Optional |  Optional |  Optional for groups of 5 or more employees, up to \$250 |  Optional for groups of 5 or more employees, up to \$250 |

| | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|---|---------------|--------------------|------------|-----------|
| Health services <hr/> Travel Security Services** Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: <ul style="list-style-type: none"> • Emergency Security Assistance Hotline (not a free phone number) • Country intelligence and security advice • Daily security news updates and travel safety alerts | ✔ | ✔ | ✔ | ✔ |
| Employee Assistance Programme** Offers access to a range of 24/7 multilingual support services as follows: <ul style="list-style-type: none"> • Confidential, professional counselling (in-person, phone, video and chat) • Legal and financial support services • Critical incident support • Wellness website access | ✔ | ✔ | ✔ | ✔ |

** Certain services which may be included in your plan are provided by third party providers, such as the Employee Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that the insurer, its reinsurer and its administrator are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

Talk to us, we love to help!

If you have any queries, please do not hesitate to contact us:

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