









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 purchased, 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 | \$3,000,000 | \$4,500,000 | 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 | \$250 | \$300 | For treatment that would have ordinarily been eligible under this policy and was received free of charge, 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. |
| 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 prosthesis  | 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. |

 requires pre-authorisation

| Benefits | Select | Classic | Premier | Definitions |
|---|-------------|-------------|-------------|--|
| Annual maximum | \$1,000,000 | \$3,000,000 | \$4,500,000 | 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 | in full | The cost of the initial prosthesis needed as part of your treatment and which is required at the time of your surgical procedure. We do 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. |
| Emergency dental treatment ☎ | in full | in full | in full | Emergency dental treatment required to sound, natural teeth following an accident which necessitates your admission to hospital . |
| Cancer ☎ | 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 prescribed drugs and dressings required to treat the medical condition . |
| 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 network 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 . |
| Renal dialysis ☎ | in full | 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 for a limit of up to two years. |

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| Benefits | Select | Classic | Premier | Definitions |
|---|--|-------------------|--------------------|--|
| Annual maximum | \$1,000,000 | \$3,000,000 | \$4,500,000 | 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) | | | | |
| 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 | \$45,000 | \$60,000 | 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 | \$1,000 | We will pay for emergency treatment at an accident and emergency unit or emergency room of a hospital . |
| Congenital conditions | no cover (cover in the Emirates of Abu Dhabi and Dubai subject to DHA & HAAD directives) | \$100,000 | 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 | 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 | \$3,000,000 | \$4,500,000 | 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. |
| Maternity, pregnancy and childbirth | | | | |
| Child birth ☎ | in full in Abu Dhabi and \$10,000 elsewhere | in full in Abu Dhabi and \$20,000 elsewhere | in full | Medically necessary costs incurred during normal pregnancy and childbirth, including scans and delivery costs in a hospital or at home. Complications of pregnancy as a result of fertility treatment and artificial insemination (IVF) will be limited to this benefit . This benefit is refunded in full up to the policy limit for policies sold and accessed in the Emirate of Abu Dhabi only. |
| C-section | | | | Non- emergency caesarean section and medically necessary caesarean section costs due to previous elective caesarean section. This benefit is refunded in full up to the policy limit for policies sold and accessed in the Emirate of Abu Dhabi only. |
| Paediatrician costs | | | | Well-baby examinations and paediatrician costs for the first examination/check-up of a new born baby, if the examination is made within 24 hours of delivery. This benefit is refunded in full up to the policy limit for policies sold and accessed in the Emirate of Abu Dhabi only. |
| Pre- and post-natal care | in full (subject to the recommended treatment plan as set out by the Dubai Health Authority or Health Authority of Abu Dhabi) | in full (subject to the recommended treatment plan as set out by the Dubai Health Authority or Health Authority of Abu Dhabi) | in full | Pre- and post-natal check-ups and associated scans up to six weeks following birth for a mother, being an insured person , prior to and following childbirth. |
| 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 (hydatidiform mole), retained placenta or placenta praevia, placenta abruption, pre-eclampsia or eclampsia and/or toxemia, 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. 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. This benefit does not cover caesarean section costs due to a previously elective caesarean section. |
| New born care ☎ | in full | in full | in full | We will pay for new born care of a medical condition requiring in-patient treatment , including congenital disorders which manifest themselves within 30 days of birth under the mother's policy . For full cover and benefits to apply to a new born , he/she needs to be enrolled into the policy as a dependant within 30 days from their date of birth. Where the new born is enrolled after 30 days from his/her date of birth, they may be subject to eligibility restrictions. From the date of enrolment as a dependent , any eligible treatment the new born receives will be funded using their new born care benefit , not the mother's new born care benefit . |
| 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 . |

☎ requires pre-authorisation

| Benefits | Select | Classic | Premier | Definitions |
|---|------------------------------|------------------------------|--------------------------------|--|
| Annual maximum | \$1,000,000 | \$3,000,000 | \$4,500,000 | 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 | | | | |
| 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: <ul style="list-style-type: none"> • 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 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 | 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: <ul style="list-style-type: none"> • 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 . |
| Accompanying person expenses 📞 | in full | in full | in full | |

📞 requires pre-authorisation

| Benefits | Select | Classic | Premier | Definitions |
|---|-----------------|------------------------|-------------------------|--|
| Annual maximum | \$1,000,000 | \$3,000,000 | \$4,500,000 | 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) | | | | |
| Incidental expenses ☎ | in full | in full | in full | The cost of incidental expenses related to the emergency including: <ul style="list-style-type: none"> • 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 ☎ | \$13,000 | \$13,000 | \$13,000 | 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 ticket | 2 economy class tickets | 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. 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 ambulatory 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 | | | | |

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 | Excel | Prestige | Definitions |
|---|----------|--------------------|---|
| 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 | in full | in full | Out-patient medical practitioner/specialist or qualified nurse fees including consultations to: <ul style="list-style-type: none"> • assess the symptoms of your medical condition • arrange or receive treatment • follow-up on treatment already received • prescribe drugs and dressings |
| Out-patient psychiatric treatment and psychotherapy 📞 | no cover | \$5,000 | 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 | \$500 | 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 | 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 | 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 | 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. |
| Durable medical equipment | no cover | \$5,000 | 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 . |
| Hearing aids | 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. A 50% co-insurance applies to hearing aids. |

| Out-patient plans | Excel | Prestige | Definitions |
|---|---|----------|--|
| We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub-limits. | | | |
| Specialist and alternative treatments | | | |
| HIV/AIDS (3 year waiting period) | no cover | \$20,000 | 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, routine check-ups and drugs and dressings . The benefit is only available after three years of continuous membership. |
| Physiotherapy 📞 | \$500 | 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. |
| Hormone replacement therapy (early onset) | no cover | 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 | no cover | \$5,000 | Complementary treatment provided as an out-patient in respect of an eligible medical condition . The practitioner must be appropriately qualified and registered to practice in the country where the treatment is received. |
| Speech therapy | no cover | 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 | in full (0-6 years old only) (cover in the Emirates of Abu Dhabi and Dubai subject to DHA & HAAD directives) | 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. |
| Diabetic screening | in full | in full | One diabetes screening per period of cover , limited to fasting blood sugar and HBA1C tests. |

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 |
|---------------------------------|-----------------------|-----------------------|-----------------|-----------------|---|
| Wellness | Waiting period | Option 1 | Option 2 | Option 3 | |
| Annual health assessment | no waiting period | \$500 | \$1,000 | \$1,500 | 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. |
| Fertility | Waiting period | Option 1 | | | |
| Fertility treatment | 12 months | \$25,000 per lifetime | | | <p>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.</p> <p>We will not pay for the cost of:</p> <ul style="list-style-type: none"> 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 |
| 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. |

| Optional benefits | | | | | Definitions |
|--------------------------------------|-------------------|----------|----------|----------|---|
| Vision (continued) | Waiting period | Option 1 | Option 2 | Option 3 | |
| Glasses and contact lenses | no waiting period | no cover | \$250 | \$500 | Costs associated with vision correction tests & consultations are covered per member per year (one test / consultation per member per year only). Glasses and contact lenses covered up to the sub-limit. The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an ophthalmologist or optician 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. New spectacle lenses 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 | | no cover | \$1,000 | Treatment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK). Limited to once per eye per period of cover . It must be undertaken by a recognised specialist , registered in the country where the treatment is undertaken. |
| Dental | Waiting period | Option 1 | Option 2 | | |
| Routine | no waiting period | \$500 | \$1,000 | | 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 . A co-insurance of 20% applies to this benefit . |
| Dental (cont) | Waiting period | Option 3 | Option 4 | Option 5 | |
| Routine and restorative | no waiting period | \$1,000 | \$2,500 | \$5,000 | 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 . A co-insurance of 20% applies to this benefit . |
| Dental (cont) | Waiting period | Option 6 | Option 7 | | |
| Routine, restorative and orthodontic | no waiting period | \$2,500 | \$5,000 | | 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 . A co-insurance of 20% applies to routine dental and major restorative dental benefits . A 50% co-insurance applies to orthodontic benefits . |



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