



## CHOICES - Individuals, Families and Groups

### The Choices Plan

"Choices" is available to individuals, families and groups and offers flexible benefits on a modular basis. It consists of a compulsory core module to which additional optional benefits can be added allowing you to select the cover that suits your needs.

#### Choices Core Plan

The Choices Core Plan offers in-patient cover. You can then extend the Choices Plan by adding optional covers from modules 1, 2 and 3...

# +1

Cancer Treatment and Chronic Care

# +2

Out-patient Treatment

# +3

Additional Benefits

### Tailor your plan

Choices Core Plan offers inpatient treatment, emergency medical evacuation, outpatient surgery and other benefits that you would expect to see in a standard international healthcare plan. You can extend the Choices plan by adding benefits from the following options:

- Option 1 - Cancer treatment and chronic care: you can decide whether you want full cover, restricted cover or no cover.
- Option 2 - Out-patient treatment: 5 levels of out-patient cover from no cover to a full refund option.
- Option 3 - Additional benefits: including routine dental treatment, wellness benefit, optical cover and maternity care.

### Choose your excess

In order to manage the cost of your international health plans, we offer a range of optional policy excesses:

| Excess                            | Premium Discount |
|-----------------------------------|------------------|
| GBP 100 / USD 170 / EUR 150       | 5%               |
| GBP 250 / USD 425 / EUR 375       | 10%              |
| GBP 500 / USD 850 / EUR 750       | 15%              |
| GBP 1,000 / USD 1,700 / EUR 1,500 | 20%              |
| GBP 2,000 / USD 3,400 / EUR 3,000 | 30%              |
| GBP 5,000 / USD 8,500 / EUR 7,500 | 40%              |

(Any excess selected is per person per certificate period)

(Excesses are not available for Middle East plans)

### Choose your co-pay

The following co-pay options are available for Middle East plans:

| Co-pay  | Premium Discount |
|---|------------------|
| 20% co-pay subject to a max of AED 50 per visit*  | 2%               |
| 20% co-pay subject to a max of AED 100 per visit* | 4%               |
| 10% co-pay applying to all outpatient services    | 7%               |
| 20% co-pay applying to all outpatient services    | 14%              |

\*applies to consultations and diagnostic services with doctors or specialists only

### Key features

- For Individuals and Families, discounts are available for a healthy lifestyle.
- Flexibility to select the benefits to suit your needs whether you require a budget or benefit rich plan.
- There are no restrictions on the doctor or medical facility that you want to attend.
- Cover for emergency medical evacuation included on all plans.
- Ability to claim and receive in hospital treatment without the need to pay in advance and then seek reimbursement.
- Cover and premiums available in Sterling, US dollars or Euros.
- For Groups/Companies with 5+ employees - All members are accepted on a medical history disregarded basis.
- Four areas of cover available:
  - Europe
  - Worldwide excluding USA, Bermuda & all islands of the Caribbean
  - Worldwide
  - South East Asia

For full details please contact us to request a membership guide including definitions and exclusions.

## Choices Core Plan (Compulsory)

|   |  |
|---|--|
| In-patient and day-patient hospital services including diagnostics and physicians', specialists' and anaesthetists' fees. | Full refund  |
| Medical and Surgical Support Services   | Assistance in provider location and coordination of required surgery.  |
| Palliative Care   | Included in all benefits and limits shown on your insurance certificate.   |
| Congenital Cover  | GBP100,000 / USD 170,000 / EUR 150,000 per lifetime  |
| Emergency Medical Evacuation  | Full refund  |
| Ambulance Services  | Full refund  |
| Organ Donor costs   | GBP 30,000 / USD 51,000 / EUR 45,000   |
| Rehabilitation facility as an alternative to post acute care (maximum 14 days)  | Full refund  |
| Hospice care (maximum 6 weeks)  | Full refund  |
| Repatriation of mortal remains or local burial costs  | GBP 7,500 / USD 12,750 / EUR 11,250  |
| Dental treatment following an accident (within 3 months of accident)  | Full refund  |
| Out-patient Surgery   | Full refund  |
| In-patient Psychiatric treatment  | Up to 30 nights  |
| Parent Accommodation (if treatment of child under 18 requires hospitalisation)  | Full refund  |
| Surgical/Medical prostheses and appliances  | Full refund  |
| Mobility aids   | GBP 500 / USD 850 / EUR 750  |
| CT, MRI and PET scans   | Full refund  |
| Kidney dialysis   | In-patient – Full refund up to six weeks<br>Day-patient / Out-patient – up to GBP 40,000 / USD 68,000 / EUR 60,000 |
| HIV and AIDS treatment  | Up to GBP 20,000 / USD 34,000 / EUR 30,000   |

Within the Core Plan, the following are benefits where the benefit limit increases depending on the level of out-patient cover selected:

|   | No Out-Patient                                       | Basic Out-Patient                                    | Intermediate Out-Patient                             | Extended Out-Patient                            | Advanced Out-Patient                             |
|---|--|--|--|---|--|
| Overall maximum policy limit  | GBP 1,500,000<br>USD 2,500,000<br>EUR 2,000,000      | GBP 2,000,000<br>USD 3,000,000<br>EUR 2,500,000      | GBP 2,000,000<br>USD 3,000,000<br>EUR 2,500,000      | GBP 3,000,000<br>USD 5,000,000<br>EUR 4,000,000 | GBP 7,000,000<br>USD 10,000,000<br>EUR 8,000,000 |
| Out of geographic area cover for emergency treatment (maximum 6 weeks)            | GBP 60,000<br>USD 100,000<br>EUR 75,000              | GBP 60,000<br>USD 100,000<br>EUR 75,000              | GBP 60,000<br>USD 100,000<br>EUR 75,000              | GBP 75,000<br>USD 125,000<br>EUR 100,000        | GBP 90,000<br>USD 150,000<br>EUR 120,000         |
| Nursing at home   | GBP 2,500<br>USD 4,250<br>EUR 3,750                  | GBP 2,500<br>USD 4,250<br>EUR 3,750                  | GBP 2,500<br>USD 4,250<br>EUR 3,750                  | GBP 5,000<br>USD 8,500<br>EUR 7,500             | Full refund                                      |
| Post Hospital Out-patient treatment   | GBP 750<br>USD 1,275<br>EUR 1,125<br>(up to 90 days) | GBP 750<br>USD 1,275<br>EUR 1,125<br>(up to 90 days) | GBP 750<br>USD 1,275<br>EUR 1,125<br>(up to 90 days) | Full refund                                     | Full refund                                      |
| Organ Transplant (bone marrow, heart, kidney, liver, lung and skin)               | GBP 100,000<br>USD 170,000<br>EUR 150,000            | GBP 100,000<br>USD 170,000<br>EUR 150,000            | GBP 100,000<br>USD 170,000<br>EUR 150,000            | GBP 150,000<br>USD 255,000<br>EUR 225,000       | GBP 2,000,000<br>USD 3,400,000<br>EUR 3,000,000  |
| Hospital cash benefit (per night, if you are treated for no charge) max 30 nights | GBP 100<br>USD 170<br>EUR 150                        | GBP 100<br>USD 170<br>EUR 150                        | GBP 100<br>USD 170<br>EUR 150                        | GBP 250<br>USD 425<br>EUR 375                   | GBP 500<br>USD 850<br>EUR 750                    |

## Choices Option 1: Cancer Treatment and Chronic Care

The benefit limit increases depending on which level of cover is selected.

|  | No Cover | Restricted Cover   | Full Cover  |
|--|----------|--|---|
| Cancer Treatment and Chronic Care                        | X        | Lifetime limit: GBP 50,000 / USD 85,000 / EUR 75,000   | Full refund   |
| ATMPs for the treatment of cancer or chronic conditions. | X        | Within the cancer and chronic lifetime limit<br>Up to one course of treatment per condition, per lifetime. | Lifetime limit. GBP 400,000 / USD 500,000 / EUR 450,000<br>Up to one course of treatment per condition, per lifetime. |

X Not covered  
Note - out-patient treatment and prescriptions for chronic conditions will be subject to the out-patient benefit selected. If no out-patient benefit is selected, there is no cover for out-patient treatment and prescription drugs for chronic conditions.

## Choices Option 2: Out-Patient Treatment

The benefit limit increases depending on which level of cover is selected.

|   | No Out-Patient | Basic Out-Patient   | Intermediate Out-Patient                                     | Extended Out-Patient                    | Advanced Out-Patient                    |
|---|----------------|---|--|---|---|
| Out-patient option limit  | X              | Subject to aggregate limit of GBP 1,500 / USD 2,550 / EUR 2,250 | Subject to aggregate limit of GBP 3,000/USD 5,100, EUR 4,500 | Subject to overall maximum policy limit | Subject to overall maximum policy limit |
| Consultations and diagnostic services with doctors or specialists   | X              | Within the aggregate limit                                      | Within the aggregate limit                                   | Full refund                             | Full refund                             |
| Out-patient psychiatric treatment   | X              | X   | GBP 500<br>USD 850<br>EUR 750                                | GBP 1,000<br>USD 1,700<br>EUR 1,500     | GBP 2,000<br>USD 3,400<br>EUR 3,000     |
| Prescription drugs (forms part of any overall out-patient limit that may apply)   | X              | GBP 500<br>USD 850<br>EUR 750                                   | GBP 1,000<br>USD 1,700<br>EUR 1,500                          | GBP 5,000<br>USD 8,500<br>EUR 7,500     | Full refund                             |
| Vaccinations  | X              | Within prescription benefit                                     | Within prescription benefit                                  | Within prescription benefit             | Within prescription benefit             |
| Hormone Replacement Therapy (HRT) for menopausal conditions   | X              | Within prescription benefit                                     | Within prescription benefit                                  | Within prescription benefit             | Within prescription benefit             |
| Physiotherapy (forms part of any overall out-patient limit that may apply)  | X              | Up to 7 sessions  | Up to 20 sessions  | Full refund                             | Full refund                             |
| Occupational therapy (forms part of any overall out-patient limit that may apply)   | X              | Up to 7 sessions  | Up to 7 sessions   | Up to 7 sessions                        | Up to 14 sessions                       |
| Complementary Therapies (forms part of any overall out-patient limit that may apply)  | X              | GBP 500<br>USD 850<br>EUR 750                                   | GBP 500<br>USD 850<br>EUR 750                                | GBP 750<br>USD 1,275<br>EUR 1,125       | Full refund                             |
| Traditional Chinese Medicine and Bone-Setting   | X              | X   | X  | GBP 750<br>USD 1,275<br>EUR 1,125       | GBP 1,500<br>USD 2,550<br>EUR 2,250     |
| Developmental Disorders (maximum 3 visits) (forms part of any overall out-patient limit that may apply)   | X              | X   | GBP 200<br>USD 340<br>EUR 300                                | GBP 200<br>USD 340<br>EUR 300           | GBP 200<br>USD 340<br>EUR 300           |
| Rehabilitation for alcohol and drug addiction (lifetime limit)<br>In-patient treatment is also covered under this benefit. A 1 year waiting period applies. | X              | X   | X  | X                                       | GBP 10,000<br>USD 17,000<br>EUR 15,000  |

X Not covered

## Choices Option 3: Additional Benefits

| Dental, Wellness and Optical   |  |  |  |
|--|--|--|--|
|  | No cover   | Dental & Wellness  | Dental, Wellness & Optical   |
| Dental Treatment<br>(20% co-pay applies)   | X  | GBP 750<br>USD 1,275<br>EUR 1,125  | GBP 1,500<br>USD 2,550<br>EUR 2,250  |
| Wellness Benefit<br>(1 year waiting period, only available to insured members over the age of 18)  | X  | GBP 500<br>USD 850<br>EUR 750<br>for one medical examination per certificate period. | GBP 750<br>USD 1,275<br>EUR 1,125<br>for one medical examination per certificate period.   |
| Optical  | X  | X  | Full refund for one eye examination per certificate period.<br>Prescription glasses / contact lenses subject to a limit of GBP 120 / USD 204 / EUR 180 per certificate period. |
| Maternity Treatment  |  |  |  |
|  | Maternity Basic<br>(Where Maternity Level 1 or Maternity Level 2 have not been selected) | Maternity Level 1  | Maternity Level 2  |
| Routine Maternity Care<br>(a 10 month waiting period applies)  | X  | GBP 6,500<br>USD 11,050<br>EUR 9,750   | GBP 15,000<br>USD 25,500<br>EUR 22,500   |
| Maternity Care with complications<br>(a 10 month waiting period applies)   | X  | GBP 13,000<br>USD 22,100<br>EUR 19,500   | GBP 40,000<br>USD 68,000<br>EUR 60,000   |
| Maternity Care (emergency surgery)<br>(a 10 month waiting period applies)  | Up to GBP 10,000 /<br>USD 17,000 / EUR 15,000  | Full refund  | Full refund  |
| Newborn Care<br>(within the first 60 days of life)   | X  | GBP 70,000<br>USD 119,000<br>EUR 105,000   | GBP 90,000<br>USD 153,000<br>EUR 135,000   |
| IVF (In vitro fertilisation)<br>(50% co-pay and 2 year waiting period applies)   | X  | X  | Up to GBP 2,500 / USD 4,250 / EUR 3,750 per cycle, 3 cycles per lifetime.  |
| <p>X Not covered</p> <p>Notes:</p> <p>There is an option available to groups which are already insured to waive the waiting period on maternity cover and wellness.</p> <p>Please ask for further details.</p> |  |  |  |