

UltraCare Plans

Table of Benefits

Overall Limits	Plus	Comprehensive	Select	Standard
Under the terms and conditions of the plan , we will pay necessary, customary and reasonable expenses up to an overall maximum, per insured person per plan year (unless a lifetime limit is specified):	£2,000,000 \$3,400,000 €3,000,000	£1,000,000 \$1,700,000 €1,500,000	£750,000 \$1,275,000 €1,125,000	£500,000 \$850,000 €750,000
In-Patient and Daycare Treatment				
Accidents and emergencies , intensive care and theatre costs				
Hospital accommodation				
Nursing fees, medical expenses and ancillary charges				
Surgeons', consultants ', anaesthetists', medical practitioners ' fees				
Prescribed medicines and drugs				
Reconstructive surgery following an accident or following surgery for an eligible medical condition				
Prostheses: artificial body parts surgically implanted to form permanent parts of an insured person's body	Covered in Full	Covered in Full	Covered in Full	Covered in Full
MRI, PET and CT scans				
X-rays, pathology, diagnostic tests and procedures				
Oncology tests, drugs and consultants ' fees including cover for chemotherapy and radiotherapy				
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner , consultant or specialist				
Parent accommodation, insured parent with an insured child under 18 years of age in hospital				
Accidental damage to natural teeth				
Psychiatric treatment up to 30 days available after 12 months continuous cover under the plan		Not Covered	Not Covered	Not Covered
Out Patient Treatment ¹				
Primary consultations and treatment to include medical practitioners ' fees, prescribed medicines, drugs and dressings				
X-rays, pathology, diagnostic tests and procedures	Covered in Full	Covered up to £5,000 \$8,500 €7,500	Covered up to £3,000 \$5,100 €4,500	
Specialists ' and consultants ' fees for consultations, prescribed medicines, drugs and dressings				
Psychiatric treatment available after 12 months continuous cover under the plan	Covered up to £2,000 \$3,400 €3,000	*Complementary medicine and treatment, and Physiotherapy up to a maximum sub-limit of	*Complementary medicine and treatment, and Physiotherapy up to a maximum sub-limit of	
Complementary medicine and treatment by a therapist , when referred by a medical practitioner , consultant or specialist . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture treatment and Chinese herbal medicine*	Covered up to £2,000 \$3,400 €3,000	£500 \$850 €750	£250 \$425 €375	Not Covered
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner , consultant or specialist *	Covered in Full			
Oncology tests, drugs and consultants ' fees including cover for chemotherapy and radiotherapy				
MRI, PET and CT scans	Covered in Full	Covered in Full	Covered in Full	
Out-patient surgical operations				
Post-hospitalisation treatment	Covered in Full up to 90 days	Covered in Full up to 90 days	Covered in Full up to 90 days	Covered in Full up to 90 days
Out-Patient Dental Treatment ² (available after 6 months continuous cover)				
Treatment for the immediate relief of dental pain and accidental damage to natural teeth	Covered up to 75% of £750 \$1,275 €1,125	Covered up to 75% of £500, \$850, €750		
Treatment for the restoration of natural teeth including x-rays, fillings, extractions, root-canal treatment , gum treatment		Not Covered	Not Covered	Not Covered
Wellness Benefit				
Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, well child tests, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations	Covered up to £350 \$595 €525	Covered up to £250 \$425 €375	Not Covered	Not Covered

Chronic Medical Conditions	Plus	Comprehensive	Select	Standard
Maintenance, routine checkups, prescribed drugs and dressings and palliative treatment	Covered up to £1,000 \$1,700 €1,500	Covered up to £500 \$850 €750	Covered up to £250 \$425 €375	Not Covered
Stabilisation of acute exacerbations / episodes of chronic medical conditions	Covered within the limits in the in-patient daycare and out-patient sections	Covered within the limits in the in-patient daycare and out-patient sections	Covered within the limits in the in-patient daycare and out-patient sections	Covered within the limits in the in-patient daycare section
Emergency Local Ambulance				
Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Organ Transplant				
Cost of the surgical procedures and transportation costs in performing an organ transplant of either; kidney, liver, heart, lung, or heart and lung, in respect of the insured person as recipient and not the organ donor	Covered up to £200,000 \$340,000 €300,000	Covered up to £200,000 \$340,000 €300,000	Covered up to £200,000 \$340,000 €300,000	Covered up to £200,000 \$340,000 €300,000
Nursing at Home				
Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or daycare treatment	Covered up to £5,000 \$8,500 €7,500	Covered up to £2,500 \$4,250 €3,750	Covered up to £2,500 \$4,250 €3,750	Covered up to £1,500 \$2,550 €2,250
Compassionate Emergency Visit				
Costs incurred by an insured person for an economy class return airfare from the country of residence to visit a close family member , up to the attained age of 75 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person per plan year	Covered in Full	Covered in Full	Covered in Full	Not Covered
Hospital Cash Benefit				
Cash payment payable for each night where treatment is received by an insured person as a non-paying patient	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250
Legal Expenses				
Legal expenses incurred by an insured person with our prior written consent in pursuit of a claim against a third party who has caused bodily injury to, or the death of, an insured person	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250
Emergency Evacuation and Repatriation				
The transportation costs of an insured person to the nearest centre where adequate medical facilities are available. Payment of this benefit , including treatment incurred, will be subject to the insured person suffering from a medical emergency ; (a) that is critical , and (b) for which, in our opinion, adequate treatment is not available in the insured person's location.	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Economy class return airfare following an emergency medical evacuation, to country of residence				Covered in Full
Travelling, accommodation and economy class return airfare expenses for pre-authorised costs of a close business colleague , or the insured person's dependants , or in the case of the insured person being a dependant , a parent or close family member , having to accompany the insured person for an emergency medical evacuation				When relating to in-patient and daycare treatment
Repatriation of Mortal Remains				
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person , from the place of death to the home country , or the preparation and local burial or cremation of the mortal remains of the insured person , who dies outside of the home country	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Medical Treatment Outside Area of Cover				
Emergency medical treatment cover outside of geographic area of cover	Covered up to £35,000 \$59,500 €52,500	Covered up to £30,000 \$51,500 €45,000	Covered up to £20,000 \$34,000 €30,000	Not Covered
Deductibles				
¹ Out-patient medical treatment standard excess (applied per medical condition , per plan year)	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	N/A
² Out-patient dental treatment co-insurance (applied per claim)	25%	25%	N/A	N/A