

SCHEDULE OF BENEFITS	standard	comprehensive	advantage	superior
Sum Insured per person per year (all sections combined)	500.000	1.000.000	2.000.000	3.000.000
HOSPITALISATION Planned and emergency In-patient Treatment (including day-patient), except for dental Treatments				
Accommodation including all meals	Standard private or semi-private	Standard private or semi-private	Standard private or semi-private	Superior private
In-patient treatment				
- Costs and fees of attending Doctor, Surgeon and anaesthetist, other medical staff involved - for Treatment, consultations, development of Treatment plan, Surgery and medical manipulations, conservative Treatment or monitoring as well as other Medically Necessary services, Day-Care Treatment.	✓	✓	✓	✓
- Operating theatre, emergency room, recovery room, intensive care unit (ICU), coronary care unit, high dependency unit	✓	✓	✓	✓
- Diagnostic tests, laboratory and instrumental tests, electrocardiograms; medical imaging (X-Rays, CT, MRI, PET)	✓	✓	✓	✓
- Drugs, dressings, medical materials (bandages/surgical dressings, casts, plaster, etc.)	✓	✓	✓	✓
Parental Accommodation with an insured child aged under 16 (per night limit)	30 nights 100	30 nights 100	30 nights 100	45 nights 100
Inpatient Psychiatric Treatment	30 nights	30 nights	30 nights	30 nights
Reconstructive Surgery	✓	✓	✓	✓
Internal Prosthetic Devices and aids	✓	✓	✓	✓
Hospitalisation Daily Allowance Alternative to reimbursement of Hospitalisation costs	100 per night 20 nights	100 per night 20 nights	150 per night 30 nights	150 per night 30 nights
POST HOSPITAL TREATMENT				
Rehabilitation course in a profile rehabilitation centre, immediately following inpatient Treatment	✗	✗	1.000	1.500
Physiotherapy outpatient if prescribed by the Doctor in connection with and immediately following the inpatient Treatment	20 visits 20% co-pay	20 visits	30 visits	40 visits
External Protheses and Devices which are medically required following Hospitalisation, Day-Care Treatment or Accident and emergency room Treatment	800	800	1.000	1.500
ONCOLOGY TREATMENT				
Consultations, tests, radiotherapy or chemotherapy & take-home drugs received as an inpatient or as an outpatient at a Hospital or a registered Cancer Treatment centre, following discharge from Hospital confinement or Surgery	✓	✓	✓	✓
OUTPATIENT CARE Not including oncology or dental Treatments				
Treatments and consultations received from private Doctors and from out-patient clinics:				
- Fees of GPs, family doctors or specialists, including home visits	2.000	2.000	8.000	✓
- Prescription drugs & dressings	20% co-pay			
- X-rays, diagnostic and pathology tests, instrumental tests, electrocardiograms				
- Hi-tech scans (CT, MRI & PET)				
Physiotherapy when prescribed by a physician	10 visits 20% co-pay	10 visits	15 visits	20 visits

OUTPATIENT CARE Cont.	standard	comprehensive	advantage	superior
Alternative/Complementary Medical Practices Acupuncture, needle therapy, aromatherapy, chiropractic, homeopathic, naturopathic and osteopathic medicine, Ayurvedic and traditional Chinese medicine, hirudotherapy - Available after the first two appointments - Number of appointments - Limit per appointment - Co-pay	10 35 20%	10 35 -	20 40 -	30 50 -
Psychiatric outpatient consultations & prescribed Drugs - 3 month waiting period	x	x	2.000	3.000
Restorative speech therapy - Annual limit - Co Pay	5.000 50%	5.000 50%	10.000 50%	10.000 50%
Homeopathic & Chinese medicine prescriptions - Annual limit - co-pay	350 20%	350 20%	750 20%	1.000 20%
Nursing at Home	x	x	90 days	90 days
DENTAL CARE				
Basic restorative Treatment 3 month waiting period - Co-pay	500 20%	500 20%	750 20%	3.000 20%
Dental Treatment following an accident	1.000	1.000	2.000	5.000
MATERNITY CARE 11 month waiting period Limits established on a per pregnancy basis				
Normal Pregnancy and Childbirth	x	x	3.000	12.000
Complicated Pregnancy and Childbirth * If life-threatening, paid in full	x	x	20.000*	✓
New-born Care within the first 14 days since the baby's birth date Private room basis	x	x	75.000	75.000
PREVENTATIVE CARE				
Well Child Care 20% co-pay	x	x	500	1.000
Vaccination	100	100	200	300
EMERGENCY CARE				
Local road Ambulance if arranged by the Assistance Service	✓	✓	✓	✓
Emergency medical evacuation In acute medical conditions when proper medical aid cannot be arranged locally	50.000	1.000.000	1.000.000	1.000.000
War and Terrorism as an innocent bystander - Individual limit per Insured Person per event - Aggregate limit per event	100.000 700.000	175.000 700.000	175.000 700.000	175.000 700.000
Companion related costs - Economy class flight ticket for companion - Up to 14 nights hotel accommodation for companion - Daily taxi/transportation costs of companion visiting the hospitalised Insured Person - Up to 5 nights hotel accommodation for Insured Person upon discharge from Hospital	3.500 ✓ ✓ 150 ✓	3.500 ✓ ✓ 150 ✓	3.500 ✓ ✓ 150 ✓	3.500 ✓ ✓ 150 ✓

EMERGENCY CARE Cont.	standard	comprehensive	advantage	superior
Compassionate Trip Home - 3 month waiting period	✓	✓	✓	✓
Repatriation or local burial	15.000	15.000	20.000	20.000
Emergency Care out of Primary Area of cover	50.000 30 days	100.000 30 days	100.000 45 days	100.000 60 days
Personal Accident	5,000	10,000	15,000	15,000
Loss of luggage	100	150	200	300
Lost or Stolen Passport	100	150	200	200