GENERALI
GLOBAL HEALTH

Global Choice

Benefit Schedule

1.Core plan

This benefit schedule should be read in conjunction with the member guide and your certificate of insurance, which will highlight the plans purchased and any optional benefits provided. All defined terms are highlighted in bold type and are described in the member guide.

Core cover includes hospital charges, costs associated with operations, surgeries and other in-patient treatments, rehabilitation and palliative care following discharge from hospital and emergency assistance.

Geographical area options	Worldwide excl. USA	Worldwide incl. USA

Benefits	Select	Classic	Premier	Definitions
Reimbursement	100%	100%	100%	Unless specifically noted to the contrary, **treatment** is reimbursed 100% up to **reasonable and customary charges** after the payment of any applicable **deductibles**. Where USA **cover** has been chosen, services rendered at in-network health care facilities will only be covered to the pre-agreed rates with the provider. Any **treatment** undertaken outside of the network will be subject to 20% **co-insurance**, unless there is no network **hospital** within 30 miles of **your** address, the **treatment you** require is not available in a network **hospital**, or it is an **emergency**.
Annual maximum	**$1,000,000/ €925,000/ £795,000**	**$3,000,000/ €2,770,000/ £2,390,000**	**$4,500,000/ €4,155,000/ £3,585,000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Hospital charges				
Room and board	in full (standard private room)	in full (standard private room)	in full (standard private room)	Charges for **in-patient** or **day-patient room and board** when a stay in **hospital** is **medically necessary**, the length of stay is judged **medically necessary** and **treatment** is managed by a **specialist**. If the **treatment** charges are determined by the choice of room, **we** will pay the **treatment** costs appropriate for that room type.
Hospital cash	$200/€185/£160	$250/€230/£200	$300/€275/£240	For **treatment** that would have ordinarily been eligible under this **policy** and was received free of charge, or where **you** choose a room type of a lower standard than **you** are eligible for, a defined cash **benefit** will be paid for each night the **insured person** receives **in-patient treatment**. The **benefit** is available for a maximum of 30 nights and will not exceed the amount we would have paid if **you** received **treatment** in a room that **we** would have ordinarily covered under **your policy**.
Parent accommodation	in full	in full	in full	**Room and board** costs of one parent staying in **hospital** overnight with an **insured person** under 18 years old while the child is admitted and is receiving eligible **treatment** as an **in-patient**.
Operating theatre, drugs and dressings & internal appliances	in full	in full	in full	The costs of the operating theatre, the recovery room, internal **appliances** integral to the surgical procedure, **drugs and dressings** used in the operating or recovery room and **drugs and dressings** and **durable medical equipment** used during **your hospital** stay.
Intensive & high dependency care	in full	in full	in full	**Medically necessary** costs for the use of an intensive care unit (ICU) or high dependency unit (HDU).
Surgery costs, surgeons' and anaesthetists' fees	in full	in full	in full	The costs of **medically necessary treatment** required immediately before, during, and after the surgery. These include the surgeons' and anaesthetist's fees.

☎ Pre-authorisation required. If you do not seek pre-authorisation for these services you may be liable to pay a contribution towards the cost of eligible services and 100% of the cost for services you were not eligible for.

Benefits	Select	Classic	Premier	Definitions
Annual maximum	**$1,000,000/ €925,000/ £795,000**	**$3,000,000/ €2,770,000/ £2,390,000**	**$4,500,000/ €4,155,000/ £3,585,000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Hospital charges (continued)				
Physician and nurse fees	in full	in full	in full	The cost of consultation fees associated with a **medical practitioner/specialist** or **qualified nurse** for the period of **your in-patient** or **day-patient** stay.
Diagnostic tests	in full	in full	in full	The costs of **medically necessary diagnostic tests** including but not limited to pathology, radiology and electrocardiograms (ECG), when **you** are referred by **your medical practitioner/specialist** in order to diagnose or assess the symptoms of **your medical condition** during an **in-patient** or **day-patient** stay.
CT/MRI/PET scans	in full	in full	in full	The costs of **medically necessary** radiology including CT, MRI or PET scan (or combination of these scans) when recommended by **your medical practitioner/specialist** and undertaken as an **in-patient**, **day-patient** or **out-patient**.
External prosthesis	no **cover**	$5,000/ €4,600/ £4,000	in full	The cost of the initial **prosthesis** needed as part of **your treatment** and which is required at the time of, or subsequent to **your** surgical procedure. **We cover** the cost of complications of existing **prosthesis**, but **we** will not pay for any replacement **prosthesis** including any replacement devices required in relation to a **pre-existing condition**.
Operations, surgeries and treatments				
☎ **Reconstructive / remedial surgery**	in full	in full	in full	Surgery required as a result of an **accident**, illness or surgery which occurred during the **period of cover** and is undertaken within 12 months of the **accident**/illness/surgery occurring to restore natural function or appearance, subject to the **cover** being in force. **Cover** includes one reconstructive/remedial surgery per **medical condition** unless **medically necessary** to perform multiple surgeries.
Accidental dental treatment ☎	no **cover**	$2,000 /€1,850/ £1,600	in full	**Emergency** dental **treatment** required for damage to sound, natural teeth following an **accident**. **You** must contact **us** within 48 hours of the **accident** and seek **treatment** within 7 days of the **accident**. If **treatment** continues for longer than one year from the date of the **accident**, **your** case may be reassessed by **us**.
Cancer treatment ☎	in full	in full	in full	**In-patient**, **day-patient** or **out-patient treatment** given for a diagnosed **cancer** condition. This includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, as well as any scans, **diagnostic tests** and prescribed **drugs and dressings** required to treat the **medical condition**.
Cancer testing for treatment ☎	in full	in full	in full	Following a **cancer** diagnosis, the cost of a genomic profiling service provided by an independent diagnostics provider selected by **us**, used to identify the most appropriate **treatment** according to the **insured person's** genome where clinically appropriate, as determined by **your medical practitioner**.
Transplant services ☎	in full	in full	in full	**Treatment** for and in relation to life-sustaining human organ, tissue and cell transplants including but not limited to kidney, pancreas, liver, heart, lung, bone marrow and cornea, in respect of the **insured person** as a recipient. The transplant shall be carried out in internationally accredited institutions by accredited surgeons and where the organ, tissue or cell procurement is in accordance with World Health Organisation (WHO) guidelines. **We** will only pay for medical costs associated with the donor as an **in-patient** or **day-patient** when services are rendered in the same facility where the transplant occurs and where the donation does not lead to a loss of the donor's life. Costs associated for the donor search or procurement of the organ, tissue or cell are excluded. **Cover** includes the cost of anti-rejection medication (immunotherapy). The specific type and length of **treatment** will be determined by the type of transplant and underlying **medical condition**.

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Benefits	Select	Classic	Premier	Definitions
Annual maximum	**$1,000,000/ €925,000/ £795,000**	**$3,000,000/ €2,770,000/ £2,390,000**	**$4,500,000/ €4,155,000/ £3,585,000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Operations, surgeries and treatments (continued)				
Renal dialysis ☎	no **cover**	in full	in full	**Treatment** of renal failure, including renal dialysis as an **in-patient**, **day-patient** or **out-patient**. This includes pre- and post-operative renal dialysis as part of intensive care and for ongoing maintenance while waiting for a kidney transplant.
Psychiatric treatment and psychotherapy ☎	in full (30 days)	in full (60 days)	in full (90 days)	**Medically necessary in-patient** or **day-patient treatment** of a recognised **mental health disorder** in a recognised psychiatric unit of a **hospital**. All **treatment** must be administered under the direct supervision of a consultant psychiatrist.
Emergency treatment outside geographical area of cover	$30,000/€27,500/ £24,000	$45,000/€41,500/ £36,000	$60,000/€55,500/ £48,000	**Emergency treatment** for any **accident** or **medical condition**, excluding any **pre-existing conditions**, which has developed whilst traveling outside **your geographical area** until **you** are stable for transfer, or up to the **benefit limit** specified, whichever is the lesser amount. Cost of a flight back to **your country of residence** or home country is not included.
Acute phases of chronic conditions	in full	in full	in full	**Acute** flare-up of a **chronic condition**, providing active **treatment** as an **in-patient** or **day-patient** stay in order to stabilise the **medical condition** for the period of admission only.
Emergency out-patient care	no **cover**	$1,000/€925/£795	$1,000/€925/£795	**We** will pay for **emergency treatment** at an accident and emergency unit or emergency room of a hospital.
Congenital conditions	no **cover**	$100,000/€92,500/ £79,500	in full	**Treatment** of a **congenital disorder** requiring **acute** care or surgical intervention to cure the **medical condition**.
Out-patient surgery	in full	in full	in full	**Treatment** costs for a surgical procedure performed in an **out-patient** surgery, hospital **out-patient** department or clinic.
Rehabilitation and palliative care following discharge from hospital				
Home nursing ☎	in full (30 days)	in full (60 days)	in full (180 days)	**We** pay for **home nursing** following discharge from a **hospital** as consequence of eligible **in-patient treatment**. **We** pay if the **home nursing**: - is required only to provide medical care - is **medically necessary** - starts immediately following discharge from **hospital** - is provided by a visiting **qualified nurse** - is recommended or prescribed by **your medical practitioner/specialist**.
Palliative care / hospice fees ☎	no **cover**	$10,000/€9,250/ £7,950	in full	**Treatment** following the diagnosis that **your medical condition** is **terminal** and **you** will no longer receive **treatment** that will result in a recovery. **We** pay for **your** palliative **treatment**, social, psychological and spiritual care and **hospital** or hospice accommodation, nursing care and prescribed **drugs and dressings**.
Rehabilitation services ☎	in full (30 days)	in full (60 days)	in full (180 days)	**Rehabilitation** undertaken in a **hospital** as an **in-patient** or in a recognised **rehabilitation** unit and under the direction of a **specialist**, including **room and board**, physical therapy, occupational therapy, dieticians and speech therapy. **Treatment** must begin within 30 days after the end of **your treatment** in **hospital** for a **medical condition** which is covered by **your policy** and arose as a result of the **medical condition** which required hospitalisation, or as a result of the **treatment** for that **medical condition**. **We** do not pay **room and board** for **rehabilitation** when the **treatment** given is solely **physiotherapy**.

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Benefits	Select	Classic	Premier	Definitions
Annual maximum	**$1,000,000/ €925,000/ £795,000**	**$3,000,000/ €2,770,000/ £2,390,000**	**$4,500,000/ €4,155,000/ £3,585,000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Complications in pregnancy and other post-birth benefits				
Pregnancy-related medical conditions	in full	in full	in full	**In-patient treatment** of a **medical condition** which arises during the antenatal stages of **pregnancy** or during childbirth. **We** would consider **treatment** including, but not limited to: ectopic **pregnancy**, stillbirth, abnormal cell growth in the womb (hydatidform mole), retained placenta or placenta praevia, placenta abruption, pre-eclampsia or eclampsia and/or toxaemia, **pregnancy** related diabetes, post-partum haemorrhage, miscarriage requiring immediate surgical **treatment**, failure to progress in labour, **pregnancy** related vitamin and mineral deficiency and cholestasis of **pregnancy** and **medically necessary** terminations. **We** will **cover** the cost of **emergency** caesarean section, where it is **medically necessary** due to non-progression in labour. Where **we** are not satisfied that the caesarean section was **medically necessary**, **we** will only **cover** up to **your** maternity **benefit limit**, where purchased. **We** do not **cover** caesarean section costs due to a previously elective caesarean section.
New born care ☎	no **cover**	$100,000/ €92,500/ £79,500	in full	**We** will pay for **treatment** of any eligible **medical conditions** (including a **congenital disorders**) that manifest themselves within 30 days after birth. 1. This **cover** will be funded from the mother's new born care **benefit**, for the first 30 days from birth, or until their **benefit limit** is reached, whichever occurs first. This **cover** is on condition that: • the mother's **policy** includes new born care **benefit**; and • the mother has been covered on this **policy** for at least 10 months 2. From 31 days after birth, or after the mothers **new born care benefit limit** has been reached, any eligible **medical conditions** that manifested themselves in the first 30 days from birth will be covered under the **new born care** benefit applicable under the **dependant** child's **policy** and up to the **benefit limit** specified. No further cover for any eligible **medical condition** manifesting itself within the first 30 days of birth will be provided other than under this **benefit limit**. Please note: 1. The new born must be enrolled on the **policy** as a **dependant** within the first 30 days. If the **new born** is enrolled after 30 days from his/her date of birth, they may be subject to eligibility restrictions, including exclusion of any **pre-existing condition**. 2. In the event of multiple births, the **new born care benefit** limit shown on the mother's **policy** is the maximum aggregate amount that can be claimed for, regardless of the number of babies born. Thereafter each eligible **dependant** baby will be covered by the applicable **benefits** available on their own **policy**.
Child accommodation	in full	in full	in full	**Room and board** costs relating to a **new born** (up to 16 weeks old) to accompany its mother (being an **insured person**) while she is receiving **treatment** as an **in-patient** in a **hospital**.
Evacuation and repatriation services				
Medical evacuation ☎	in full (nearest country)	in full (nearest country)	in full (country of choice)	Costs of an **insured person**, in the event of **emergency treatment** not being readily available in the region or country of incident, to be transported by the most medically appropriate means to the nearest appropriate medical facility or, where Premier **cover** has been purchased, to the country of **your** choice within **your geographical area** (if, in the opinion of **your medical practitioner** / **specialist** and **us** that **you** are in the appropriate medical position to be able to undertake the journey), for the purpose of admission to **hospital** as an **in-patient** or **day-patient**. **We** will pay the reasonable expenses for: • the most medically appropriate transportation costs for the **insured person**. • local travel costs to and from medical appointments when **treatment** is being received as a **day-patient**. • standard hotel room in a 4* hotel or equivalent, to be determined by **us**, for the **insured person** immediately pre- and post-**hospital** admission periods provided that the **insured person** is under the care of a **specialist** for a period of up to seven days post discharge from **hospital**. • an economy class airfare ticket to return the **insured person** to the site where the **emergency** initially arose or to the that person's **country of residence**. Medical evacuation and repatriation does not extend to include air/sea rescue or mountain rescue services. Only available within the **geographical area** of **your policy**.
Medical repatriation ☎	in full	in full	in full	

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Benefits	Select	Classic	Premier	Definitions
Overall annual maximum	**$1,000,000/ €925,000/ £795,000**	**$3,000,000/ €2,770,000/ £2,390,000**	**$4,500,000/ €4,155,000/ £3,585,000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Evacuation and repatriation services (continued)				
Accompanying person expenses ☎	in full	in full	in full	Reasonable costs for an **immediate family member** to accompany **you** during a medical evacuation if there is a reasonable need, which would include physical assistance during transportation, **you** do not have a medical escort or the reason for evacuation relates to a serious, **acute** illness and only where the **treatment** received is on an **in-patient** or **day-patient** basis. Reasonable costs include: • 1 economy return flight (even if the **insured person** is travelling in another class for medical reasons). Or, where the accompanying person is providing **medically necessary** assistance to the **insured person** during transportation, **we** will **cover** the costs of the accompanying person's travel on the **medically necessary** transport • Reasonable living expenses • Reasonable costs for travel to and from **hospital** • Standard hotel room in a 4* hotel or equivalent, to be determined by **us** This **benefit** will only be paid once per **medical condition** and must be pre-authorised by **us**.
Incidental expenses ☎	in full	in full	in full	The cost of incidental expenses related to the **emergency** including: • 1 economy return flight and accommodation for a child in the event of an evacuation, provided they are under the age of 18 and they would otherwise be left without a parent or guardian • Reasonable child care and pet care, where the child or pets remain in the **country or residence**.
Repatriation of mortal remains ☎	in full	in full	in full	Reasonable costs for the transportation of **your** mortal remains following **your** death whilst outside of **your** home country. The costs of a local burial in the country where the death occurred, other than **your** home country, cremation costs in the country where the death occurred and transportation of the urn to **your country of residence** or home country. Where a local burial or cremation is chosen, costs will be covered to the same cost of repatriation to home country. **We** do not pay for the cost of burial caskets, or the transportation costs for someone to collect or accompany **your** mortal remains.
Compassionate travel ☎	no **cover**	1 economy class journey	2 economy class journeys	An economy return flight for **you**, together with any minors (under the age of 18), to travel from **your country of residence** to visit an **immediate family member** who is in a High-Dependency Unit, Intensive Care Unit or facing a life-threatening illness or injury in **your** home country or where **your immediate family member** is residing. **We** will **cover** one visit per **medical condition** only. **We** will not **cover** any living expenses associated with the visit.
Local road ambulance	in full	in full	in full	**We** will pay for in-country ambulance transportation by road or, if **medically necessary**, air ambulance to the nearest suitable **hospital** or other place of **treatment** where services are available to provide **treatment** for **your** eligible **accident** or **medical condition**, as well as a clinical escort where deemed **medically necessary** to accompany **you**. **We** do not pay for mountain/air/sea rescue services.
Local air ambulance				
Non-emergency travel	no **cover**	no **cover**	1 economy class journey	**We cover** 1 economy return flight to the nearest centre of excellence to treat **your medical condition** when the **treatment** is not available in **your country of residence**, the **treatment** is elective, on an **in-patient** or **day-patient** basis, you are fit to travel as judged by a **medical practitioner/specialist** and the cost of the **treatment** is covered under **your policy**. **We** will not pay for living expenses before or after the **treatment** or for the cost of an accompanying person. **We** require a note from **your medical practitioner** to confirm the **treatment** is not available in **your country of residence**, or is not available to an acceptable medical standard. **Pre-authorisation** must be granted and **we** reserve the right to make the flight arrangements. Flight arrangements organised by **you** may not be reimbursed.

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2.Out-patient plan

Out-patient cover is optional, but you must choose it to be eligible for any further optional benefits (outlined in section three of this document). You can choose any level of Out-patient cover, you do not need to choose the same level of cover as your Core cover.

Out-patient plans	Waiting periods & co-insurances	Advance	Elite	Prestige	Definitions
Out-patient (OP) maximum		**$5,000/€4,600/ £4,000**	**In full (to Core cover annual maximum)**	**In full (to Core cover annual maximum)**	**We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Consultations and scans					
Out-patient consultations	Nil	in full within **out-patient** limit	in full	in full	**Out-patient medical practitioner/specialist** or **qualified nurse** fees to undertake the following services where they are qualified & licensed to do so: • assess the symptoms of **your medical condition** • arrange or receive **treatment** • follow-up on **treatment** already received • prescribe **drugs and dressings**.
Online GP service 'My Digital Doctor'		unlimited use	unlimited use	unlimited use	Through the 'My Digital Doctor' apps you can book and attend telephone or video appointments with internationally recognised **medical practitioners** available 24/7, no matter where **you** are. **You** can use the service to inquire about symptoms or medication in a private setting with full confidentiality, without having to physically go to the doctor. **You** can share images and test results and a highly trained **medical practitioner** will provide **you** with advice and next steps. To use this service visit **your** member portal where **you** will find more information and a link to access the service.
Out-patient psychiatric treatment and psychotherapy		no **cover**	$2,500/€2,300/ £2,000	$5,000/€4,600/ £4,000	Consultations and associated costs for **treatment** with mental health **specialists** in an **out-patient** setting. Mental health **treatment** must be a consequence of a defined **mental health disorder**, provided the overall **treatment** is under the referral of a practicing registered psychiatrist licensed to practice as such in the country where the **treatment** is taking place.
Dietician / Nutritionist		no **cover**	no **cover**	$500/€460/£400	The cost of a dietician or nutritionist consultation for the purpose of undertaking a dietary control regime related to the control of weight or the management and control of an eligible **medical condition** when referred by a **medical practitioner/specialist**.
Routine chronic condition management		in full within **out-patient** limit	in full	in full	Management of **chronic conditions** requiring ongoing or long-term monitoring through consultations with a **medical practitioner/specialist** including examinations, check-ups and the prescribing of **drugs and dressings**. Prescriptions for **drugs and dressings** that exceed the **period of cover** will only be covered for the duration of the remaining **period of cover**.
Diagnostic tests		in full within **out-patient** limit	in full	in full	The costs of **diagnostic tests** used to diagnose or assess the symptoms of **your medical condition** when ordered by **your medical practitioner/specialist**.
Medicines and medical equipment					
Prescribed drugs and dressings	Nil	in full within **out-patient** limit	in full	in full	The cost of **drugs and dressings** prescribed by **your medical practitioner/specialist** and will only be used for the **treatment** of a **medical condition** or injury. Prescriptions for **drugs and dressings** that exceed the **period of cover** will only be covered for the duration of the remaining **period of cover**. **Drugs and dressings** does not include prescriptions which can be purchased over-the-counter.

Out-patient plans	Waiting periods & co-insurances	Advance	Elite	Prestige	Definitions
Overall Out-patient benefit limit		**$5,000 /€4,600/ £4,000**	**In full (to Core cover annual maximum)**	**In full (to Core cover annual maximum)**	**We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Medicines and medical equipment (continued)					
Durable medical equipment	Nil	$500/€460/£400	$1,500/€1,400/ £1,200	$5,000/€4,600/ £4,000	The cost to rent, or at **our** discretion to purchase, any **durable medical equipment** that is ordered by a **medical practitioner/specialist** to be used in the course of **treatment** for an **accident** or **medical condition**, or while undertaking nursing at home where **medically necessary** and where recommended by a **medical practitioner/specialist**. It does not include equipment that is for comfort such as telephone arms, air quality or temperature equipment, exercise equipment or similar items. The total amount to be considered will not exceed the purchase price of any one item.
Hearing aids	50% co-insurance	no **cover**	no **cover**	1 set per lifetime	The costs of one set of hearing aids as a consequence of a diagnosed **medical condition** significantly impairing the **insured person's** ability to hear.
Specialist and alternative treatments					
HIV/AIDS	3 years (not applicable for **MHD policies**)	no **cover**	$10,000/€9,250/ £7,950	$20,000/€18,450/ £15,950	Costs which arise from, or are in any way related to Human Immuno Deficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any variations thereof. Expenses are limited to pre and post-diagnosis consultations, **medically necessary** laboratory tests, routine check-ups and **drugs and dressings**. The **benefit** is only available after three years of continuous membership.
Physiotherapy	Nil	$500/€460/£400	$2,500 /€2,310/ £1,990	in full	**We** will pay for **physiotherapy** costs under the direction of a registered **physiotherapist**, where the **treatment** is of short duration to relieve pain or restore function. If **you** are not referred by a **medical practitioner/specialist**, **you** will need to gain **pre-authorisation** after ten **physiotherapy** sessions (unless **we** agree otherwise).
Hormone replacement therapy (early onset)		no **cover**	in full	in full	**Treatment** of the menopause as a consequence of a hysterectomy or due to early onset. For the purposes of this **benefit**, early onset shall mean where initial onset, by whatever cause, takes place in a women under the age of 40.
Complementary treatment		$1,000/€925/ £795	$2,500/€2,310/ £1,990	$5,000/€4,615/ £3,985	**We cover** therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught and specifically refers within the **cover** to acupuncture, homeopathy, osteopathy, chiropractic **treatment**, podiatry, traditional Chinese medicine and ayurvedic medicine, provided by a practitioner who is qualified and licensed to practice in the country where the **treatment** is given.
Speech therapy		no **cover**	$1,300/€1,200/ £1,050	in full	Speech therapy as part of a **treatment** programme for a **medical condition** and when referred by a **medical practitioner/specialist**.
Prevention and wellbeing					
Vaccinations	Nil	no **cover**	$500/€460/£400	in full	**Vaccinations** must have completed clinical trials and be approved for use in the country where **treatment** is taking place. The cost for the visit and administration of the **vaccination** is included.
Annual health assessment		$500/€460/ £400	$1,000/€925/ £795	$1,500/€1,385/ £1,195	**We** will pay for one health assessment **per period of cover** to assess **your** state of health where it is provided in one single medical facility, by a recognised **medical practitioner/ specialist** or **qualified nurse**, all the tests are undertaken in the same consultation and results are provided as a single medical report. The actual tests **you** have will depend on the health screening offered by **your** provider but may include routine tests such as blood sugar and cholesterol tests, a blood pressure test and a kidney function test. It may also include specific screening tests, such as mammogram, pap test, colon cancer screening, or prostate cancer screening.
Well-baby checks					Well-baby checks, effective from 24 hours after birth and up until the child's second birthday and as recommended by a **medical practitioner/specialist**, including physical examinations, measurements, screenings, evaluations and blood tests as is recommended in the country where the **treatment** is undertaken.

3.Optional benefits

These add-on packages give you the option to increase your level of cover in the areas that are important to you. You can add on as many of these additional benefits as you like. However, you are only eligible for these benefits if you have chosen an Out-patient plan (section two of this document).

Optional benefits			Definitions
Fertility	**Waiting period**	**Option 1**	
Fertility treatment	12 months	$25,000/€23,000/ £20,000 per lifetime	**Diagnostic tests** for the diagnosis and **treatment** of infertility including approved surgeries, other therapeutic procedures and any ovulation induction induced via certain oral or injectable infertility medication, artificial insemination including Advanced Reproductive Technology (ART) procedures and In Vitro Fertilisation (IVF) with embryo transfer. **You** must be an **insured person** for at least 12 months prior to incurring costs, with fertility **treatment** being undertaken directly to **you**. **We** will not pay for the cost of: • any **treatment** for complications of birth (for both mother and child) from In Vitro Fertilisation (IVF) or any other form of assisted reproduction • any infertility services when the infertility is caused or related to voluntary sterilisation • any donor charges and services • any cryopreservation of donor eggs and sperm • any experimental, investigational or unproven infertility procedures or therapies.

Optional benefits					Definitions
Vision	**Waiting period**	**Option 1**	**Option 2**	**Option 3**	
Annual eye test	no waiting period	in full	in full	in full	One eye test each **period of cover**, which includes the cost of **your** consultation.
Glasses and contact lenses	6 months (not applicable for **MHD policies**)	no **cover**	$250/€230/ £200	$500/€460/ £400	The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an Ophthalmologist or Optometrist to correct a sight/vision problem, such as short or long sight to a maximum of one pair per **insured person** per **period of cover**. The cost of frames, only if **you** have been prescribed new spectacle lenses, and where confirmation of the prescription/ purchase of lenses is provided, to a maximum of one pair per **insured person** for every two **periods of cover**. The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.
Laser eye surgery	18 months (not applicable for **MHD policies**)		no **cover**	$1,000/€925/ £795	**Treatment** or **surgery** to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). The **benefit limit** is for the cost of corrective **surgery** to both eyes, once per **period of cover**. It must be undertaken by a recognised specialist, registered in the country where the treatment is undertaken.
Pregnancy and childbirth	**Waiting period**	**Option 1**	**Option 2**	**Option 3**	
Natural childbirth	12 months (not applicable for **MHD policies**)	$10,000/€9,250/ £7,950	$20,000/€18,450/ £15,950	in full	**Medically necessary** costs incurred during normal **pregnancy** and childbirth including scans and delivery costs in a **hospital** or as a **home birth**. Complications of **pregnancy** as a result of fertility **treatment** and artificial insemination (IVF) will be limited to this **benefit** if this option is purchased.
C-section					Non-**emergency** caesarean section and **medically necessary** caesarean section costs due to previous elective caesarean section.
Pre-and post-natal check ups					Pre and post-natal check-ups up to six weeks following birth for a mother, being an **insured person**, prior to and following childbirth.
Paediatrician costs					Well-baby examinations and paediatrician costs for the first examination/check-up of a **new born**, if the examination is made within 24 hours of delivery.

Optional benefits					Definitions
Dental	**Waiting period & co-insurance**	**Option 1**	**Option 2**		
Routine and preventative	6 months (not applicable for **MHD policies**) 20% co-insurance	$500/€460/ £400	$1,000/€925/ £795		Routine dental **treatment** which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative **treatment** including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal **treatment**. Costs of **medically necessary drugs and dressings** required as part of the eligible dental **treatment**.
Dental (cont)	**Waiting period & co-insurance**	**Option 3**	**Option 4**	**Option 5**	
Routine, preventative and restorative	6 months (not applicable for **MHD policies**) 20% co-insurance	$1,000/€925/ £795	$2,500/€2,310/ £1,990	$5,000/€4,615/ £3,985	Routine dental **treatment** which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative **treatment** including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal **treatment**. Major restorative **treatment** defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where **medically necessary** rather than for cosmetic purposes compared with other **treatment** options available. Costs of **medically necessary drugs and dressings** required as part of the eligible dental **treatment**.
Dental (cont)	**Waiting period & co-insurance**	**Option 6**	**Option 7**		
Routine, preventative, restorative and orthodontic	6 months (not applicable for **MHD policies**) 20% **co-insurance** on routine dental and major restorative dental **benefits**. 50% **co-insurance** on orthodontic **benefits**.	$2,500/€2,310/ £1,990	$5,000/€4,615/£3,985		Routine dental **treatment** which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative **treatment** including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal **treatment**. Major restorative **treatment** defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where **medically necessary** rather than for cosmetic purposes compared with other **treatment** options available. Orthodontic **treatment** covering the fees and associated costs of a **dental practitioner** carrying out orthodontic **treatment** on any **insured person** up to and including 18 years of age. Costs of **medically necessary drugs and dressings** required as part of the eligible dental **treatment**.

4.Healthcare advice services

These services are included within your plans and there is no limit on their use.

Service	Service description
Second medical opinion service	In partnership with Best Doctors, **we** provide **you** with complimentary access to an independent second medical opinion service. This service gives **you** access to world leading **specialists** who can provide an independent and confidential review of **your** medical case when **you** are unconvinced about **your** diagnosis, worried that **your** medication isn't working, or want to know if there are other **treatment** options. To use this service visit **your** member portal where **you** will find more information and a link to access the service.
Employee assistance programme	**We** have partnered with Morneau Shepell to give **you** an independent and confidential support service that can help **you** and **your dependant** manage a wide range of challenges including loneliness, adapting to new cultures, personal or emotional impacts of relocation, stress, anxiety, and depression. The service offers a variety of counselling and consultation support options so **you** can find one to suit your comfort level, learning style, and lifestyle: • by telephone • via email • through video call • by instant messaging As a Generali Global Health member, you and your dependents are entitled to 5 telephone or video consultation sessions, per issue, per year. This service is available 24/7 by web, phone or mobile (via the 'My EAP' app). To access the service, call +19058863605 or visit workhealthlife.com. You can also download the MyEAP app from your device's app store.
Wellness app 'Bria'	*Available in selected territories.* Start **your** journey to a healthier, happier and a more active **you**. Bria is full of tips, practical advice and plans on how to combat stress, sleep better, live healthier and shed unwanted weight. Choose a health goal and use the action plans to adopt and maintain good health habits that will support **you** in achieving **your** goals. Join monthly challenges suitable for all levels and compete with friends and colleagues to reach the top of the leaderboard. Goals: Lose Weight, Sleep Better, Reduce Stress, Live Healthy, Get Fit. Read articles to get tips and advice on how to live a healthy life. Connect with over 1000 popular health and activity trackers and once **your** trackers and apps are synced to Bria, the app will automatically log **your** daily fitness and health activities and you'll receive regular insights on how they impact **your** health. To check whether Bria is available on your plan and to download the app, visit your Member Portal.

5.Deductibles and co-insurances

This page outlines the contribution you may need to make towards the cost of your treatment. Please refer to your certificate of insurance to identify which contributions apply to your policy.

Contribution type	Contribution amount	Definition
Deductibles	Global Choice has several **deductible** options. Check **your Certificate of Insurance** to see which applies to **your policy**: • No **deductible** • $100/€95/£80 • $500/€475/£400 • $1,000/€925/£795	The annual amount that each **insured person** must pay each **period of cover** before the policy will pay certain **benefits**. **Deductible** amounts applicable will be indicated in **your certificate of insurance**.
Co-insurances	The following **co-insurances** apply to all Global Choice **policies**: • 20% routine and preventative dental • 20% routine, preventative and restorative dental • 20% routine, preventative, restorative and major restorative dental • 50% orthodontic treatment • 50% for **non-emergency treatment** in an **emergency** room • 20% for any **treatment** undertaken outside of the network in USA, unless there is no network **hospital** within 30 miles of **your** address, the **treatment** is not available in a network **hospital**, or it is an **emergency**.	**Co-insurance** is the amount that is shared between **us** and **you** for each **treatment** undertaken. **Co-insurance** may apply to specific **benefits**, or across multiple **benefits**.
Semi-private room cashback	Where **you** choose a room type of a lower standard than **you** are eligible for, a defined cash benefit will be paid for a maximum of 30 nights.	Please refer to the **Hospital** Cash **benefit** in the Core **cover** (section one of this document) for this **benefit**.

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This product is underwritten by Assicurazioni Generali S.p.A. Hong Kong Branch, 5/F Generali Tower, 8 Queens Road East, Hong Kong, in association with Generali Global Health, a division of Assicurazioni Generali S.p.A. UK Branch, 100 Leman Street, London E1 8AJ United Kingdom.

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