













Comparison of 2009 Plans

USD

Compare the five HealthCare International Plans to see which one is right for you and your family.

	Benefits	HealthCare Emergency+	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
Annual Maximum	HealthCare Treatment	US\$500,000		US\$1,000,000	US\$1,500,000	US\$2,000,000
	Area 1	Worldwide excluding USA, except 100% of costs for accident or emergency treatment whilst travelling in the USA (up to 60 days treatment per year).				
	Area 2	Worldwide including USA. 100% of costs for elective and non-emergency treatment.				
	In-Patient Hospital Treatment & Accommodation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Emergency Medical Evacuation & Medical Repatriation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Road Ambulance Transportation	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Repatriation of Mortal Remains	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	Hospitalisation Cash Benefit	Not covered	Not covered	US\$150 per day (max 50 days)	US\$150 per day (max 50 days)	US\$150 per day (max 50 days)
	* Hospital Cash Benefit (in a non-chargeable hospital)	US\$50 per day (max 30 days)	US\$50 per day (max 30 days)	US\$50 per day (max 30 days)	US\$150 per day (max 30 days)	US\$150 per day (max 45 days)
	Life-saving Organ Transplants (Lifetime Maximum)	100% of costs up to US\$100,000	100% of costs up to US\$100,000	100% of costs up to US\$100,000	100% of costs up to US\$500,000	100% of costs up to US\$500,000
	Outpatient Physician & Paramedical Fees	Not covered	Not covered	§75% of costs up to US\$1,000	75% of costs	100% of costs
	Outpatient X-Ray, Laboratory Tests	Not covered	Not covered	§100% of costs up to US\$1,000	100% of costs	100% of costs
	* Prescribed Drugs	Not covered	Not covered	§75% of costs up to US\$1,000	75% of costs up to US\$1,000	100% of costs up to US\$1,000
	* Vaccinations	Not covered	75% of costs	100% of costs	100% of costs	100% of costs
	* Well Child Care	Not covered	Not covered	§100% of costs up to US\$1,000	100% of costs	100% of costs














Co-Payment applies to all claims if selected

* Deductible/Excess does not apply

§ Policy year ceiling per person of US\$1,000 for the combined expenses of well child care, gynaecological tests, outpatient physician fees, outpatient paramedical fees, outpatient X-rays and laboratory tests, outpatient prescription drugs

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Comparison of 2009 Plans - Continued

	Benefits	HealthCare Emergency+	HealthCare Standard	HealthCare Plus	HealthCare Premium	HealthCare Executive
Annual Maximum	HealthCare Treatment	US\$500,000		US\$1,000,000	US\$1,500,000	US\$2,000,000
	Daycare Surgery/Treatment	100% of costs	100% of costs	100% of costs	100% of costs	100% of costs
	* Psychiatric, Drug & Alcohol Abuse (6 months waiting period)	Not covered	Not covered	Not covered	Not covered	50% of costs up to US\$5,000 (lifetime maximum)
	Pregnancy & Childbirth (12 months waiting period)	Not covered	100% of costs up to US\$3,000	100% of costs up to US\$3,000	100% of costs up to US\$25,000	100% of costs up to US\$25,000
	* Complications of Pregnancy Childbirth (12 months waiting period)	Not covered	100% of costs up to US\$10,000	100% of costs up to US\$10,000	100% of costs	100% of costs
	* Eyeglasses & Contact Lenses (6 months waiting period)	Not covered	Not covered	Not covered	Not covered	100% of costs up to US\$400
	Dread/Chronic Diseases (Lifetime Maximum)	100% of costs up to US\$20,000	100% of costs up to US\$20,000	100% of costs up to US\$20,000	100% of costs up to US\$200,000	100% of costs up to US\$200,000
	* Preventative & General Dental Care (6 months waiting period)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	100% of costs up to US\$2,000 (annual maximum)
	* Dental Crowns, Bridges, Dentures & Implants (6 months waiting period)	Optional Extra Available	Optional Extra Available	Optional Extra Available	Optional Extra Available	50% of costs up to US\$500 per tooth up to US\$2,000
	* Non-Western & Alternative Medicine (including chiropractic, osteopathy & acupuncture etc.)	Not covered	Not covered	Not covered	Not covered	100% of costs up to US\$400
	* Annual Health Checks (6 months waiting period)	Not covered	Not covered	Not covered	Not covered	100% of costs up to US\$600
	* Prescribed Medical Aids (Lifetime Maximum)	Not covered	Not covered	Not covered	Not covered	50% of costs up to US\$6,000
	* Death of Close Relative	In the event of the death of a close relative (spouse, parent, child, brother or sister) 100% of costs of a round trip airline ticket to attend a funeral up to maximum US\$5,000 per person.				
	* Personal Accident Cover	US\$25,000 per member (over the age of 18 years old). US\$10,000 block increases available. The maximum amount of cover per member is US\$125,000.				

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