



MEDITERRANEAN PLAN

The following table shows a summary list of benefits for the Optimum Global Mediterranean Plan. This table should be read in conjunction with the policy conditions. All benefits shown are per insured person, per annum.

(All figures are in US\$) Annual Limits Per Insured Person	Essential \$500,000	Comprehensive \$1,000,000	Supreme \$1,500,000
CORE BENEFITS			
1. HOSPITAL & RELATED SERVICES			
In-hospital accommodation, surgery, treatment, facilities & services	In Full	In Full	In Full
Cancer treatment (inpatient & outpatient)	In Full	In Full	In Full
Kidney dialysis (inpatient & outpatient)	In Full	In Full	In Full
Physiotherapy treatment	In Full	In Full	In Full
Psychiatric treatment (after 10 months of coverage)	\$5,000	\$5,000	\$5,000
Day surgery	In Full	In Full	In Full
Casualty ward accident & emergency services	Not Covered	In Full	In Full
Hospital accommodation for accompanying parent of insured child	In Full	In Full	In Full
Emergency local road ambulance services	In Full	In Full	In Full
Emergency treatment outside area of cover (up to max 45 days per trip)	Up to \$75,000	In Full	In Full
	No Cover in USA		
Accidental dental treatment	Not Covered	In Full	In Full
Home nursing care following discharge from hospital (up to max 10 days per policy year)	\$75	\$150	\$200
Hospital cash per night for non-paying patient (max 30 days per disability)	\$100	\$100	\$200
2. ORGAN TRANSPLANTATION			
Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining donor organ)	In Full	In Full	In Full

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(All figures are in US\$)	Essential	Comprehensive	Supreme
3. EMERGENCY MEDICAL EVACUATION & REPATRIATION			
Medical evacuation and repatriation	In Full	In Full	In Full
Repatriation of mortal remains	In Full	In Full	In Full
Compassionate travel for family members.	Cover In Full for return economy class air ticket Up to \$75 per day for ancillary charges & max 14 days		
International travel assistance	Provided	Provided	Provided
4. OUTPATIENT BENEFITS			
General Practitioner services including prescribed drugs and alternative medicine	Not Covered	\$1,000	\$1,500
Specialist services • Outpatient psychiatric treatment • Prescribed physio, speech & oculomotor therapy • Prescribed medical aids	Not Covered	\$3,000 <small>Includes sub-limit of \$600 for drugs prescribed by specialist.</small>	\$4,500 <small>Includes sub-limit of \$900 for drugs prescribed by specialist.</small>
Outpatient laboratory, x-ray & diagnostic services (including CT, Pet & MRI scans)	Not Covered	In Full	In Full
Vaccinations	Not Covered	\$75	\$75
Well being benefit (every 2 years)	Not Covered	\$125	\$125
5. MATERNITY BENEFITS (subject to 10 months waiting period)			
Delivery and complications (including anaesthetist fee, pre and post natal care)	Not Covered	\$2,000	\$3,000
OPTIONAL BENEFITS			
1. DENTAL (additional premium)			
Routine dental treatment (subject to 50% co-insurance)	Not Covered	\$750	\$1,000
Restorative dental treatment (subject to 50% co-insurance)	Not Covered	\$2,000	\$3,000

For further information or to receive a personal quotation, please contact your usual adviser