



The Bronze Plan for Individuals

Just to let you know—you won't find complete information for the Bronze plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase it. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.

Key Full cover within annual benefit limit Partial or limited cover Optional cover

Bronze	
Annual benefit limit	US\$1,500,000 or £1,000,000 or €1,125,000
Hospital costs You're only eligible for certain benefits in this section only if you select them and they are stated on your Certificate of Insurance.	
Hospital accommodation	<input checked="" type="radio"/> Semi-private hospital room <input type="radio"/> Private hospital room (only if you select this option)
Hospital treatment	<input checked="" type="radio"/> Full cover
Parent accommodation	<input checked="" type="radio"/> Full cover
Road ambulance	<input checked="" type="radio"/> Full cover
Hospital cash benefit	<input type="radio"/> US\$150 or £100 or €113 per night
Cancer treatment	
Cancer treatment	<input checked="" type="radio"/> Full cover
Cancer genome tests	<input type="radio"/> Up to US\$6,000 or £4,000 or €4,500 per period of cover
Wigs	<input type="radio"/> Lifetime limit of US\$150 or £100 or €113
Counselling	<input type="radio"/> Lifetime limit of US\$500 or £330 or €375
Dietitian	<input type="radio"/> Lifetime limit of US\$100 or £67 or €75
Organ, bone marrow or tissue transplants	
Transplant and related treatment	<input checked="" type="radio"/> Full cover
Donor costs	<input type="radio"/> Up to US\$25,000 or £16,600 or €18,750 per transplant
Kidney dialysis	
Kidney dialysis	<input checked="" type="radio"/> Full cover
Reconstructive surgery	
Reconstructive surgery	<input type="radio"/> In-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital

Key ● Full cover within annual benefit limit ● Partial or limited cover ● Optional cover

Bronze

Congenital conditions or hereditary conditions

Congenital conditions or hereditary conditions ● In-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital, up to a lifetime limit of US\$20,000 or £13,300 or €15,000

Mental health treatment

Lifetime mental health treatment limit US\$50,000 or £33,300 or €37,500

In-patient and day-patient mental health treatment (12-month waiting period) ● Up to 30 days per period of cover

Out-patient mental health treatment (12-month waiting period) ● Up to 10 consultations per period of cover for post-hospital treatment received within the 90-day period following the date you are discharged from hospital

HIV/AIDS treatment

HIV/AIDS treatment (24-month waiting period) ● In-patient and day-patient treatment only, up to US\$5,000 or £3,300 or €3,750 per period of cover

Medical appliances

Medical aids ● Up to US\$250 or £160 or €188 per medical condition per period of cover

Prosthetic implants ● Full cover

Prosthetic devices ● Up to US\$500 or £330 or €375 per device

Out-patient treatment

Primary medical care ● Post-hospital treatment received within the 90-day period following the date you are discharged from hospital

Emergency ward treatment ● Essential and immediate treatment necessary as the result of an accident, plus one follow-up appointment with a medical doctor

Out-patient surgical procedures ● Full cover

Advanced diagnostic tests ● Full cover

Complementary treatments ● Up to 10 sessions per period of cover for post-hospital treatment received within the 90-day period following the date you are discharged from hospital

Physiotherapy ● Post-hospital treatment received within the 90-day period following the date you are discharged from hospital, up to US\$1,000 or £660 or €750 per period of cover

Chronic conditions

Acute flare-ups ● In-patient, day-patient, and post-hospital treatment received within the 90-day period following the date you are discharged from hospital

Rehabilitation treatment

Rehabilitation treatment ● Up to 7 days per medical condition

Home nursing costs

Home nursing costs ● Up to 12 weeks per medical condition

Key Full cover within annual benefit limit Partial or limited cover Optional cover

Bronze

Lifetime care

Lifetime limit for all lifetime care US\$25,000 or £16,600 or €18,750

Hospice and palliative care Up to the lifetime limit for all lifetime care

Artificial life maintenance Up to the lifetime limit for all lifetime care

Persistent vegetative state and neurological damage Up to the lifetime limit for all lifetime care

Dental costs

Emergency restorative treatment you receive as an in-patient Full cover

Maternity costs

Complications of pregnancy (12-month waiting period) Up to US\$4,800 or £3,200 or €3,600 per period of cover

Expat benefits

You're only eligible for certain benefits in this section only if you select them and they are stated on your Certificate of Insurance.

24-hour medical assistance helpline Full cover

Medevac Basic Full cover

Return airfare Full cover

Travel expenses of a companion Full cover

Accommodation expenses of a companion Up to US\$72 or £48 or €54 per night

Compassionate home visit (12-month waiting period) Lifetime limit of one claim per insured person

Repatriation of mortal remains Full cover

Burial or cremation Up to US\$1,600 or £1,060 or €1,200

Medevac Plus Full cover (only if you select this option)



Customising your plan

Direct billing

Direct billing is an arrangement by which we settle your medical bills directly with your hospital or treating doctor. This means you won't be left out-of-pocket for your treatment, and you won't have to submit a claim to us. That's why direct billing is also known as 'cashless access' or 'fast-track payment'.

We have direct billing arrangements with over 40,000 hospitals, clinics, and medical facilities in our worldwide medical network.

Private hospital room

As standard on the Bronze plan, you'll have cover for a semi-private room when you're admitted to hospital. If you choose the private hospital room option, you'll have cover for a private room when you're admitted to hospital.

Medevac Plus

As standard on the Bronze plan, we'll organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally. If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we'll evacuate you are extended to include advanced diagnostics and cancer treatment that cannot be provided locally.

Personal accident plan

With an optional personal accident plan, we'll pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or your permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.



Tailoring your plan

Area of cover

The area of cover is a feature of international health plans that you don't typically find in domestic plans. The area of cover is the geographic or territorial limits of your plan. In short, it specifies in which countries you're covered. You can choose from three areas of cover, with each one giving you different levels of cover in different countries and regions.

USA cover

The Bronze plan doesn't cover medical treatment costs in the USA as standard. You can, however, choose cover for temporary trips of up to 45 days or 90 days, with no limit to the number of temporary trips you can make each year.

Excess

An excess is the fixed cash amount you pay towards a claim. You must choose one when you first apply for your health plan. You pay the excess for each medical condition, per period of cover. There's a range of excess options, including 'per claim' and 'per annum' excesses.

Medical underwriting

When you apply for a health plan, we assess your medical records, including any medical conditions or injuries you have suffered in the past. This process is known as medical underwriting. It helps us decide the terms under which we can offer you cover. You can choose from Full Medical Underwriting, Moratorium Underwriting or Switch Underwriting.

Payment frequency

When you apply for a health plan, you choose the frequency with which you pay your premium. You can pay annually, monthly, quarterly or half-yearly. Paying your premium annually is the cheapest option overall. If you pay half-yearly, you'll pay a surcharge of 3%. If you pay quarterly or monthly, you'll pay a surcharge of 5%.