

## OPAL PLATINUM

### HEALTHCARE PLAN

		OPAL / PLATINUM (USD/EUR/GBP)
<b>INSURED PERSON AND PLANS</b>		
<b>Coverage</b>		Worldwide
<b>Insured person</b>		Main insured spouse /partner, children up to 18
<b>Limit per insured person and per calendar year</b>		2'000'000
<b>MEDICAL EXPENSES</b>		
<b>Deductible or co-payment</b>		0
<b>Hospitalisation and outpatient surgery</b>		100% (single room)
<b>Hospital cash benefit</b>		50 / night
<b>Outpatient benefit</b>	Physician and specialist consultations, prescribed medicines and drugs, medical imaging, diagnostic and laboratory tests, prescribed medical aids and surgical appliances	100%
	Preventive care and examinations	100% up to 1'500 / year
	Complementary / Alternative Medicine	100% up to 5'000 / year
<b>Local ambulance benefits</b>		100%
<b>Private nursing benefit</b>	Inpatient in hospital or nursing home	100%
	Home nursing by a registered nurse (up to 60 days per policy per year)	100%
	Palliative Care	100% up to 5'000
<b>Labour and maternity (deferment period: 10 months)</b>	Pregnancy, labour, treatment before and after birth	100%: worldwide excluding USA/Canada USA/Canada: 100% in US Medical Network
	Complications of pregnancy	12'500 Out of US Medical Network
	Congenital conditions	100% up to 100'000
<b>Cancer treatment benefit</b>		100%
<b>Organ transplant benefit</b>		100% up to 200'000 per illness
<b>Mental and behavioural disorders per insured person and per policy period</b>	Inpatient treatment (after 10 months waiting period) Per insured person / once during policy period	100% up to 100'000
	Outpatient treatment (after 18 months waiting period) Per insured person / once during policy period	100% up to 20 sessions
<b>AIDS/HIV benefit</b>		100%
<b>Emergency dental benefit</b>	Accidental	100%
<b>Emergency vision benefit</b>	Accidental	100%

<b>DENTAL AND VISION CARE (the aggregate benefit is limited to 3'000)</b>		
<b>Dentist fees &amp; dental care (preventive and surgical treatment), bone grafts, odontology (including gingivectomy)</b>		100% up to 2'500
<b>Dental prosthesis</b>		100% of charges up to 600 per tooth / prosthesis, increased by 600 per tooth/implant
<b>Orthodontic treatment (begun before the child's 16<sup>th</sup> birthday)</b>		100% of charges up to 2 000 per person per calendar year (3 years maximum during the policy lifetime)
<b>Vision treatment</b>		100%
<b>Laser eye surgery</b>		100% of charges up to 700 per eye and on surgery per eye will be covered during the policy lifetime
<b>Optical devices (Includes frame and lenses)</b>		100% up to 500
<b>ASSISTANCE</b>		
Medical advice over the phone		Included
Second opinion benefit		Included
Country guides		Included
Worldwide emergency assistance		100%
<b>Repatriation assistance</b>	Accident	Provision of a ticket to return to the host country of the insured person, after his/her recovery – provided this is not combined with the dispatch of a replacement employee. This means a max of 2 tickets (1 return for the insured person who has been repatriated and 1 ticket for replacement employee)
	Death	Provision of a round trip ticket to the insured or a family member to attend the funeral of a family member (father - mother or children or brothers - sisters) who died outside the host country of the insured person.

The General terms and conditions are based on the expatriate care plan reference GENERALI GLOBAL HEALTH / OPAL FORMULA