



LATIN AMERICA PLAN

The following table shows a summary list of benefits for the Optimum Global Latin America 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 \$1,000,000	Comprehensive \$2,000,000
CORE BENEFITS		
1. HOSPITAL & RELATED SERVICES		
Hospital treatment & services	In Full	In Full
Cancer treatment (inpatient & outpatient)	In Full	In Full
Kidney dialysis (inpatient & outpatient)	In Full	In Full
Physiotherapy treatment	In Full	In Full
Psychiatric treatment (after 24 months of coverage)	\$10,000	\$10,000
Day surgery	In Full	In Full
Emergency room & services	Not Covered	In Full
Pre-hospital specialist & diagnostic services	In Full	In Full
Post-hospital follow up treatment	In Full	In Full
Hospital accommodation for accompanying parent of insured child under 18 (max 3 days)	In Full	In Full
Emergency local ambulance services	\$1,000	\$1,000
Prescribed drugs within 90 days following hospitalisation/surgery	max \$1,000 per year	max \$1,000 per year
Home nursing care following discharge from hospital (Up to max 26 weeks per policy year)	In full	In full
Hospital Cash for non-paying patient (max 30 days per disability)	\$150	\$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

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(All figures are in US\$)	Essential	Comprehensive
3. EMERGENCY MEDICAL EVACUATION & REPATRIATION		
Medical evacuation and repatriation	In Full	In Full
Repatriation of mortal remains	In Full	In Full
Compassionate travel	Cover In Full for return economy class air ticket Up to \$75 per day for ancillary charges & max 14 days	
Emergency medical assistance and travel assistance	Provided	Provided
4. OUTPATIENT BENEFITS		
General Practitioner and Specialist services	Not Covered	\$150 per visit*
Psychiatric treatment (after 24 months of coverage)	Not Covered	\$150 per visit*
Outpatient laboratory, x-ray & diagnostic services (including CT, Pet & MRI scans)	Not Covered	\$10,000
Prescribed drugs	Not Covered	max \$1,000 per year
Prescribed physiotherapy, speech & oculomotor therapy	Not Covered	\$150 per visit*
Prescribed medical aids	Not Covered	max \$500 per year
Accidental dental treatment	Not Covered	max \$500 per year
Prescribed alternative medicine	Not Covered	max \$500 per year
5. MATERNITY BENEFITS (subject to 13 months waiting period)		
Delivery (related fees including pre/post natal care)	Not Covered	\$10,000
Complications	Not Covered	\$15,000
Congenital condition	Not Covered	\$250,000
6. OTHER BENEFITS		
Terminal care at hospice facility	Not Covered	max \$10,000
Well being benefit (every 2 years and not subject to deductible)	Not Covered	\$300
AREA OF COVER	Worldwide	Worldwide

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

* 30 visits per year