

Benefit Schedule

Evolution Health Plan (EU)

Table of Benefits

ALL BENEFITS ARE SUBJECT TO PROVIDER NETWORK OR PRE-AUTHORISATION IF OUTSIDE OF NETWORK.

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

Overall maximum limit

This is the maximum amount of money we will pay to, or on behalf of, each insured person in each period of insurance

| | | | | |
|---------|---------|-----------|-----------|-----------|
| 500,000 | 750,000 | 1,000,000 | 1,500,000 | 2,000,000 |
|---------|---------|-----------|-----------|-----------|

1 Hospital Benefits

Pre-authorisation is required for benefits A, B, D, G, H and I

A. In-patient hospital stay, including

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Hospital accommodation, nursing, theatre and ICU/HDU costs | Full refund | Full refund | Full refund | Full refund | Full refund |
| Surgeons', anaesthetists' consultants and physicians' fees | Full refund | Full refund | Full refund | Full refund | Full refund |
| Physiotherapy | Full refund | Full refund | Full refund | Full refund | Full refund |
| Internal prostheses, medical aids/devices where used as an integral part of a surgical procedure | Full refund | Full refund | Full refund | Full refund | Full refund |
| Prescribed drugs and medicines | Full refund | Full refund | Full refund | Full refund | Full refund |
| Diagnostic procedures including x-rays, pathology and MRI/CT/PET scans | Full refund | Full refund | Full refund | Full refund | Full refund |
| B. Day-patient treatment when a period of recovery is required in a hospital bed | Full refund | Full refund | Full refund | Full refund | Full refund |
| C. Parental hospital stay for one insured person to stay with an insured child (under age 19) who is an in-patient | Full refund | Full refund | Full refund | Full refund | Full refund |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

1 Hospital Benefits — continued

Pre-authorization is required for benefits A, B, D, G, H and I

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| D. In-patient psychiatric treatment up to the number of nights shown in each period of insurance | Not covered | Full refund - <i>Maximum 15 nights</i> | Full refund - <i>Maximum 15 nights</i> | Full refund - <i>Maximum 30 nights</i> | Full refund - <i>Maximum 30 nights</i> |
| E. Accident and emergency room treatment which results in eligible in-patient, day-patient treatment | Full refund | Full refund | Full refund | Full refund | Full refund |
| F. External prosthesis related to a surgical operation | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 |
| G. Rehabilitation care received on an in-patient basis related to an accident/illness/injury that occurred whilst insured on the plan | Full refund - <i>Maximum 13 weeks</i> | Full refund - <i>Maximum 13 weeks</i> | Full refund - <i>Maximum 13 weeks</i> | Full refund - <i>Maximum 13 weeks</i> | Full refund - <i>Maximum 13 weeks</i> |
| H. Kidney dialysis benefit when required temporarily for sudden kidney failure resulting from a disease or injury which is covered by the plan. The maximum lifetime limit applies to this benefit | Not covered | Up to 20,000 lifetime limit | Up to 20,000 lifetime limit | Up to 20,000 lifetime limit | Up to 20,000 lifetime limit |
| I. Organ implantation benefit for kidney, liver, heart, lung, stem cell, bone marrow, and skin grafts | Not covered | 100,000 | 200,000 | 250,000 | 300,000 |
| J. Day-patient psychiatric cover up to four separate day admissions in each period of insurance | Not covered | Not Covered | Full refund <i>Limited to 4 separate day case admissions per period of cover</i> | Full refund <i>Limited to 4 separate day case admissions per period of cover</i> | Full refund <i>Limited to 4 separate day case admissions per period of cover</i> |
| K. Local ambulance services when required for transportation to hospital in the event of a medical emergency | Full refund | Full refund | Full refund | Full refund | Full refund |
| L. In-patient chronic conditions benefit diagnosed after the start date of the policy or agreed to be covered in writing at application stage. | Full refund | Full refund | Full refund | Full refund | Full refund |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

2 Cancer Care Benefit

Pre-authorization is required

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| A. Cancer treatment from the date an insured person is diagnosed as suffering from cancer, all and any treatment will be assessed and paid for under this benefit | Full refund | Full refund | Full refund | Full refund | Full refund |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|

3 Out-Patient Benefits

Benefit J is subject to a 12 month waiting period and pre-authorization is required

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------|-------------------------|--------------------------|-------------|
| A. Out-patient minor surgery where no period of recovery is required in a hospital bed | Full refund | Full refund | Full refund | Full refund | Full refund |
| B. Out-patient services, including Physician and consultants fees Prescribed drugs, medication and dressings | 1,000 for treatment received pre or post op or within 6 weeks following an eligible in-patient stay | Combined limit of 2,500 | Combined limit of 5,000 | Combined limit of 10,000 | Full refund |
| C. Diagnostic tests, x-rays, pathology | Not covered | | | | |
| D. Out-patient chronic conditions benefit diagnosed after the start date of the policy or agreed to be covered in writing at application stage. | Not covered | | | | |
| E. MRI/CT/PET scans | Not covered | Full refund | Full refund | Full refund | Full refund |
| F. Physiotherapy | Not covered | 500 | 1,000 | 1,500 | 2,000 |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

3 Out-Patient Benefits — continued

Benefit J is subject to a 12 month waiting period and pre-authorization is required

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| G. Medical aids and devices including the hire of mobility aids | Not covered | 500 | 1,000 | 1,500 | 2,000 |
| H. Complementary therapies, including chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic, herbal and Chinese medicines, with registered practitioners and associated prescribed drugs and medicines | Not covered | 500 | 1,000 | 1,500 | 2,000 |
| I. Hormone replacement therapy to relieve the symptoms of the menopause | Not covered | Not covered | Not covered | 250 | 350 |
| J. Out-patient psychiatric treatment, when referred by a physician | Not covered | Full refund - Maximum 5 visits | Full refund - Maximum 10 visits | Full refund - Maximum 15 visits | Full refund - Maximum 30 visits |
| K. Home nursing on the recommendation of a physician immediately following an in-patient hospital stay | Not covered | Full refund - Maximum 3 weeks | Full refund - Maximum 12 weeks | Full refund - Maximum 26 weeks | Full refund - Maximum 26 weeks |

4 Chronic Condition Benefits

Pre-authorization is required. Benefit B is subject to a 2 year waiting period.

| | | | | | |
|--------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| A. Hospice care treatment for an insured person who is terminally ill and cared for in a hospice | Full refund - Maximum 14 nights | Full refund - Maximum 14 nights | Full refund - Maximum 14 nights | Full refund - Maximum 14 nights | Full refund - Maximum 14 nights |
| B. HIV and AIDS treatment where contracted as a result of a blood transfusion | Not covered | Not covered | 2,500 each insured period Up to 37,500 lifetime limit | 5,000 each insured period Up to 37,500 lifetime limit | 7,500 each insured period Up to 37,500 lifetime limit |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

5 Wellness Benefits

All benefits under this item are subject to a 12 month waiting period

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| A. Wellness screening including cancer screening and routine health tests for early diagnosis of medical conditions (This is not applicable to insured persons under the age of 16) | 50 | 100 | 200 | 500 | 1,000 |
| B. Travel vaccinations/preventative medications for overseas travel | Not covered | 50 | 75 | 100 | 150 |
| C. Child vaccinations for prevention of illness, up to the age of 10 | Not covered | 50 | 75 | 100 | 150 |
| D. Optical benefit for one annual eye test | Not covered | Not covered | Not covered | Full refund | Full refund |
| E. Vision benefit for the cost of spectacles/contact lenses | Not covered | Not covered | Not covered | 100 | 300 |
| F. Laser eye benefit for surgery to correct vision | Not covered | Not covered | Full refund | Full refund | Full refund |
| G. Hearing test benefit for one annual hearing test | Not covered | Not covered | Not covered | Full refund | Full refund |
| H. Hearing aid benefit for the cost of a hearing aid | Not covered | Not covered | Not covered | 150 | 300 |

6 Dental Treatment Benefits

A 10% co-insurance and a 6 month waiting period applies to benefits B, C, D and E of this item

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| A. Emergency dental treatment - dental treatment required immediately following an accident to repair sound natural teeth | Full refund | Full refund | Full refund | Full refund | Full refund |
| B. Non-emergency routine dental treatment including routine examinations, x-rays, moulds, cleaning/polishing, fillings, extractions (except wisdom teeth) | Not covered | Not covered | 750 | 1,000 | 1,500 |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

6 Dental Treatment Benefits — continued

A 10% co-insurance and a 6 month waiting period applies to benefits B, C, D and E of this item

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| C. Non-emergency major dental treatment including crowns, inlays, bridges, dentures, root canal treatment and treatment of infections | Not covered | Not covered | 750 | 1,000 | 1,500 |
| D. Extraction of wisdom teeth as an in-patient, out-patient or day-patient | Not covered | Not covered | Full refund | Full refund | Full refund |
| E. Orthodontic treatment for insured children under age 19 | Not covered | Not covered | Not covered | 500 | 1,000 |

7 Maternity Benefits

A 10 month waiting period applies and pre-authorisation is required

| | | | | | |
|----------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| A. Complications of pregnancy and childbirth | Not covered | 2,500 | 10,000 | 15,000 | Full refund |
| B. Normal pregnancy and childbirth | Not covered | Not covered | Not covered | 7,500 | 10,000 |
| C. Paediatric benefit for the initial medical check-up of a newborn | Not covered | Not covered | Not covered | 150 | 300 |
| D. Premature baby treatment received within the first two months following birth | Not covered | Not covered | Not covered | Full refund | Full refund |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

8 Additional Benefits

A 12 month waiting period applies to Benefit A and C

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------------------------------------------|-------------------------------------------------|
| A. Congenital benefit for conditions not discovered at birth but which can subsequently be corrected with surgery. A maximum lifetime limit applies to this benefit. | Not covered | Not covered | Not covered | Full refund - Up to 20,000 lifetime limit | Full refund - Up to 20,000 lifetime limit |
| B. Congenital/birth defects benefit for conditions diagnosed within one year of birth for babies conceived by natural means. A maximum lifetime limit applies to this benefit. | Not covered | Not covered | Not covered | Full refund - Up to 20,000 lifetime limit | Full refund - Up to 20,000 lifetime limit |
| C. Infertility benefit investigations into the medical cause of infertility, where both members are insured under this policy and when the couple's treating physician believes there are symptoms and/or evidence to suggest a medical cause. | Not covered | Not covered | Not covered | 2,000 | 3,000 |

9 Cash Benefits

Benefit B is subject to a 10 month waiting period

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| A. Hospital cash benefit when in-patient treatment received is free of charge | 50 per night - Maximum 30 nights | 100 per night - Maximum 30 nights | 100 per night - Maximum 30 nights | 200 per night - Maximum 30 nights | 200 per night - Maximum 30 nights |
| B. Maternity cash benefit payable on the birth of a child when no claim has been made under the maternity benefit | Not covered | Not covered | Not covered | 250 | 500 |
| C. Convalescence cash benefit payable for each complete week of confinement to home (excluding first week) - benefit limited to 4 weeks in each period of insurance | Not covered | Not covered | Not covered | Not covered | 500 |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

10 Medical Evacuation and Repatriation Benefits

Pre-authorization is required

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| A. Emergency medical transportation of an insured person to the nearest suitable hospital when local medical care is inadequate and returning them to their country of residence after treatment, including the costs of a medical escort if necessary | Full refund | Full refund | Full refund | Full refund | Full refund |
| B. Companion travel costs when accompanying an insured person during emergency medical transportation | Full refund | Full refund | Full refund | Full refund | Full refund |
| C. Companion accommodation costs when accompanying an insured person during an emergency medical transportation | Not covered | 100 - <i>Maximum 10 nights per event</i> | 150 - <i>Maximum 10 nights per event</i> | 200 - <i>Maximum 10 nights per event</i> | 250 - <i>Maximum 10 nights per event</i> |
| D. Medical assistance costs including referral, medical advice and obtaining essential prescription medication | Full refund | Full refund | Full refund | Full refund | Full refund |
| E. Dependent child travel costs for children under age 19 to travel to a destination of the insured person's choice following their emergency medical transportation, or for a relative to travel to the destination of the children | Economy Return Air Ticket | Economy Return Air Ticket | Economy Return Air Ticket | Economy Return Air Ticket | Economy Return Air Ticket |
| F. Repatriation of the deceased when death occurs outside the home country | Full refund | Full refund | Full refund | Full refund | Full refund |
| G. Local burial or cremation when death occurs outside the home country | 1,000 | 1,000 | 2,000 | 2,000 | 5,000 |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|--------|
| £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ | £/\$/€ |

11 Out of Area Treatment Benefit

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------|
| A. Emergency out of area treatment for emergency medical treatment and acute episodes of existing covered medical conditions, whilst the insured person is temporarily travelling outside their selected geographical area | 25,000 - <i>Up to 30 days travel only</i> | 25,000 - <i>Up to 30 days travel only</i> | 40,000 - <i>Up to 30 days travel only</i> | 70,000 - <i>Up to 30 days travel only</i> | 100,000 - <i>Up to 30 days travel only</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------|

12 Evacuation to Home Country

Pre-authorization is required. Optional benefit only applicable if you have selected this benefit

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| A. Home country evacuation to an insured person's home country (when the home country is within the selected geographical area). This only applies if this additional benefit has been purchased | Full refund | Full refund | Full refund | Full refund | Full refund |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|

IF YOU HAVE SELECTED A POLICY EXCESS, IT WILL NOT APPLY TO 5. WELLNESS BENEFITS, 6. DENTAL TREATMENT BENEFITS, 9. CASH BENEFITS AND 10. MEDICAL EVACUATION AND REPATRIATION BENEFITS.