

TABLE OF BENEFITS

Benefits	Vital	Harmony	Optimum 80	Optimum
Annual Limit per Year & per Person	\$1,000,000 / €770,000	\$1,000,000 / €770,000	\$1,600,000 / €1,232,000	\$1,600,000 / €1,232,000
<i>In-patient Benefits (Hospital Services)</i>				
Staying in hospital overnight or as a day case	<i>Private room up to \$280 / €216 per day</i>	<i>Private room up to \$280 / €216 per day</i>	<i>Private room up to \$600 / €462 per day</i>	<i>Private room up to \$600 / €462 per day</i>
Parent accomodation with an insured child under 18	<i>\$40 / €31 per day max 30 days</i>	<i>\$40 / €31 per day max 30 days</i>	<i>\$40 / €31 per day max 30 days</i>	<i>\$40 / €31 per day max 30 days</i>
Day care treatment or Out-patient surgery *	■	■	■	■
Nursing care	■	■	■	■
Operating room, medicine & surgical dressing	■	■	■	■
Prescription drugs and materials	■	■	■	■
MRI, PET & CT-PET Scans	■	■	■	■
Intensive care, coronary care, dependency unit	■	■	■	■
Surgical fees including anesthesia	■	■	■	■
Reconstructive surgery following accident/eligible medical condition	■	■	■	■
Specialist's consultations fees	■	■	■	■
Diagnostic test - Pathology Xrays	■	■	■	■
Organ and bone marrow transplant services	■	■	■	■

* Day care treatment or out-patient surgery: treatment cost for a surgical procedure performed in a surgery, hospital, day care facility or out-patient department

■ Paid in full ■ Not Covered

Benefits	Vital	Harmony	Optimum 80	Optimum
Hospice and palliative care	■	\$35,000 / €26,950	\$100,000 / €77,000	\$100,000 / €77,000
Psychiatric treatment ¹⁰	■ Max. 20 days	■ Max. 20 days	■ Max. 20 days	■ Max. 20 days
Prosthetic implants & appliances	■	■	■	■
Rehabilitation	■ For 30 days per medical condition	■ For 30 days per medical condition	■ For 30 days per medical condition	■ For 30 days per medical condition
Nursing at home or in a convalescent home	\$1,000 / €770	\$1,000 / €770	\$1,000 / €770	\$1,000 / €770
Emergency dental treatment following an accident	■	■	■	■
Local road ambulance service	■	■	■	■
Pre-operative consultation & diagnostic procedure within 15 days from the admission & post hospitalization **	Up to \$2,000 / €1,540 per year	■	■	■
Out-patient Benefits		Up to \$5,500 / €4,235 per person & per year		
General Practitioner fees	■	■	20% co-payment	■
Specialist fees	■	Up to \$250 / €193 per visit	Up to \$250 / €193 per visit with 20% co-payment	Up to \$250 / €193 per visit
Prescribed medicine ***	■	■	20% co-payment	■
Minor surgery	■	■	20% co-payment	■
Lab tests, Xrays, diagnostic & pathology tests	■	■	20% co-payment	■
Vaccinations	■	■	20% co-payment	■
Chiropractic, Osteopathy, Homeopathy, Acupuncture Treatment, Traditional Chinese Medicine ***	■	Up to \$250 / €193 (15 sessions per year)	Up to \$300 / €231 (20 sessions per year) with 20% co-payment	Up to \$300 / €231 (20 sessions per year)
Prescribed physiotherapy ***	■	Up to 5 visits	20% of co-payment up to 10 visits	Up to 10 visits
Prescribed medical aids (hearing aids & orthopaedic appliances)	■	Up to \$250 / €193 per year	Up to \$ 500 / €385 per year with 20% co-payment	Up to \$500 / €385 per year
Routine health check up including screening for early detection (Full health - screen, Mammogram, Papanicolaou (PAP) test, Prostate Cancer Screen)	■	Up to \$200 / €154 per year	Up to \$500 / €385 per year with 20% co-payment	Up to \$500 / €385 per year

** Medical practitioners fees, specialist fees, diagnostic test & prescribed drugs & dressing: pre-operative consultation & diagnostic procedure within 15 days from the admission & post-hospitalization

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*** by a recognized medical practitioner

KEY: WAITING PERIODS

¹⁰ The number indicates the number of months of waiting period. benefits will be available after the end of the waiting period.

Benefits	Vital	Harmony	Optimum 80	Optimum
Cancer Treatment				
Both in- and out-patient	■	■	■ (20% co-payment for out-patient)	■
Treatment for HIV and Aids				
Both in- and out-patient. Maximum coverage: 5 years 24	\$15,000 / €11,550	\$25,000 / €19,250	Up to \$40,000 / €30,800 with 20% co-payment	\$40,000 / €30,800
Congenital Anomalies				
Treatment for congenital anomalies which manifests themselves after the day of entry	Up to \$75,000 / €57,750	Up to \$100,000 / €77,000	Up to \$125,000 / €96,250 with 20% co-payment	Up to \$125,000 / €96,250
Vision Care				
Including glasses, frames, contact lenses, laser treatment 9	■	■	Up to \$800 / €616 per year with 20% co-payment	Up to \$800 / €616 per year
Out-patient Psychiatric Treatment				
Lifetime limit for all psychiatric care after 18 months of policy purchase 18	■	■	Up to \$5,000 / €3,850 with 20% co-payment	Up to \$5,000 / €3,850
Maternity and Childbirth Benefits				
Normal pregnancy and delivery costs			Up to \$9,000 / €6,930 with 20% co-payment	Up to \$9,000 / €6,930
Complications of pregnancy and delivery 10	Up to \$2,000 / €1,540	Up to \$2,500 / €1,925	■	■
Newborn care within 25 days after birth 10			Up to \$4,500 / €3,465 with 20% co-payment	■
Chronic Conditions & Pre-existing Conditions				
COVERED upon medical acceptance				
Dental Treatment				
Routine dental treatment (check up, basic treatments)			Up to \$3,000 / €2,310 per year with 20% co-payment	Up to \$3,000 / €2,310 per year with 20% co-payment
Major restorative dental treatment including orthodontic, prostheses bridges, implants 9	■	Up to \$300 / €231 per year with 20% co-payment	Up to \$3,500 / €2,695 per year with 20% co-payment	Up to \$3,500 / €2,695 per year with 20% co-payment
Orthodontic for children less than 18 24				
Crutches/wheelchairs after in-patient or daycare treatment	■	■	\$1,000 / €770 per condition with 20% co-payment	\$1,000 / €770 per condition
Medical Evacuation				
Optional				
Deductibles				
Optional				
Per person per year	nil, \$100, \$500, \$1,000			

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