

Table Of Benefits

Compact
Comfort
Premium
Medical Services
Maximum Benefit

Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
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INPATIENT TREATMENT

Accommodation	General	Semi-private	Private
Medical treatment, surgery and anesthetics fees	✓	✓	✓
Imaging - consultations and diagnostic services	✓	✓	✓
Outpatient surgery instead of inpatient treatment	✓	✓	✓
Parent accommodation during inpatient treatment of a minor child	✓	✓	✓
Long-term care	Up to 20 days	Up to 40 days	Up to 60 days
Dialysis	✗	✓	✓
Bone marrow and organ transplants	Up to 150,000 € per lifetime	Up to 250,000 € per lifetime	✓
Cancer: Oncological drugs and treatment including reconstructive surgery for breast cancer	✓	✓	✓
Substitute hospital cash plan benefit	✗	✗	Up to 100 € per night
Inpatient treatment of mental or nervous disorders (12 month waiting period, requires pre-approval)	Up to 5,000 € or 30 days per year / 15,000 max. or 90 days per lifetime (the lower of the two)	Up to 10,000 €	✓
Physiotherapy, including massages (requires pre-approval)	✓	✓	✓
Other inpatient therapies (includes ergo therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy, cardio rehabilitation)	✓	✓	✓
Prescribed medical aids and appliances	✗	Up to 5,000 €	Up to 5,000 €
Prescribed medicines and drugs for inpatient	✓	✓	✓
Transport to the nearest suitable hospital for initial treatment following an accident or an emergency	✓	✓	✓

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OUTPATIENT TREATMENT			
Medical treatment	Covered as specified below	Covered as specified below	Covered as specified below
Office visits	Up to 1,000 €	✓	✓
Critical illness, following inpatient treatment	✗	✓	✓
Cancer treatment	✓	✓	✓
Maintenance of chronic conditions	✗	✓	✓
Imaging - consultations and diagnostic services	✗	✓	✓
Psychiatric treatment	✗	✗	✓
Psychotherapy	✗	✗	Waiting period of 12 months, only by a licensed psychiatrist (MD)
Physiotherapy, including massages	✗	✗	Up to 12 visits per year (combined with acupuncture)
Other outpatient therapies	✗	✗	Up to 12 sessions
Speech therapy	✗	✗	Waiting period of 12 months, covered up to 30 sessions per year if pre-approved
Acupuncture (needle technique), homeopathy, osteopathy, chiropractic and traditional Chinese medicine (TCM) ¹	✗	✗	Up to 12 visits per year (combined with physiotherapy) if pre-approved
Prescribed medical aids and appliances	✗	Up to 5,000 €	Up to 5,000 €
Vision aids, including an eye test	✗	✗	Up to 300 € in 24 months, optical examination up to 200 € per year
Hearing aids	✗	✗	Waiting period of 48 months if not caused by accident, up to 5,000 € per lifetime
Prescribed medicines and drugs for outpatient	Up to 500 €	Up to 50,000 €	Up to 50,000 €
Over-the-counter drugs (OTC)	✗	✗	Up to 100 €
HIV and AIDS drug therapy including ART	Up to 50,000 €	Up to 50,000 €	✓
Transport to the nearest suitable doctor for initial treatment following an accident or an emergency	✓	✓	✓

¹ TCM in China requires approval every 10 sessions

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MATERNITY SERVICES (12 MONTH WAITING PERIOD)

Maternity care and childbirth, services of a midwife or obstetric nurse, inpatient and outpatient	✗	Up to 5,000 € per birth, Caesarean covered only if medically necessary	Up to 25,000 € per birth, Caesarean covered only if medically necessary
Complications of pregnancy and childbirth	✗	Up to 100,000 €	✓
Outpatient childbirth cash benefit	✗	✗	500 € per newborn baby
Newborn care (We must be informed within 60 days after birth. Subject to underwriting with maximum risk load of 100%)	✗	Insured in own policy	Insured in own policy
Newborn congenital conditions	✗	✓	✓
Infertility treatment	✗	✗	Up to 5,000 € per lifetime

WELLNESS

Well child care	✗	✓	✓
Health checks (adult)	✗	Up to 200 €	Up to 1,000 €
Vaccinations and immunization (adult)	✗	Up to 100 €	Up to 500 €
Vaccinations and immunization (Children)	✗	✓	✓

REHABILITATION AND NURSING

Inpatient follow-up rehabilitation	✗	Up to 30 days, requires pre-approval	Up to 30 days, requires pre-approval
Nursing care at home and domestic help, instead of a hospital stay	✗	Up to 14 days	Up to 14 days
Day care	✗	✓	✓
Chronic conditions	✗	✓	✓
Hospice	✗	Covered, requires approval	Covered, requires approval

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DENTAL COVER			
Emergency/accidental dental treatment	Up to 3,000 €	Up to 6,000 €	Up to 6,000 €
Overall dental limit excluding emergencies	✗	2,000 € overall limit (1st year - half amount)	5,000 € overall limit (1st year - half amount)
BASIC DENTAL SERVICES			
Two check-ups or exams per insurance year	✗	✓	✓
X-rays	✗	✓	✓
Scale-and-polish cleaning	✗	✗	✓
Treating oral mucosa and periodontium	✗	✗	✓
Simple fillings	✗	✓	✓
Surgery, extractions, root-canal treatment	✗	✗	✓
Night guard	✗	✓	✓
MAJOR DENTAL SERVICES			
Dentures (e.g. prostheses, bridges and crowns, inlays)	✗	✗	✓
Implants	✗	✗	✓
Orthodontic treatment - up to 18 years old	✗	✗	50% copay
Dental laboratory work and materials	✗	✗	✓
Treatment plan	✗	✗	✓
ASSISTANCE			
24-hour phone and email service with experienced counsellors, doctors and specialists	✓	✓	✓
Information on medical infrastructure (local medical care and names and addresses of doctors who speak several languages)	✓	✓	✓
Support and information by our medical service (second opinion, monitoring the course of the illness)	✓	✓	✓

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Guarantee of payment (GOP) (preparation for a stay in hospital)	✓	✓	✓
Online services	✓	✓	✓
Additional, appropriate medical support (information on the nature, possible causes and possible treatment of an illness)	✓	✓	✓
Help with psychological problems possibly caused by the stay in the Country of Destination	✗	✗	✓
Transport to hospital upon emergency	✓	✓	✓

ADDITIONAL ASSISTANCE, REPATRIATION, EVACUATION, AND COVERAGE OUTSIDE COUNTRY OF DESTINATION

Medical evacuation and repatriation (in-network providers only, coordinated by the insurer)	✓	✓	✓
Return to Country of Destination after evacuation/repatriation	Up to 2,000 € per family	Up to 2,000 € per family	Up to 2,000 € per family
Emergency treatment outside zone of coverage	60 days coverage	60 days coverage	60 days coverage
Return of accompanying Dependent to Country of Destination if Covered Person is evacuated during travel	✗	Up to 1,000 €	Up to 2,000 €
Return of accompanying Child/Children to Country of Origin if Covered Person is evacuated/repatriated	✗	✗	Up to 2000 € per family
Childcare costs	✗	300 € a day up to 4 days	300 € a day up to 8 days
Compassionate family visit	✗	✗	1 trip per condition, up to 1,500 €
Delayed return trip	✗	✗	Up to 4,000 €
Repatriation to Country of Origin in case of exceeding policy limit	For Covered Person only and only for outpatient care that is covered in Premium plan and that exceeds 10,000 €. Expenses paid up to 2,000 €.	✓	✓
Repatriation of remains	Up to 20,000 €	Up to 20,000 €	Up to 20,000 €

Unless otherwise specified, the above amounts apply per person and insurance year.

All benefits are subject to the Policy Terms, Conditions, Exclusions and UCR - Usual, Customary and Reasonable Rates.