

Plan Overview – Emerald Plan Group Health Insurance

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This overview provides key information that should read. It does not contain the full terms and conditions of the plan, which can be found in the Certificate of Insurance and Plan Rules. **Please Note:** The currency in the tables is in GBP.

The cover is provided by certain underwriters at Lloyd's of London. This policy is valid for 12 months and is renewable annually. An insured person may need to review and update the cover periodically to ensure it remains adequate.

	SIGNIFICANT FEATURES AND BENEFITS	CORE	ADVANCE	DELUXE
	Total Policy Limit per person per policy year	1,500,000	3,000,000	5,000,000
4.2	Core Cover			
4.2.1	Hospital Services	+ Full Refund	+ Full Refund	+ Full Refund
4.2.1 (i)	– Hospital room and board outside USA & Canada	** Full Refund	** Full Refund	** Full Refund
	– Hospital room and board within USA & Canada (whilst travelling)	# 180	# 250	** Full Refund
4.2.1 (ii)	– Intensive care unit outside USA & Canada	+ Full Refund	+ Full Refund	+ Full Refund
	– Intensive care unit within USA & Canada (whilst travelling)	360	500	+ Full Refund
4.2.1 (iii)	– Parent accommodation	+ Full Refund	+ Full Refund	+ Full Refund
4.2.1 (iv)	– Day-care treatment	+ Full Refund	+ Full Refund	+ Full Refund
4.2.2	In-patient psychiatric treatment	+ Full Refund (up to 30 days)	+ Full Refund (up to 30 days)	+ Full Refund (up to 60 days)
4.2.3	External prosthetic devices	2,000	3,000	4,000
4.2.4	Daily cash benefit for use of public hospital	250	250	250
4.2.5	In-patient rehabilitation treatment	Up to 30 days	Up to 45 days	Up to 60 days
4.2.6	In-patient epidemic & pandemic cover	50,000 per policy year	50,000 per policy year	50,000 per policy year
	Out-Patient Cover*			
4.3.1	General out-patient services	-	** Full Refund	** Full Refund
4.3.2	Specialist out-patient services	-	** Full Refund	** Full Refund
4.3.3	Pathology, radiology and diagnostic tests	-	** Full Refund	** Full Refund
4.3.4	MRI/ CT/ PET Scans	** Full Refund within 60 days, pre & post covered in-patient & day-care treatment	** Full Refund	** Full Refund

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	SIGNIFICANT FEATURES AND BENEFITS	PEARL	SAPPHIRE	RUBY
4.3.5	Prescribed drugs and dressings	-	+* Full Refund	+* Full Refund
4.3.6	Pre hospitalisation treatment	* 2,500	** Full Refund	** Full Refund
4.3.7	Post hospitalisation treatment	* 2,500	** Full Refund	** Full Refund
4.3.8	Acupuncture	750	1,750	** Full Refund
4.3.9	Specialist herbal treatment			** Full Refund
4.3.10	Wellness / medical check-up	250	400	600
4.3.11	Travel Vaccinations	-	150	250
4.3.12	Child Vaccinations	-	150	250
4.3.13	Out-patient psychiatric treatment	-	2,500	5,000
Other Benefits				
4.4.1	Cancer treatment	+ Full Refund	+ Full Refund	+ Full Refund
4.4.2	Treatment of Congenital Conditions (lifetime limit)	-	-	50,000
4.4.3	Organ transplant (cornea, heart, lung, kidney, liver or bone marrow)	+ Full Refund	+ Full Refund	+ Full Refund
4.4.4	Stem Cell Treatment (lifetime limit)	-	75,000	150,000
4.4.5	Kidney Dialysis	+ Full Refund	+ Full Refund	+ Full Refund
4.4.6	Emergency Medical Evacuation	+ Full Refund	+ Full Refund	+ Full Refund
4.4.6 (i)	<ul style="list-style-type: none"> ▪ Accommodation expenses for a companion (maximum 15 days) 	75 per day	100 per day	125 per day
4.4.7	Medical Repatriation to Country of Origin	+ Full Refund	+ Full Refund	+ Full Refund
4.4.8	Nursing at home - full refund up to	+ Up to 4 Weeks	+ Up to 8 Weeks	+ Up to 26 Weeks
4.4.9	Hospice & palliative care (lifetime limit)	25,000	30,000	50,000
4.4.10	HIV & AIDS Treatment (lifetime limit)	-	10,000	50,000
4.4.11	Investigations into Infertility	-	2,500	3,500
4.4.12	Local Ambulance Services	+ Full Refund	+ Full Refund	+ Full Refund
4.4.13	Complications of Pregnancy	-	+ [‡] Full Refund	+ [‡] Full Refund



4.4.14	Complications of Childbirth	-	‡ 3,000	‡ 5,000
4.4.15	Routine Maternity Care and Childbirth	-	-	
4.4.16	Newborn Care (first 14 days)	-	‡ 1,000	‡ 4,000
4.4.17	Medical aids such as wheelchairs, knee braces or crutches (Rental)	2,000	3,500	7,000
	SIGNIFICANT FEATURES AND BENEFITS	CORE	ADVANCE	DELUXE
4.4.18	Orthopaedic braces, supports & air boots	+ Full Refund	+ Full Refund	+ Full Refund
4.4.19	Emergency dental treatment following accident	+ Full Refund	+ Full Refund	+ Full Refund
4.4.20	Non-emergency Dental Treatment	Optional	Optional	500 Further Optional Add-on available
4.4.21	Optical Care	Optional	Optional	150 Further Optional Add-on available
4.4.22	Hearing Test	-	150	250
4.4.23	Accident & Emergency department	+ Full Refund	+ Full Refund	+ Full Refund
4.4.24	Innocent bystander in terrorist incident	30,000	30,000	30,000
4.4.25	Compassionate home visit	+ Full Refund	+ Full Refund	+ Full Refund
4.4.26	Local burial or cremation	7,500	10,000	12,500
4.4.27	Repatriation of mortal remains			
4.4.28	Permanent total disability	-	-	10,000

Key:

- + up to policy limit
- # Single bedded room only
- * US\$/£100 deductible per policy year applies
- ‡ 12 month waiting period

Optional Add-Ons				
<ul style="list-style-type: none"> • Applies only if the applicable premium is paid to add on to the plan • Different levels of benefits and packages can be mixed 				
4.5.1	A) Personal Accident (*Maximum 4 units per adult)			
	- Accident death or disappearance		50,000	
	- Loss of limb(s)		10,000	
	- Total and irrecoverable loss of sight of one or both eyes		10,000	
4.5.2	B) Dental & Optical	Package A	Package B	Package C
4.5.2 (i)	<ul style="list-style-type: none"> – Basic and Routine Dental Work <ul style="list-style-type: none"> ▪ Routine dental check-ups such as scaling and polishing (once for each policy period) ▪ Extractions, sealant and fillings (standard amalgam or composite), root canal treatment, related x-rays 	500	1,000	1,500
4.5.2 (ii)	<ul style="list-style-type: none"> – Complex Dental Work <ul style="list-style-type: none"> ▪ Such as implants, bridgework, crowns or inlays and onlays 			
4.5.2 (iii)	<ul style="list-style-type: none"> – Frames, Lenses and Eye Checks <ul style="list-style-type: none"> ▪ Frames and Lenses ▪ Cost for eyeglasses and contact lenses 			
4.5.2 (iv)	<ul style="list-style-type: none"> – Eye Checks 	75	150	250
4.5.3	C) Maternity	Package A	Package B	Package C
	Benefit Limit	5,000 per pregnancy	10,000 per pregnancy	15,000 per pregnancy
	<p>The following prenatal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests</i>, <i>medicines and drugs</i>, licensed midwifery and certified doula services, vitamins and supplements, complementary medicine, complementary maternity therapies (without <i>referral</i>).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of <i>nursery care</i>.</p> <p>Complications of pregnancy following <i>major or minor assisted conception</i></p> <p>Therapeutic abortions.</p>			

For full details and limitations on benefits please refer to your Certificate of Insurance and Plan Rules