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Global Choice Benefit Schedule

1. Core plan

This benefit schedule outlines all the options available to policyholders when choosing Global Choice cover. You should read the benefit schedule in conjunction with the member guide and certificate of insurance. You will only be covered for the options that appear on your certificate of insurance. All terms written in bold are described in the member guide.

Geographical area options	Worldwide excl. USA			Worldwide incl. USA
Benefits	Select	Classic	Premier	Definitions
Reimbursement	100%	100%	100%	Unless specifically noted to the contrary, treatment is reimbursed 100% up to reasonable and customary charges after the payment of any applicable deductibles . Where USA cover has been chosen, services rendered at in-network health care facilities will only be covered to the pre-agreed rates with the provider. Any treatment undertaken outside of the network will be subject to 20% co-insurance , unless there is no network hospital within 30 miles of your address, the treatment you require is not available in a network hospital , or it is an emergency .
Annual maximum	\$1,000,000/ €925,000/ £795,000	\$3,000,000/ €2,770,000/ £2,390,000	\$4,500,000/ €4,155,000/ £3,585,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover . We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Hospital charges				
Room and board	in full (standard private room)	in full (standard private room)	in full (standard private room)	Charges for in-patient or day-patient room and board when a stay in hospital is medically necessary , the length of stay is judged medically necessary and treatment is managed by a specialist . If the treatment charges are determined by the choice of room, we will pay the treatment costs appropriate for that room type.
Hospital cash	\$200/€185/£160	\$250/€230/£200	\$300/€275/£240	For treatment that would have ordinarily been eligible under this policy and was received free of charge, a defined cash benefit will be paid for each night the insured person receives in-patient treatment . The benefit is available for a maximum of 30 nights.
Parent accommodation	in full	in full	in full	Room and board costs of one parent staying in hospital overnight with an insured person under 18 years old while the child is admitted and is receiving eligible treatment as an in-patient .
Operating theatre, drugs and dressings & internal appliances	in full	in full	in full	The costs of the operating theatre, the recovery room, internal appliances integral to the surgical procedure, drugs and dressings used in the operating or recovery room and drugs and dressings and durable medical equipment used during your hospital stay.
Intensive & high dependency care	in full	in full	in full	Medically necessary costs for the use of an intensive care unit (ICU) or high dependency unit (HDU).
Surgery costs, surgeons' and anaesthetists' fees	in full	in full	in full	The costs of medically necessary treatment required immediately before, during, and after the surgery. These include the surgeons' and anaesthetist's fees.
Physician and nurse fees	in full	in full	in full	The cost of consultation fees associated with a medical practitioner/specialist or qualified nurse for the period of your in-patient or day-patient stay.
Diagnostic tests	in full	in full	in full	The costs of medically necessary diagnostic tests including but not limited to pathology, radiology and electrocardiograms (ECG), when you are referred by your medical practitioner/specialist in order to diagnose or assess the symptoms of your medical condition during an in-patient or day-patient stay.

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Benefits	Select	Classic	Premier	Definitions
Annual maximum	\$1,000,000/ €925,000/ £795,000	\$3,000,000/ €2,770,000/ £2,390,000	\$4,500,000/ €4,155,000/ £3,585,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover . We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Hospital charges (continued)				
CT/MRI/PET scans	in full	in full	in full	The costs of medically necessary radiology including CT, MRI or PET scan (or combination of these scans) when recommended by your medical practitioner/specialist and undertaken as an in-patient, day-patient or out-patient .
External prosthesis	no cover	\$5,000/ €4,600/ £4,000	in full	The cost of the initial prosthesis needed as part of your treatment and which is required at the time of, or subsequent to your surgical procedure . We cover the cost of complications of existing prosthesis , but we will not pay for any replacement prosthesis including any replacement devices required in relation to a pre-existing condition .
Operations, surgeries and treatments				
Reconstructive / remedial surgery	in full	in full	in full	Surgery required as a result of an accident , illness or surgery which occurred during the period of cover and is undertaken within 12 months of the accident/illness/surgery occurring to restore natural function or appearance, subject to the cover being in force. Cover includes one reconstructive/remedial surgery per medical condition unless medically necessary to perform multiple surgeries.
Accidental dental treatment ☎	no cover	\$2,000 /€1,850/ £1,600	in full	Emergency dental treatment required for damage to sound, natural teeth following an accident . You must contact us within 48 hours of the accident and seek treatment within 7 days of the accident . If treatment continues for longer than one year from the date of the accident , your case may be reassessed by us .
Cancer treatment ☎	in full	in full	in full	In-patient, day-patient or out-patient treatment given for a diagnosed cancer condition. This includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, as well as any scans, diagnostic tests and prescribed drugs and dressings required to treat the medical condition .
Cancer testing for treatment ☎	in full	in full	in full	Following a cancer diagnosis, the cost of a genomic profiling service provided by an independent diagnostics provider selected by us , used to identify the most appropriate treatment according to the insured person's genome where clinically appropriate, as determined by your medical practitioner .
Transplant services ☎	in full	in full	in full	Treatment for and in relation to life-sustaining human organ, tissue and cell transplants including but not limited to kidney, pancreas, liver, heart, lung, bone marrow and cornea, in respect of the insured person as a recipient. The transplant shall be carried out in internationally accredited institutions by accredited surgeons and where the organ, tissue or cell procurement is in accordance with World Health Organisation (WHO) guidelines. We will only pay for medical costs associated with the donor as an in-patient or day-patient when services are rendered in the same network facility where the transplant occurs and where the donation does not lead to a loss of the donor's life. Costs associated for the donor search or procurement of the organ, tissue or cell are excluded. Cover includes the cost of anti-rejection medication (immunotherapy). The specific type and length of treatment will be determined by the type of transplant and underlying medical condition .
Renal dialysis ☎	no cover	in full	in full	Treatment of renal failure, including renal dialysis as an in-patient, day-patient or out-patient . This includes pre- and post-operative renal dialysis as part of intensive care and for ongoing maintenance while waiting for a kidney transplant.
Psychiatric treatment and psychotherapy ☎	in full (30 days)	in full (60 days)	in full (90 days)	Medically necessary in-patient or day-patient treatment of a recognised mental health disorder in a recognised psychiatric unit of a hospital . All treatment must be administered under the direct supervision of a consultant psychiatrist.

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Benefits	Select	Classic	Premier	Definitions
Annual maximum	\$1,000,000/ €925,000/ £795,000	\$3,000,000/ €2,770,000/ £2,390,000	\$4,500,000/ €4,155,000/ £3,585,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover . We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Operations, surgeries and treatments (continued)				
Emergency treatment outside geographical area of cover	\$30,000/€27,500/ £24,000	\$45,000/€41,500/ £36,000	\$60,000/€55,500/ £48,000	Emergency treatment for any accident or medical condition , excluding any pre-existing conditions , which has developed whilst traveling outside your geographical area until you are stable for transfer, or up to the benefit limit specified, whichever is the lesser amount. Cost of a flight back to your country of residence or home country is not included.
Acute phases of chronic conditions	in full	in full	in full	Acute flare-up of a chronic condition , providing active treatment as an in-patient or day-patient stay in order to stabilise the medical condition for the period of admission only.
Emergency out-patient care	no cover	\$1,000/€925/£795	\$1,000/€925/£795	We will pay for emergency treatment at an accident and emergency unit or emergency room of a hospital.
Congenital conditions	no cover	\$100,000/€92,500/ £79,500	in full	Treatment of a congenital disorder requiring acute care or surgical intervention to cure the medical condition .
Out-patient surgery	in full	in full	in full	Treatment costs for a surgical procedure performed in an out-patient surgery, hospital out-patient department or clinic.
Rehabilitation and palliative care following discharge from hospital				
Home nursing ☎	in full (30 days)	in full (60 days)	in full (180 days)	We pay for home nursing following discharge from a hospital as consequence of eligible in-patient treatment . We pay if the home nursing : - is required only to provide medical care - is medically necessary - starts immediately following discharge from hospital - is provided by a visiting qualified nurse - is recommended or prescribed by your medical practitioner/specialist .
Palliative care / hospice fees ☎	no cover	\$10,000/€9,250/ £7,950	in full	Treatment following the diagnosis that your medical condition is terminal and you will no longer receive treatment that will result in a recovery. We pay for your palliative treatment , social, psychological and spiritual care and hospital or hospice accommodation, nursing care and prescribed drugs and dressings .
Rehabilitation services ☎	in full (30 days)	in full (60 days)	in full (180 days)	Rehabilitation undertaken in a hospital as an in-patient or in a recognised rehabilitation unit and under the direction of a specialist , including room and board , physical therapy, occupational therapy, dieticians and speech therapy. Treatment must begin within 30 days after the end of your treatment in hospital for a medical condition which is covered by your policy and arose as a result of the medical condition which required hospitalisation, or as a result of the treatment for that medical condition . We do not pay room and board for rehabilitation when the treatment given is solely physiotherapy .
Complications in pregnancy and other post-birth benefits				
Pregnancy-related medical conditions	in full	in full	in full	In-patient treatment of a medical condition which arises during the antenatal stages of pregnancy or during childbirth. We would consider treatment including, but not limited to: ectopic pregnancy , stillbirth, abnormal cell growth in the womb (hydatidiform mole), retained placenta or placenta praevia, placenta abruption, pre-eclampsia or eclampsia and/or toxemia, pregnancy related diabetes, post-partum haemorrhage, miscarriage requiring immediate surgical treatment , failure to progress in labour, pregnancy related vitamin and mineral deficiency and cholestasis of pregnancy and medically necessary terminations. We will cover the cost of emergency caesarean section, where it is medically necessary due to non-progression in labour. Where we are not satisfied that the caesarean section was medically necessary , we will only cover up to your maternity benefit limit , where purchased. We do not cover caesarean section costs due to a previously elective caesarean section.

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Benefits	Select	Classic	Premier	Definitions
Annual maximum	\$1,000,000/ €925,000/ £795,000	\$3,000,000/ €2,770,000/ £2,390,000	\$4,500,000/ €4,155,000/ £3,585,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover . We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Complications in pregnancy and other post-birth benefits (continued)				
New born care ☎	no cover	\$100,000/€92,500/ £79,500	in full	<p>We will pay for treatment of any eligible medical conditions (including a congenital disorders) that manifest themselves within 30 days after birth.</p> <ol style="list-style-type: none"> This cover will be funded from the mother's new born care benefit, for the first 30 days from birth, or until their benefit limit is reached, whichever occurs first. This cover is on condition that: <ul style="list-style-type: none"> the mother's policy includes new born care benefit; and the mother has been covered on this policy for at least 10 months From 31 days after birth, or after the mothers new born care benefit limit has been reached, any eligible medical conditions that manifested themselves in the first 30 days from birth will be covered under the new born care benefit applicable under the dependant child's policy and up to the benefit limit specified. No further cover for any eligible medical condition manifesting itself within the first 30 days of birth will be provided other than under this benefit limit. <p>Please note:</p> <ol style="list-style-type: none"> The new born must be enrolled on the policy as a dependant within the first 30 days. If the new born is enrolled after 30 days from his/her date of birth, they may be subject to eligibility restrictions, including exclusion of any pre-existing condition. In the event of multiple births, the new born care benefit limit shown on the mother's policy is the maximum aggregate amount that can be claimed for, regardless of the number of babies born. Thereafter each eligible dependant baby will be covered by the applicable benefits available on their own policy.
Child accommodation	in full	in full	in full	Room and board costs relating to a new born (up to 16 weeks old) to accompany its mother (being an insured person) while she is receiving treatment as an in-patient in a hospital .
Evacuation and repatriation services				
Medical evacuation ☎	in full (nearest country)	in full (nearest country)	in full (country of choice)	<p>Costs of an insured person, in the event of emergency treatment not being readily available in the region or country of incident, to be transported by the most medically appropriate means to the nearest appropriate medical facility or, where Premier cover has been purchased, to the country of your choice within your geographical area (if, in the opinion of your medical practitioner / specialist and us that you are in the appropriate medical position to be able to undertake the journey), for the purpose of admission to hospital as an in-patient or day-patient. We will pay the reasonable expenses for:</p> <ul style="list-style-type: none"> the most medically appropriate transportation costs for the insured person. local travel costs to and from medical appointments when treatment is being received as a day-patient. standard hotel room in a 4* hotel or equivalent, to be determined by us, for the insured person immediately pre- and post-hospital admission periods provided that the insured person is under the care of a specialist for a period of up to seven days post discharge from hospital. an economy class airfare ticket to return the insured person to the site where the emergency initially arose or to the that person's country of residence. <p>Medical evacuation and repatriation does not extend to include air/sea rescue or mountain rescue services. Only available within the geographical area of your policy.</p>
Medical repatriation ☎	in full	in full	in full	

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Benefits	Select	Classic	Premier	Definitions
Overall annual maximum	\$1,000,000/ €925,000/ £795,000	\$3,000,000/ €2,770,000/ £2,390,000	\$4,500,000/ €4,155,000/ £3,585,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover . We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Evacuation and repatriation services (continued)				
Accompanying person expenses ☎	in full	in full	in full	Reasonable costs for an immediate family member to accompany you during a medical evacuation if there is a reasonable need, which would include physical assistance during transportation, you do not have a medical escort or the reason for evacuation relates to a serious, acute illness and only where the treatment received is on an in-patient or day-patient basis. Reasonable costs include: <ul style="list-style-type: none"> • 1 economy return flight (even if the insured person is travelling in another class for medical reasons). Or, where the accompanying person is providing medically necessary assistance to the insured person during transportation, we will cover the costs of the accompanying person's travel on the medically necessary transport • Reasonable living expenses • Reasonable costs for travel to and from hospital • Standard hotel room in a 4* hotel or equivalent, to be determined by us This benefit will only be paid once per medical condition and must be pre-authorized by us .
Incidental expenses ☎	in full	in full	in full	The cost of incidental expenses related to the emergency including: <ul style="list-style-type: none"> • 1 economy return flight and accommodation for a child in the event of an evacuation, provided they are under the age of 18 and they would otherwise be left without a parent or guardian • Reasonable child care and pet care, where the child or pets remain in the country or residence.
Repatriation of mortal remains ☎	in full	in full	in full	Reasonable costs for the transportation of your mortal remains following your death whilst outside of your home country. The costs of a local burial in the country where the death occurred, other than your home country, cremation costs in the country where the death occurred and transportation of the urn to your country of residence or home country. Where a local burial or cremation is chosen, costs will be covered to the same cost of repatriation to home country. We do not pay for the cost of burial caskets, or the transportation costs for someone to collect or accompany your mortal remains.
Compassionate travel ☎	no cover	1 economy class journey	2 economy class journeys	An economy return flight for you , together with any minors (under the age of 18), to travel from your country of residence to visit an immediate family member who is in a High-Dependency Unit, Intensive Care Unit or facing a life-threatening illness or injury in your home country or where your immediate family member is residing. We will cover one visit per medical condition only. We will not cover any living expenses associated with the visit.
Local road ambulance	in full	in full	in full	We will pay for in-country ambulance transportation by road or, if medically necessary , air ambulance to the nearest suitable hospital or other place of treatment where services are available to provide treatment for your eligible accident or medical condition , as well as a clinical escort where deemed medically necessary to accompany you . We do not pay for mountain/air/sea rescue services.
Local air ambulance				
Non-emergency travel	no cover	no cover	1 economy class journey	We cover 1 economy return flight to the nearest centre of excellence to treat your medical condition when the treatment is not available in your country of residence , the treatment is elective, on an in-patient or day-patient basis, you are fit to travel as judged by a medical practitioner/specialist and the cost of the treatment is covered under your policy . We will not pay for living expenses before or after the treatment or for the cost of an accompanying person. We require a note from your medical practitioner to confirm the treatment is not available in your country of residence , or is not available to an acceptable medical standard. Pre-authorization must be granted and we reserve the right to make the flight arrangements. Flight arrangements organised by you may not be reimbursed.

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2. Out-patient plan

Out-patient cover is optional, but you must choose it to be eligible for any further optional benefits (outlined in section three of this document). You can choose any level of Out-patient cover, you do not need to choose the same level of cover as your Core cover.

Out-patient plans	Waiting periods & co-insurances	Advance	Elite	Prestige	Definitions
Out-patient (OP) maximum		\$5,000/€4,600/£4,000	In full (to Core cover annual maximum)	In full (to Core cover annual maximum)	We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Consultations and scans					
Out-patient consultations	Nil	in full within out-patient limit	in full	in full	Out-patient medical practitioner/specialist or qualified nurse fees to undertake the following services where they are qualified & licensed to do so: <ul style="list-style-type: none"> • assess the symptoms of your medical condition • arrange or receive treatment • follow-up on treatment already received • prescribe drugs and dressings.
Online GP service 'My Digital Doctor'		unlimited use	unlimited use	unlimited use	Through the 'My Digital Doctor' apps you can book and attend telephone or video appointments with internationally recognised medical practitioners available 24/7, no matter where you are. You can use the service to inquire about symptoms or medication in a private setting with full confidentiality, without having to physically go to the doctor. You can share images and test results and a highly trained medical practitioner will provide you with advice and next steps. To use this service visit your member portal where you will find more information and a link to access the service.
Out-patient psychiatric treatment and psychotherapy		no cover	\$2,500/€2,300/£2,000	\$5,000/€4,600/£4,000	Consultations and associated costs for treatment with mental health specialists in an out-patient setting. Mental health treatment must be a consequence of a defined mental health disorder , provided the overall treatment is under the referral of a practicing registered psychiatrist licensed to practice as such in the country where the treatment is taking place.
Dietician / Nutritionist		no cover	no cover	\$500/€460/£400	The cost of a dietician or nutritionist consultation for the purpose of undertaking a dietary control regime related to the control of weight or the management and control of an eligible medical condition when referred by a medical practitioner/specialist .
Routine chronic condition management		in full within out-patient limit	in full	in full	Management of chronic conditions requiring ongoing or long-term monitoring through consultations with a medical practitioner/specialist including examinations, check-ups and the prescribing of drugs and dressings . Prescriptions for drugs and dressings that exceed the period of cover will only be covered for the duration of the remaining period of cover .
Diagnostic tests		in full within out-patient limit	in full	in full	The costs of diagnostic tests used to diagnose or assess the symptoms of your medical condition when ordered by your medical practitioner/specialist .
Medicines and medical equipment					
Prescribed drugs and dressings	Nil	in full within out-patient limit	in full	in full	The cost of drugs and dressings prescribed by your medical practitioner/specialist and will only be used for the treatment of a medical condition or injury. Prescriptions for drugs and dressings that exceed the period of cover will only be covered for the duration of the remaining period of cover . Drugs and dressings does not include prescriptions which can be purchased over-the-counter.

Out-patient plans	Waiting periods & co-insurances	Advance	Elite	Prestige	Definitions
Overall Out-patient benefit limit		\$5,000 /€4,600/ £4,000	In full (to Core cover annual maximum)	In full (to Core cover annual maximum)	We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits.
Medicines and medical equipment (continued)					
Durable medical equipment	Nil	\$500/€460/£400	\$1,500/€1,400/ £1,200	\$5,000/€4,600/ £4,000	The cost to rent, or at our discretion to purchase, any durable medical equipment that is ordered by a medical practitioner/specialist to be used in the course of treatment for an accident or medical condition , or while undertaking nursing at home where medically necessary and where recommended by a medical practitioner/specialist . It does not include equipment that is for comfort such as telephone arms, air quality or temperature equipment, exercise equipment or similar items. The total amount to be considered will not exceed the purchase price of any one item.
Hearing aids	50% co-insurance	no cover	no cover	1 set per lifetime	The costs of one set of hearing aids as a consequence of a diagnosed medical condition significantly impairing the insured person's ability to hear.
Specialist and alternative treatments					
HIV/AIDS	3 years (not applicable for MHD policies)	no cover	\$10,000/€9,250/ £7,950	\$20,000/€18,450/ £15,950	Costs which arise from, or are in any way related to Human Immuno Deficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any variations thereof. Expenses are limited to pre and post-diagnosis consultations, medically necessary laboratory tests, routine check-ups and drugs and dressings . The benefit is only available after three years of continuous membership.
Physiotherapy	Nil	\$500/€460/£400	\$1,500/€1,385/ £1,195	in full	We will pay for physiotherapy costs under the direction of a registered physiotherapist , where the treatment is of short duration to relieve pain or restore function. If you are not referred by a medical practitioner/specialist , you will need to gain pre-authorisation after ten physiotherapy sessions (unless we agree otherwise).
Hormone replacement therapy (early onset)		no cover	in full	in full	Treatment of the menopause as a consequence of a hysterectomy or due to early onset. For the purposes of this benefit , early onset shall mean where initial onset, by whatever cause, takes place in a women under the age of 40.
Complementary treatment		\$1,000/€925/ £795	\$2,500/€2,310/ £1,990	\$5,000/€4,615/ £3,985	We cover therapeutic and diagnostic treatment that exists outside the institutions where conventional medicine is taught and specifically refers within the cover to acupuncture, homeopathy, osteopathy, chiropractic treatment , podiatry, traditional Chinese medicine and ayurvedic medicine, provided by a practitioner who is qualified and licensed to practice in the country where the treatment is given.
Speech therapy		no cover	\$1,300/€1,200/ £1,050	in full	Speech therapy as part of a treatment programme for a medical condition and when referred by a medical practitioner/specialist .
Prevention and wellbeing					
Vaccinations	Nil	no cover	\$500/€460/£400	in full	Vaccinations must have completed clinical trials and be approved for use in the country where treatment is taking place. The cost for the visit and administration of the vaccination is included.
Annual health assessment		\$500/€460/ £400	\$1,000/€925/ £795	\$1,500/€1,385/ £1,195	We will pay for one health assessment per period of cover to assess your state of health where it is provided in one single medical facility, by a recognised medical practitioner/ specialist or qualified nurse , all the tests are undertaken in the same consultation and results are provided as a single medical report. The actual tests you have will depend on the health screening offered by your provider but may include routine tests such as blood sugar and cholesterol tests, a blood pressure test and a kidney function test. It may also include specific screening tests, such as mammogram, pap test, colon cancer screening, or prostate cancer screening.
Well-baby checks					Well-baby checks, effective from 24 hours after birth and up until the child's second birthday and as recommended by a medical practitioner/specialist , including physical examinations, measurements, screenings, evaluations and blood tests as is recommended in the country where the treatment is undertaken.

3. Optional benefits

These add-on packages give you the option to increase your level of cover in the areas that are important to you. You can add on as many of these additional benefits as you like. However, you are only eligible for these benefits if you have chosen an Out-patient plan (section two of this document).

Optional benefits			Definitions
Fertility	Waiting period	Option 1	
Fertility treatment	12 months	\$25,000/€23,000/ £20,000 per lifetime	<p>Diagnostic tests for the diagnosis and treatment of infertility including approved surgeries, other therapeutic procedures and any ovulation induction induced via certain oral or injectable infertility medication, artificial insemination including Advanced Reproductive Technology (ART) procedures and In Vitro Fertilisation (IVF) with embryo transfer. You must be an insured person for at least 12 months prior to incurring costs, with fertility treatment being undertaken directly to you.</p> <p>We will not pay for the cost of:</p> <ul style="list-style-type: none"> any treatment for complications of birth (for both mother and child) from In Vitro Fertilisation (IVF) or any other form of assisted reproduction any infertility services when the infertility is caused or related to voluntary sterilisation any donor charges and services any cryopreservation of donor eggs and sperm any experimental, investigational or unproven infertility procedures or therapies.

Optional benefits					Definitions
Vision	Waiting period	Option 1	Option 2	Option 3	
Annual eye test	no waiting period	in full	in full	in full	One eye test each period of cover , which includes the cost of your consultation.
Glasses and contact lenses	6 months (not applicable for MHD policies)	no cover	\$250/€230/ £200	\$500/€460/ £400	<p>The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an Ophthalmologist or Optometrist to correct a sight/vision problem, such as short or long sight to a maximum of one pair per insured person per period of cover.</p> <p>The cost of frames, only if you have been prescribed new spectacle lenses, and where confirmation of the prescription/ purchase of lenses is provided, to a maximum of one pair per insured person for every two periods of cover.</p> <p>The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.</p>
Laser eye surgery	18 months (not applicable for MHD policies)	no cover	no cover	\$1,000/€925/ £795	Treatment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK). The benefit limit is for the cost of corrective surgery to both eyes, once per period of cover . It must be undertaken by a recognised specialist , registered in the country where the treatment is undertaken.
Pregnancy and childbirth	Waiting period	Option 1	Option 2	Option 3	
Natural childbirth	12 months (not applicable for MHD policies)	\$10,000/€9,250/ £7,950	\$20,000/€18,450/ £15,950	in full	Medically necessary costs incurred during normal pregnancy and childbirth including scans and delivery costs in a hospital or as a home birth . Complications of pregnancy as a result of fertility treatment and artificial insemination (IVF) will be limited to this benefit if this option is purchased.
C-section					Non- emergency caesarean section and medically necessary caesarean section costs due to previous elective caesarean section.
Pre-and post-natal check ups					Pre and post-natal check-ups up to six weeks following birth for a mother, being an insured person , prior to and following childbirth.
Paediatrician costs					Well-baby examinations and paediatrician costs for the first examination/check-up of a new born baby, if the examination is made within 24 hours of delivery.

Optional benefits				Definitions	
Dental	Waiting period & co-insurance	Option 1	Option 2		
Routine and preventative	6 months (not applicable for MHD policies) 20% co-insurance	\$500/€460/ £400	\$1,000/€925/ £795	Routine dental treatment which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative treatment including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal treatment . Costs of medically necessary drugs and dressings required as part of the eligible dental treatment .	
Dental (cont)	Waiting period & co-insurance	Option 3	Option 4	Option 5	
Routine, preventative and restorative	6 months (not applicable for MHD policies) 20% co-insurance	\$1,000/€925/ £795	\$2,500/€2,310/ £1,990	\$5,000/€4,615/ £3,985	Routine dental treatment which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative treatment including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal treatment . Major restorative treatment defined as the removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where medically necessary rather than for cosmetic purposes compared with other treatment options available. Costs of medically necessary drugs and dressings required as part of the eligible dental treatment .
Dental (cont)	Waiting period & co-insurance	Option 6	Option 7		
Routine, preventative, restorative and orthodontic	6 months (not applicable for MHD policies) 20% co-insurance on routine dental and major restorative dental benefits . 50% co-insurance on orthodontic benefits .	\$2,500/€2,310/ £1,990	\$5,000/€4,615/£3,985	Routine dental treatment which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative treatment including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal treatment . Major restorative treatment defined as the removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where medically necessary rather than for cosmetic purposes compared with other treatment options available. Orthodontic treatment covering the fees and associated costs of a dental practitioner carrying out orthodontic treatment on any insured person up to and including 18 years of age. Costs of medically necessary drugs and dressings required as part of the eligible dental treatment .	

4. Healthcare advice services

These services are included within your plans and there is no limit on their use.

Service	Service description
Second medical opinion service	In partnership with Best Doctors, we provide you with complimentary access to an independent second medical opinion service. This service gives you access to world leading specialists who can provide an independent and confidential review of your medical case when you are unconvinced about your diagnosis, worried that your medication isn't working, or want to know if there are other treatment options. To use this service visit your member portal where you will find more information and a link to access the service.
Employee assistance programme	<p>We have partnered with Morneau Shepell to give you an independent and confidential support service that can help you and your dependant manage a wide range of challenges including loneliness, adapting to new cultures, personal or emotional impacts of relocation, stress, anxiety, and depression. The service offers a variety of counselling and consultation support options so you can find one to suit your comfort level, learning style, and lifestyle:</p> <ul style="list-style-type: none"> • by telephone • via email • through video call • by instant messaging <p>As a Generali Global Health member, you and your dependents are entitled to 5 telephone or video consultation sessions, per issue, per year.</p> <p>This service is available 24/7 by web, phone or mobile (via the 'My EAP' app).</p> <p>To access the service, call +19058863605 or visit workhealthlife.com.</p> <p>You can also download the MyEAP app from your device's app store.</p>
Wellness app 'Bria'	<p><i>Available in selected territories.</i></p> <p>Start your journey to a healthier, happier and a more active you.</p> <p>Bria is full of tips, practical advice and plans on how to combat stress, sleep better, live healthier and shed unwanted weight. Choose a health goal and use the action plans to adopt and maintain good health habits that will support you in achieving your goals. Join monthly challenges suitable for all levels and compete with friends and colleagues to reach the top of the leaderboard. Goals: Lose Weight, Sleep Better, Reduce Stress, Live Healthy, Get Fit. Read articles to get tips and advice on how to live a healthy life. Connect with over 1000 popular health and activity trackers and once your trackers and apps are synced to Bria, the app will automatically log your daily fitness and health activities and you'll receive regular insights on how they impact your health.</p> <p>To check whether Bria is available on your plan and to download the app, visit your Member Portal.</p>

5. Deductibles and co-insurances

This page outlines the contribution you may need to make towards the cost of your treatment. Please refer to your certificate of insurance to identify which contributions apply to your policy.

Contribution type	Contribution amount	Definition
Deductibles	<p>Global Choice has several deductible options. Check your Certificate of Insurance to see which applies to your policy:</p> <ul style="list-style-type: none"> • No deductible • \$100/€95/£80 • \$500/€475/£400 • \$1,000/€925/£795 	The annual amount that each insured person must pay each period of cover before the policy will pay certain benefits . Deductible amounts applicable will be indicated in your certificate of insurance .
Co-insurances	<p>The following co-insurances apply to all Global Choice policies:</p> <ul style="list-style-type: none"> • 20% routine and preventative dental • 20% routine, preventative and restorative dental • 20% routine, preventative, restorative and major restorative dental • 50% orthodontic treatment • 50% for non-emergency treatment in an emergency room • 20% for any treatment undertaken outside of the network in USA, unless there is no network hospital within 30 miles of your address, the treatment is not available in a network hospital, or it is an emergency. 	Co-insurance is the amount that you must contribute towards each treatment undertaken. Co-insurance may apply to specific benefits , or across multiple benefits .



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