



## OPTIMUM GLOBAL AFRICA PLAN

The following table shows a summary list of benefits for the Optimum Global Africa 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\$)	Essential	Comprehensive	Supreme
<b>Annual Limits Per Insured Person</b>	\$1,000,000	\$1,250,000	\$2,500,000
<b>CORE BENEFITS</b>			
<b>1. HOSPITAL &amp; RELATED SERVICES</b>			
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 and emergency services	Not covered	In Full	In Full
Hospital accommodation for accompanying parent of insured child under 18	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 \$50,000 in USA & Canada	Up to \$75,000 in USA & Canada	In Full
	In Full for all other countries		In Full
Home nursing care following discharge from hospital (up to max 12 weeks per policy year)	\$1,500	\$2,000	\$2,500
Daily hospital cash benefit per night (max 30 days per disability)	\$150	\$150	\$200
<b>2. ORGAN TRANSPLANTATION</b>			
Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining donor organs)	In Full	In Full	In Full

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(All figures are in US\$)	Essential	Comprehensive	Supreme
<b>3. EMERGENCY MEDICAL EVACUATION &amp; REPATRIATION</b>			
Medical evacuation and repatriation	In Full	In Full	In Full
Repatriation of mortal remains	In Full	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		
International travel assistance	Provided	Provided	Provided
<b>4. SECOND MEDICAL OPINION</b>			
Diagnosis from highest ranked USA hospitals	Provided	Provided	Provided
<b>5. OUTPATIENT BENEFITS</b>			
General Practitioner services (including prescribed drugs)	Not Covered	Not Covered	\$1,000
Specialist services Outpatient psychiatric treatment Outpatient laboratory, x-ray & diagnostic services (including CT, Pet & MRI scans) Prescribed physio, speech & oculomotor therapy Prescribed medical aids	Not Covered	\$3,500	\$6,000
Alternative medicine	Not Covered	\$500	\$1,000
Health screen (every 2 years)	Not Covered	Not Covered	\$120
Accidental dental treatment	Not Covered	Not Covered	\$600
<b>6. MATERNITY BENEFITS (subject to 10 months waiting period)</b>			
Delivery complications (including anaesthetist fee, pre and post natal)	Not Covered	Not Covered	\$3,500
<b>AREA OF COVER</b>			
Countries in Africa Continent, India & Pakistan	100% cover subject to limits of above schedule		
Other countries	50% co-insurance on outpatient benefits subject to limits of above schedule		

For further information or to receive a personal quotation, please contact your normal financial adviser.