



GLOBAL / INDIVIDUAL

Table Of Benefits

Compact

Comfort

Premium

Medical Services	Maximum Benefit		
Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
INPATIENT TREATMENT			
Accommodation	General	Semi-private	Private
Medical treatment, surgery and anesthetics fees	✓	✓	✓
Imaging - consultations and diagnostic services	✓	✓	✓
Outpatient surgery instead of inpatient treatment	✓	✓	✓
Parent accommodation during inpatient treatment of a minor child	✓	✓	✓
Long-term care	Up to 20 days	Up to 40 days	Up to 60 days
Dialysis	✗	✓	✓
Bone marrow and organ transplants	Up to 150,000 € per lifetime	Up to 250,000 € per lifetime	✓
Cancer: Oncological drugs and treatment including reconstructive surgery for breast cancer	✓	✓	✓
Substitute hospital cash plan benefit	✗	✗	Up to 100 € per night
Inpatient treatment of mental or nervous disorders (12 month waiting period, requires pre-approval)	Up to 5,000 € or 30 days per year / 15,000 max. or 90 days per lifetime (the lower of the two)	Up to 10,000 €	✓
Physiotherapy, including massages (requires pre-approval)	✓	✓	✓
Other inpatient therapies (includes ergo therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy, cardio rehabilitation)	✓	✓	✓
Prescribed medical aids and appliances	✗	Up to 5,000 €	Up to 5,000 €
Prescribed medicines and drugs for inpatient	✓	✓	✓
Transport to the nearest suitable hospital for initial treatment following an accident or an emergency	✓	✓	✓

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
OUTPATIENT TREATMENT			
Medical treatment	Covered as specified below	Covered as specified below	Covered as specified below
Office visits	Up to 1,000 €	✓	✓
Critical illness, following inpatient treatment	✗	✓	✓
Cancer treatment	✓	✓	✓
Maintenance of chronic conditions	✗	✓	✓
Imaging - consultations and diagnostic services	✗	✓	✓
Psychiatric treatment	✗	✗	✓
Psychotherapy	✗	✗	Waiting period of 12 months, only by a licensed psychiatrist (MD)
Physiotherapy, including massages	✗	✗	Up to 12 visits per year (combined with acupuncture)
Other outpatient therapies	✗	✗	Up to 12 sessions
Speech therapy	✗	✗	Waiting period of 12 months, covered up to 30 sessions per year if pre-approved
Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine (TCM) ¹	✗	✗	Up to 12 visits per year (combined with physiotherapy) if pre-approved
Prescribed medical aids and appliances	✗	Up to 5,000 €	Up to 5,000 €
Vision aids, including an eye test	✗	✗	Up to 300 € in 24 months, optical examination up to 200 € per year
Hearing aids	✗	✗	Waiting period of 48 months if not caused by accident, up to 5,000 € per lifetime
Prescribed medicines and drugs for outpatient	Up to 500 €	Up to 50,000 €	Up to 50,000 €
Over-the-counter drugs (OTC)	✗	✗	Up to 100 €
HIV and AIDS drug therapy including ART	Up to 50,000 €	Up to 50,000 €	✓
Transport to the nearest suitable doctor for initial treatment following an accident or an emergency	✓	✓	✓

1 TCM in China requires approval every 10 sessions

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
MATERNITY SERVICES (12 MONTH WAITING PERIOD)			
Maternity care and childbirth, services of a midwife or obstetric nurse, inpatient and outpatient	✗	Up to 5,000 € per birth, Caesarean covered only if medically necessary	Up to 25,000 € per birth, Caesarean covered only if medically necessary
Complications of pregnancy and childbirth	✗	Up to 100,000 €	✓
Outpatient childbirth cash benefit	✗	✗	500 € per newborn baby
Newborn care (We must be informed within 60 days after birth. Subject to underwriting with maximum risk load of 100%)	✗	Insured in own policy	Insured in own policy
Newborn congenital conditions	✗	✓	✓
Infertility treatment	✗	✗	Up to 5,000 € per lifetime
WELLNESS			
Well child care	✗	✓	✓
Health checks (adult)	✗	Up to 200 €	Up to 1,000 €
Vaccinations and immunization (adult)	✗	Up to 100 €	Up to 500 €
Vaccinations and immunization (child)	✗	✓	✓
REHABILITATION AND NURSING			
Inpatient follow-up rehabilitation	✗	Up to 30 days, requires pre-approval	Up to 30 days, requires pre-approval
Nursing care at home and domestic help, instead of a hospital stay	✗	Up to 14 days	Up to 14 days
Day care	✗	✓	✓
Chronic conditions	✗	✓	✓
Hospice	✗	Covered, requires approval	Covered, requires approval

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
DENTAL COVER			
Emergency/accidental dental treatment	Up to 3,000 €	Up to 6,000 €	Up to 6,000 €
Overall dental limit excluding emergencies	✗	2,000 € overall limit (1st year - half amount)	5,000 € overall limit (1st year - half amount)
BASIC DENTAL SERVICES			
Two check-ups or exams per insurance year	✗	✓	✓
X-rays	✗	✓	✓
Scale-and-polish cleaning	✗	✗	✓
Treating oral mucosa and periodontium	✗	✗	✓
Simple fillings	✗	✓	✓
Surgery, extractions, root-canal treatment	✗	✗	✓
Night guard	✗	✓	✓
MAJOR DENTAL SERVICES			
Dentures (e.g. prostheses, bridges and crowns, inlays)	✗	✗	✓
Implants	✗	✗	✓
Orthodontic treatment - up to 18 years old	✗	✗	50% copay
Dental laboratory work and materials	✗	✗	✓
Treatment plan	✗	✗	✓
ASSISTANCE			
24-hour phone and email service with experienced counsellors, doctors and specialists	✓	✓	✓
Information on medical infrastructure (local medical care and names and addresses of doctors who speak several languages)	✓	✓	✓
Support and information by our medical service (second opinion, monitoring the course of the illness)	✓	✓	✓

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
Guarantee of payment (GOP) (preparation for a stay in hospital)	✓	✓	✓
Online services	✓	✓	✓
Additional, appropriate medical support (information on the nature, possible causes and possible treatment of an illness)	✓	✓	✓
Help with psychological problems possibly caused by the stay in the Country of Destination	✗	✗	✓
Transport to hospital upon emergency	✓	✓	✓

ADDITIONAL ASSISTANCE, REPATRIATION, EVACUATION, AND COVERAGE OUTSIDE COUNTRY OF DESTINATION

Medical evacuation and repatriation (in-network providers only, coordinated by the insurer)	✓	✓	✓
Return to Country of Destination after evacuation/repatriation	Up to 2,000 € per family	Up to 2,000 € per family	Up to 2,000 € per family
Emergency treatment outside zone of coverage	60 days coverage	60 days coverage	60 days coverage
Return of accompanying Dependent to Country of Destination if Covered Person is evacuated during travel	✗	Up to 1,000 €	Up to 2,000 €
Return of accompanying Child/Children to Country of Origin if Covered Person is evacuated/repatriated	✗	✗	Up to 2000 € per family
Childcare costs	✗	300 € a day up to 4 days	300 € a day up to 8 days
Compassionate family visit	✗	✗	1 trip per condition, up to 1,500 €
Delayed return trip	✗	✗	Up to 4,000 €
Repatriation to Country of Origin in case of exceeding policy limit	For Covered Person only and only for outpatient care that is covered in Premium plan and that exceeds 10,000 €. Expenses paid up to 2,000 €.	✓	✓
Repatriation of remains	Up to 20,000 €	Up to 20,000 €	Up to 20,000 €

Unless otherwise specified, the above amounts apply per person and insurance year.
All benefits are subject to the Policy Terms, Conditions, Exclusions and UCR - Usual, Customary and Reasonable Rates.

OPTIONAL RIDER

Medical Evacuation Rider
May be added to all plans

The general coverage limit for all insurance events (except if indicated otherwise in the following table) is 1,000,000 € for the entire lifetime of the policy or this extension. Whenever a specific coverage limit is mentioned, the specific limit will apply.

TYPE OF SERVICE	LIABILITY LIMIT	
Basic expenses for an escort	50 € per day / 500 € per entire period of staying with the insured member	
Flight ticket for an escort	1,300 € for every insurance event	
Additional reimbursement for return to the Country of Destination	2,500 € for every insurance event	
Flying minors to the Country of Origin or to where the Covered Person was evacuated - reimbursement of the flight ticket	1,600 € per minor	up to 3 minors per insurance event
Basic expenses for minors when flying to the Covered Person's location of evacuation	50 € per day / 500 € per entire period of staying with the insured member	For each minor separately
Continued treatment / observation - basic expenses for the Covered Person	50 € per day / 500 € per entire period	up to 2 treatments / observations per insurance event
Continued treatment / observation - basic expenses for the Covered Person	1,300 € per insurance event	<ul style="list-style-type: none">• Roundtrip ticket only from the insured member's place of domicile to the place where he was treated after initial evacuation• Only regular commercial flight in economy class



WORLDWIDE INCLUDING THE US / INDIVIDUAL

Table Of Benefits

Compact Comfort Premium

Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
REIMBURSEMENT LEVEL			
In network	80%	90%	100%
Out of network	60%	70%	80%
MAXIMUM MEMBER COINSURANCE FOR NETWORK ONLY			
Per Insurance Year	10,000 \$	5,000 \$	n/a
INPATIENT TREATMENT			
Accommodation	General	Semi-private	Private
Medical treatment, surgery and anesthetics fees	✓	✓	✓
Imaging - consultations and diagnostic services	✓	✓	✓
Outpatient surgery instead of inpatient treatment	✓	✓	✓
Parent accommodation during inpatient treatment of a minor child	✓	✓	✓
Long-term care	Up to 20 days	Up to 40 days	Up to 60 days
Dialysis	✗	✓	✓
Bone marrow and organ transplants	Up to 150,000 \$ per lifetime	Up to 250,000 \$ per lifetime	✓
Cancer: Oncological drugs and treatment including reconstructive surgery for breast cancer	✓	✓	✓
Substitute hospital cash plan benefit	✗	✗	Up to 100 \$ per night
Inpatient treatment of mental or nervous disorders (12 month waiting period, requires pre-approval)	Up to 5,000 \$ or 30 days per year / 15,000 \$ max. or 90 days per lifetime (the lower of the two)	Up to 10,000 \$	✓
Physiotherapy, including massages (requires pre-approval)	✓	✓	✓
Other inpatient therapies (includes ergo therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy, cardio rehabilitation)	✓	✓	✓
Prescribed medical aids and appliances	✗	Up to 5,000 \$	Up to 5,000 \$
Prescribed medicines and drugs for inpatient	✓	✓	✓

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
Transport to the nearest suitable hospital for initial treatment following an accident or an emergency	✓	✓	✓
OUTPATIENT TREATMENT			
Medical treatment	Covered as specified below	Covered as specified below	Covered as specified below
Office visits	Up to 1,000 \$	✓	✓
Critical illness, following inpatient treatment	✗	✓	✓
Cancer treatment	✓	✓	✓
Maintenance of chronic conditions	✗	✓	✓
Imaging - consultations and diagnostic services	✗	✓	✓
Psychiatric treatment	✗	✗	✓
Psychotherapy	✗	✗	Waiting period of 12 months, only by a licensed psychiatrist (MD)
Physiotherapy, including massages	✗	✗	Up to 12 visits per year (combined with acupuncture)
Other outpatient therapies	✗	✗	Up to 12 sessions
Speech therapy	✗	✗	Waiting period of 12 months, covered up to 30 sessions per year if pre-approved
Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine (TCM) ²	✗	✗	Up to 12 visits per year (combined with physiotherapy)
Prescribed medical aids and appliances	✗	5,000 \$	5,000 \$
Vision aids, including an eye test	✗	✗	Up to 300 \$ in 24 months, optical examination up to 200 \$ per year
Hearing aids	✗	✗	Waiting period of 48 months if not caused by accident, up to 5,000 \$ per lifetime
Prescribed medicines and drugs for outpatient (Generic substitution unless DAW; 2 month copay for 3 month supply in mail order)	Limit up to 100,000 \$. Copay 10 \$ brand name drug; 0% generic	Limit up to 100,000 \$. Copay 10 \$ brand name drug; 0% generic	Limit up to 100,000 \$. Copay 10 \$ brand name drug; 0% generic
Over-the-counter drugs (OTC)	✗	✗	Up to 200 \$. Copay 10 \$ brand name drug; 0% generic
HIV and AIDS drug therapy including ART	Up to 100,000 \$	Up to 100,000 \$	✓
Transport to the nearest suitable doctor for initial treatment following an accident or an emergency	✓	✓	✓

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Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
MATERNITY SERVICES (12 MONTH WAITING PERIOD)			
Maternity care and childbirth, services of a midwife or obstetric nurse, inpatient and outpatient	✗	Up to 10,000 \$ per birth, Caesarean covered only if medically necessary	Up to 25,000 \$ per birth, Caesarean covered only if medically necessary
Complications of pregnancy and childbirth	✗	Up to 200,000 \$	✓
Outpatient childbirth cash benefit	✗	✗	500 \$ per newborn baby
Newborn care. (We must be informed within 60 days after birth. Subject to underwriting with maximum risk load of 100%)	✗	Insured in own policy	Insured in own policy
Newborn congenital conditions	✗	✓	✓
Infertility treatment	✗	✗	Up to 10,000 \$ per lifetime
WELLNESS			
Well child care	✗	✓	✓
Health checks (adult)	✗	Up to 400 \$	Up to 2,000 \$
Vaccinations and immunization (adult)	✗	Up to 200 \$	Up to 1,000 \$
Vaccinations and immunization (child)	✗	✓	✓
REHABILITATION AND NURSING			
Inpatient follow-up rehabilitation	✗	Up to 30 days, requires pre-approval	Up to 30 days, requires pre-approval
Nursing care at home and domestic help, instead of a hospital stay	✗	Up to 14 days	Up to 14 days
Day care	✗	✓	✓
Chronic conditions	✗	✓	✓
Hospice	✗	Covered, requires pre-approval	Covered, requires pre-approval

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
DENTAL³			
Emergency/accidental dental treatment	Up to 5,000 \$	Up to 8,000 \$	Up to 8,000 \$
Overall dental limit excluding emergencies	✗	2,000 \$ overall limit (1st year - half amount)	5,000 \$ overall limit (1st year - half amount)
BASIC DENTAL SERVICES			
Two check-ups or exams per insurance year	✗	✓	✓
X-rays	✗	✓	✓
Scale-and-polish cleaning	✗	✗	✓
Treating oral mucosa and periodontium	✗	✗	✓
Simple fillings	✗	✓	✓
Surgery, extractions, root-canal treatment	✗	✗	✓
Night guard	✗	✓	✓
MAJOR DENTAL SERVICES			
Dentures (e.g. prostheses, bridges and crowns, inlays)	✗	✗	✓
Implants	✗	✗	✓
Orthodontic treatment - up to 18 years old	✗	✗	50% copay
Dental laboratory work and materials	✗	✗	✓
Treatment plan	✗	✗	✓
ASSISTANCE			
24-hour phone and email service with experienced counsellors, doctors and specialists	✓	✓	✓
Information on medical infrastructure (local medical care and names and addresses of doctors who speak several languages)	✓	✓	✓
Support and information by our medical service (second opinion, monitoring the course of the illness)	✓	✓	✓

³ Outpatient dental treatment in the USA is considered out of network, the respective reimbursement level applies.

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Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
Guarantee of payment (GOP) (preparation for a stay in hospital)	✓	✓	✓
Online services	✓	✓	✓
Additional, appropriate medical support (information on the nature, possible causes and possible treatment of an illness)	✓	✓	✓
Help with psychological problems possibly caused by the stay in the Country of Destination	✗	✗	✓
Transport to hospital upon emergency	✓	✓	✓
ADDITIONAL ASSISTANCE, REPATRIATION, EVACUATION, AND COVERAGE OUTSIDE COUNTRY OF DESTINATION			
Medical evacuation and repatriation (in-network providers only, coordinated by the insurer)	✓	✓	✓
Return to Country of Destination after repatriation	Up to 2,000 \$ per family	Up to 2,000 \$ per family	Up to 2,000 \$ per family
Emergency treatment outside zone of coverage	60 days coverage	60 days coverage	60 days coverage
Return of accompanying Dependent to Country of Destination if Covered Person is evacuated during travel	✗	Up to 1,200 \$	Up to 2,400 \$
Return of accompanying Child/Children to Country of Origin if Covered Person is evacuated/repatriated	✗	✗	Up to 2,400 \$ per family
Childcare costs	✗	300 \$ a day up to 4 days	400 \$ a day up to 8 days
Compassionate family visit	✗	✗	1 trip per condition, up to 2,000 \$
Delayed return trip	✗	✗	Up to 4,000 \$
Repatriation in case of exceeding policy limit	For Covered Person only and only for outpatient care that is covered in the Premium plan and that exceeds 10,000 \$. Expenses are paid up to 2,000 \$.	✓	✓
Repatriation of remains	Up to 20,000 \$	Up to 20,000 \$	Up to 20,000 \$

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OPTIONAL RIDER

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TYPE OF SERVICE	LIABILITY LIMIT	
Basic expenses for an escort	50 \$ per day / 500 \$ per entire period of staying with the insured member	
Flight ticket for an escort	1,300 \$ for every insurance event	
Additional reimbursement for return to the Country of Destination	2,500 \$ for every insurance event	
Flying minors to the Country of Origin or where the Covered Person was evacuated to - reimbursement of the flight ticket	1,600 \$ per minor	up to 3 minors per insurance event
Basic expenses for minors when flying to the Covered Person's location of evacuation	50 \$ per day / 500 \$ per entire period of staying with the insured member	For each minor separately
Continued treatment / observation - basic expenses for the Covered Person	50 \$ per day / 500 \$ per entire period	up to 2 treatments / observations per insurance event
Continued treatment / observation - basic expenses for the Covered Person	1,300 \$ per insurance event	<ul style="list-style-type: none"> • Roundtrip ticket only from the insured member's place of domicile to the place where he was treated after initial evacuation • Only regular commercial flight in economy class