



The Gold Plan for Individuals

Just to let you know—you won't find complete information for the Gold 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

Gold	
Annual benefit limit	US\$5,000,000 or £3,333,000 or €3,750,000
Hospital costs	
Hospital accommodation	● Private hospital room
Hospital treatment	● Full cover
Parent accommodation	● Full cover
Road ambulance	● Full cover
Hospital cash benefit	● US\$350 or £231 or €263 per night
Cancer treatment	
Cancer treatment	● Full cover
Cancer genome tests	● Up to US\$6,000 or £4,000 or €4,500 per period of cover
Cash benefit upon diagnosis of cancer (6-month waiting period)	● US\$5,000 or £3,330 or €3,750 with a lifetime limit of one claim per insured person
Wigs	● Lifetime limit of US\$250 or £165 or €188
Counselling	● Lifetime limit of US\$750 or £500 or €563
Dietitian	● Lifetime limit of US\$250 or £165 or €188
Organ, bone marrow or tissue transplants	
Transplant and related treatment	● Full cover
Donor costs	● Up to US\$25,000 or £16,600 or €18,750 per transplant
Kidney dialysis	
Kidney dialysis	● Full cover
Reconstructive surgery	
Reconstructive surgery	● Full cover
Congenital conditions or hereditary conditions	
Congenital conditions or hereditary conditions	● Lifetime limit of US\$80,000 or £53,300 or €60,000

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Gold

Mental health treatment

Lifetime mental health treatment limit US\$100,000 or £66,600 or €75,000

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

HIV/AIDS treatment

HIV/AIDS treatment (24-month waiting period) Up to US\$100,000 or £66,600 or €75,000 per period of cover

Medical appliances

Medical aids Up to US\$1,000 or £660 or €750 per medical condition per period of cover

Prosthetic implants Full cover

Prosthetic devices Up to US\$1,500 or £1,000 or €1,125 per device

Out-patient treatment

Primary medical care Full cover

Emergency ward treatment Full cover

Out-patient surgical procedures Full cover

Advanced diagnostic tests Full cover

Complementary treatments Up to 15 sessions per period of cover

Hormone replacement therapy Maximum period of 18 months from the date of diagnosis

Traditional Chinese medicine Up to US\$50 or £33 or €38 per session, up to a maximum of 20 sessions

Physiotherapy Full cover

Chronic conditions

Acute flare-ups Full cover

Monitoring and maintenance Full cover

Well-being 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.

Preventive health and well-being (6-month waiting period) Up to US\$750 or £500 or €563 per period of cover

Up to US\$1,300 or £860 or €975 per period of cover (only if you select this option)

Vaccinations for adults Up to US\$250 or £167 or €188 per period of cover

Well-child benefit (6-month waiting period) Up to US\$400 or £260 or €300 per period of cover

Rehabilitation treatment

Rehabilitation treatment Up to 30 days per medical condition

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

Gold

Home nursing costs

Home nursing costs Up to 12 weeks per medical condition

Lifetime care

Lifetime limit for all lifetime care US\$100,000 or £66,600 or €75,000

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

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

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

Emergency restorative treatment you receive as an out-patient Up to US\$1,000 or £660 or €750 per period of cover

Dental Basic (6-month waiting period) Up to US\$1,500 or £1,000 or €1,125 per period of cover

Dental Plus (12-month waiting period) Up to US\$2,000 or £1,330 or €1,500 per period of cover, subject to a 20% co-insurance (only if you select this option)

Maternity costs

Routine maternity care and routine care of newborns (12-month waiting period) Up to US\$15,000 or £10,000 or €11,250 per pregnancy

Complications of pregnancy (12-month waiting period) Full cover

Childbirth necessitating an emergency surgical procedure (12-month waiting period) Full cover

Treatment for congenital conditions or hereditary conditions for newborn babies Up to US\$100,000 or £66,600 or €75,000 per pregnancy

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\$250 or £167 or €188 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.

Medevac Plus

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

Additional well-being cover

As standard on the Gold plan, you're covered for preventive health and well-being checks up to US\$750 or £500 or €563. You can choose to increase these limits to US\$1,300 or £860 or €975.

Dental options

You can add cover for complex dental care with the Dental Plus option. Dental Plus gives you cover for dentures, bridges, crowns, and dental implants.

Personal accident plan

With an optional personal accident plan, we'll pay your employee a cash lump-sum benefit if an accident results in their death, loss of sight, loss of limb or their 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 your employees are 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 Gold 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 your employees 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'.

Medical underwriting

When you apply for a health plan, the medical underwriting options available to you depend upon the number of employees you're insuring with us. We offer Full Medical Underwriting, Moratorium or Switch Underwriting to all companies, and we offer Medical History Disregarded to companies insuring 10+ employees with us.

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%.