

## Table of Benefits

We have set out a schedule of benefits applicable to your cover. Full details of these including the terms, conditions and exclusions can be found in the Policy Wording.

1	Maximum Sum Insured	£ / \$ / €
<b>Overall Combined Maximum Sum Insured For All Modules Selected</b> This is the maximum amount of money we will pay in respect of all benefits available under the selected levels to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is Full Refund are collectively subject to the overall maximum benefit applying.		2,000,000
For the avoidance of doubt, if a benefit is not included below then it is not covered by your policy unless agreed by us as an exception.		

## Core Benefits


2	In-Patient & Day-Patient Benefits	
<b>In-Patient Treatment - Pre-Authorisation Required</b> All required medical treatment provided to you when you are admitted as a registered in-patient in a hospital for a period of not less than 24 hours, and only when appropriate diagnostic procedures and/or treatment is not available on an out-patient or day-patient basis.  To include: <ul style="list-style-type: none"> <li>• Cost of hospital accommodation in a standard single bedded room (where available), nursing, operating theatre fees, high dependency/intensive care/coronary care unit and special nursing fees.</li> <li>• Surgeons', anaesthetists, consultants and physician fees.</li> <li>• Physiotherapy.</li> <li>• Internal prosthesis, medical aids/devices where used as an integral part of a surgical procedure.</li> <li>• Prescribed drugs and dressings.</li> <li>• Diagnostic tests including x-rays, pathology and MRI/CT/PET scans.</li> </ul>		Full Refund
<b>Day-Patient Treatment - Pre-Authorisation Required</b> Any surgical or medical procedures that you receive which are on an out-patient basis, but where you require a period of recovery in a hospital bed. It includes the costs of hospital accommodation, operating theatre, nursing, surgeons, anaesthetists, consultants and physician fees, diagnostic procedures and prescribed drugs and medicines.		Full Refund
<b>Organ Implantation - Pre-Authorisation Required</b> Costs directly related to the implantation of the following natural human organs; kidney, liver, heart, lung, stem cell, bone marrow and skin grafts (where medically necessary and not for cosmetic purposes). <ul style="list-style-type: none"> <li>• There is NO cover for the costs associated with locating a replacement organ, or for the removal of the organ from the donor, or any transportation and administration costs.</li> <li>• There is NO cover for costs associated with procurement and/or implantation of an artificial and /or non-human organ.</li> <li>• There is NO costs for medical treatment associated with cryopreservation, implantation or re-implantation of living cells or living tissues whether autologous or provided by a donor.</li> </ul>		Full Refund

## 2 In-Patient & Day-Patient Benefits — continued

<b>Rehabilitation - Pre-Authorisation Required</b> Treatment received on an in-patient basis in a recognised rehabilitation unit, under the supervision and direction of a physician, to restore health and mobility after an accident, injury or illness covered by this policy.	120 days
<b>Accommodation to Stay with Child - Pre-Authorisation Required</b> Hospital accommodation costs for 1 insured person to stay with an insured child dependant, who is under the age of 16, and being admitted to hospital as an in-patient for medical treatment covered by this policy.	Full Refund
<b>Additional Hospital Accommodation - Pre-Authorisation Required</b> Accommodation of 1 accompanying person to stay in the same room in the hospital in case of critical conditions.	Full Refund
<b>Newborn Child Accommodation - Pre-Authorisation Required</b> Hospital accommodation for the newborn immediately following birth. This is for a maximum period of 2 days.	Full Refund

## 3 Chronic Conditions

 *Enhanced modules available*

<b>Acute Treatment of a Chronic Medical Condition - Pre-Authorisation Required</b> In-patient, day-patient and out-patient treatment including diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment of acute exacerbations of a chronic medical condition diagnosed after the start date of the policy or agreed to be covered in writing at application stage.	Full Refund
<b>Routine Management &amp; Palliative Treatment for Each Chronic Medical Condition- Pre-Authorisation Required</b> In-patient, day-patient and out-patient treatment including, diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment, routine management and palliative treatment of a chronic medical condition diagnosed after the start date of the policy or agreed to be covered in writing at application stage.	50,000 
<b>Kidney Dialysis - Pre-Authorisation Required</b> Kidney dialysis needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your policy.	50,000
<b>HIV &amp; AIDS Treatment - Pre-Authorisation Required - A 2 year waiting period applies to this benefit.</b> Medical Treatment for HIV and AIDS including related diseases where contracted as a direct result of a blood transfusion received after the persons start date.	5,000 each insured period up to a 37,500 lifetime limit

## 4 Cancer Care

### Cancer Treatment - Pre-Authorisation Required

Full Refund

From the date an insured person is diagnosed with cancer, subject to it not pre-existing the start date of the policy, whether it is in its acute, chronic or terminal stage, all and any treatment received thereafter on an in-patient, day-patient or out-patient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, stem cell transplants (from either bone marrow or blood), routine management and palliative treatments; will be assessed and paid for under this benefit.

## 5 Pregnancy & Childbirth Benefits

### Pre-Authorisation Required for these benefits

+ Enhanced modules available  
 - Along with an option to reduce cover  
 \*10 month wait period applies on all Pregnancy & Childbirth Benefits

### Routine Pregnancy & Childbirth

2,500



The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

### Complications

50,000

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

### Paediatric Check-Up



200

Contribution towards the initial paediatric check-up for the new-born.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

## 5 Pregnancy & Childbirth Benefits - continued

*Pre-Authorisation Required for these benefits*

 *Enhanced modules available*  
 *Along with an option to reduce cover*

### Premature Baby Cover

100,000

The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

## 6 Medical Evacuation & Repatriation

*Pre-Authorisation Required for these benefits*

### Emergency Medical Transfer

Full Refund

The costs of emergency medical transportation, and medical care en route, for an insured person who has a critical medical condition and local facilities are inadequate or not available. Transportation will be to the nearest suitable hospital in either their country of residence or a nearby country (not necessarily the home country), returning the insured person to their country of residence after treatment.

Please note no cover is available:

- For any subsequent transfer costs arising as a result of the same medical condition once we have returned the insured person to their country of residence.
- Emergency medical transportation costs where the insured person is not being admitted to a hospital for medical treatment, or where the costs have not been approved by us prior to travel commencing.
- The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications.
- Any costs for transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or accident, not covered under this policy.

### Overnight Accommodation

200

Overnight accommodation costs for the accompanying close relative or friend, to stay with or near the insured person while hospitalised.

Maximum 10 nights per event

Please note there is no cover available for:

- Travel and accommodation costs unless specifically agreed by us and confirmed in writing prior to the date of travel.
- Any additional travelling costs incurred by the nominated close relative or friend, if it is necessary for us to arrange for the insured person to be transferred to a second hospital within the same country.

### Transportation of Children

Full Refund

Following an emergency medical transfer or evacuation under this section, we will arrange and pay to transport, to a specified destination, any children under the age of 19 left at home unattended, or pay for the travelling costs (1 economy class return ticket) of a person to take care of the children at home.

## 7 Transportation of Mortal Remains

*Pre-Authorisation Required for this benefit*

### Transportations of Mortal Remains

3,000

The cost of transportation of mortal remains following death of an insured person, available only when the death of the insured person occurs while outside of their home country.

## 8 Out of Area Treatment Benefit

### Emergency Out of Area Treatment

Paid up to 15,000

Up to 30 days travel only

The costs of short term treatment for emergency medical conditions covered by your policy that occur while you are travelling outside of your elected area of cover as shown on your certificate of insurance. Where such travel is for a maximum of 30 days per annum.

Please note there is no cover available:

- For non-emergency medical treatment outside of your geographical area.
- Emergency medical treatment when the total number of days travelling in each period of insurance exceeds 30 days.
- Treatment where you have specifically travelled with the purpose of obtaining treatment.

## 9 Additional Benefits

**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.

Full refund

Up to 20,000 lifetime limit

*This benefit is only available if the insured person has been covered on the policy since birth.*

*A 12 month wait period applies to this benefit.*

**B. Congenital/Birth Defects** for conditions diagnosed within one year of birth for babies conceived by natural means. A maximum lifetime limit applies to this benefit.

Full refund

Up to 20,000 lifetime limit

*This benefit is only available if the insured person has been covered on the policy since birth.*

## Optional Modules (to be added to the Core Module)

+	<b>Out-Patient Module 1</b> Overall Annual Maximum for this benefit 5,000	<i>Add Out-Patient Benefits to your policy</i>
<b>Out-Patient Services</b>	The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund up to the annual maximum for this benefit
<b>Physiotherapy</b>	Amount available for the treatment of physiotherapy by a licensed physiotherapist.	10 sessions per year
<b>Prescription Drugs</b>	Prescribed drugs, medicines, slings, supports and bandages.	Full Refund up to the annual maximum for this benefit
<b>Mobility Aids</b>	The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.	1,800
<b>Alternative Therapies</b>	Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines, provided by a licensed practitioner, including prescribed drugs and medicines.	1,000
<b>Child Vaccination</b>	Routine and preventative vaccinations for an insured child up to the age of 10.	Full Refund (reimbursement only)
<b>Child Speech Therapy</b>	Speech therapy for children up to the renewal date following their 18th birthday. This includes cover for speech therapy needed for developmental delay.	Up to 5 sessions
+	<b>Out-Patient Module 2</b> Overall Annual limit for this benefit is the Maximum Sum Insured	<i>Add Out-Patient benefits to your policy</i>
<b>Out-Patient Services</b>	The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund
<b>Physiotherapy</b>	Amount available for the treatment of physiotherapy by a licensed physiotherapist.	10 sessions per year
<b>Prescription Drugs</b>	Prescribed drugs, medicines, slings, supports and bandages.	Full Refund
<b>Mobility Aids</b>	The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.	1,800
<b>Alternative Therapies</b>	Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines provided by a licensed practitioner, including prescribed drugs and medicines.	1,000
<b>Child Vaccination</b>	Routine and preventative vaccinations for an insured child up to the age of 10.	Full Refund (reimbursement only)
<b>Child Speech Therapy</b>	Speech therapy for children up to the renewal date following their 18th birthday. This includes cover for speech therapy needed for developmental delay.	Up to 5 sessions

**+** **Wellness & Dental Module** *Add Wellness & Dental benefits to your policy*

<p><b>Routine Dental Treatment</b> 1 annual check-up, 1 annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including prescribed antibiotics, temporary fillings and oral prophylaxis restricted to scaling and polishing only.</p>	500
<p><b>Major Dental Treatment</b> Root canal treatment, new or repairs to porcelain crowns, and new or repairs to bridgework.</p>	500
<p><b>Wisdom Tooth Extraction</b> Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis.</p>	Full Refund
<p><b>Orthodontic</b> Orthodontic work for insured children under the age of 19.</p>	270
<p><b>Travel Vaccinations</b> Vaccinations and immunization's that are directly related to overseas travel requirements.</p>	250
<p><b>Full Wellness Check</b> Cost towards a preventative health check-up.</p>	300
<p><b>Cancer Screening</b> Covers cervical smears, mammograms and prostate, colon, and testicular screening.</p>	Full Refund
<p><b>Emergency Dental Treatment</b> Dental treatment for immediate pain relief where required as a direct result of an accident. Only treatment received during the first 48 hours following the date of the accident is covered.</p> <p>Please note there is no cover available for:</p> <ul style="list-style-type: none"> <li>• Treatment where the injury was caused by eating or drinking anything, even if it contained a foreign body.</li> <li>• Treatment where the damage was caused by normal wear and tear.</li> <li>• Treatment where the damage was caused by teeth brushing or any other oral hygiene procedure.</li> <li>• Treatment where the injury was caused by any means other than extra-oral impact.</li> <li>• Emergency dental treatment shall not include; restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; or dental surgery performed in a hospital, unless dental surgery is the only treatment available to alleviate the pain.</li> </ul>	Full Refund

**+** **Optical Module** *Select one of these options to add Optical benefits to your policy*

<p><b>Glasses &amp; Lenses Level 1</b> Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician and one annual eye test.</p>	250
<p><b>Glasses &amp; Lenses Level 2</b> Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician and one annual eye test.</p>	500

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="background-color: #4a7c5c; color: white; padding: 5px 10px; border-radius: 5px;">+</span> <span><b>Psychiatric Module</b></span> <span style="font-style: italic;">Add Psychiatric benefits to your policy</span> </div>	
<p><b>Annual Maximum</b> Maximum amount payable under this particular Module</p>	18,000
<p><b>In-Patient Psychiatric Treatment</b> Medical treatment provided when you are admitted as a registered in-patient in a recognised psychiatric unit of a hospital. It includes the cost of hospital accommodation in a standard single bedded room (where available), consultant psychiatrist's/psychologist's fees, diagnostic procedures and prescribed drugs and medicines.</p>	30 nights
<p><b>Out-Patient Psychiatric Treatment</b> Treatment of any psychiatric and psychological disorders by a consultant psychiatrist/ psychotherapist, diagnosed after the start date of the policy, including consultations and prescribed drugs and medicines. This is subject to a referral from a primary physician.</p>	10 sessions

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="background-color: #4a7c5c; color: white; padding: 5px 10px; border-radius: 5px;">+</span> <span><b>Home Country Evacuation Module</b></span> <span style="font-style: italic;">Add Home Country Evacuation benefits to your policy</span> </div>	
<p><b>Home Country Evacuation</b> The costs of emergency medical transportation and medical care en route for an insured person who has a critical medical condition and local medical facilities are inadequate or not available. Transportation will be to the home country provided that it is a medically viable option, returning the insured person to their country of residence after treatment.</p> <p>If your home country is the United States of America, no cover is available.</p> <p>If your home country is not within your selected area of cover shown on your certificate of insurance, no cover is available.</p> <p>Please note, no cover is available:</p> <ul style="list-style-type: none"> <li>For any subsequent transfer costs arising as a result of the same medical condition once we have returned the insured person to their home country.</li> <li>Travel costs unless specifically agreed by us and confirmed, in writing, prior to the date of travel.</li> <li>Evacuation costs where the insured person is not being admitted to a hospital for medical treatment, or where costs have not been approved by us prior to travel commencing.</li> <li>The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications.</li> </ul>	Full Refund



## Enhanced Modules

The modules below are designed to enhance the cover provided under either the Core or any additional Optional Modules that you may select. The limits shown are instead of NOT in addition to the limits shown on the original Core or Optional module.

In some cases to take the Enhanced module you may have to select an Optional module. We will tell you this when we provide a quotation.

## Enhancement of Core Module

<b>+</b>	<b>Enhanced Routine Chronic Module</b>	<i>Enhance your cover for newly diagnosed chronic medical conditions</i>
<b>Routine Management &amp; Palliative Treatment for Each Chronic Medical Condition</b>		Full Refund to Maximum Sum Insured
<p>In-patient, day-patient and out-patient treatment including diagnostic tests, investigations and prescribed drugs and medicines, for the medical treatment, routine management and palliative treatment of a chronic medical condition. Increased from 50,000 on the Options Core Product.</p> <p>Please note, that the limit for Kidney Dialysis treatment will remain at 50,000 if this option is chosen.</p>		

<b>+</b>	<b>Enhanced Pregnancy and Childbirth Benefits 1</b>	<i>Enhance your Pregnancy &amp; Childbirth benefits</i>
<b>Routine Pregnancy &amp; Childbirth Level 1</b>		5,000
<p>The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.</p> <p>Please note that no cover is available for:</p> <ul style="list-style-type: none"> <li>• Terminations of pregnancy on non-medical grounds.</li> <li>• Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.</li> <li>• Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.</li> </ul> <p><i>There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.</i></p>		
<b>Complications Level 1</b>		50,000
<p>The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).</p> <p>Please note that no cover is available for:</p> <ul style="list-style-type: none"> <li>• Terminations of pregnancy on non-medical grounds.</li> <li>• Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.</li> <li>• Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.</li> </ul> <p><i>There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.</i></p>		



## Enhanced Pregnancy and Childbirth Benefits 1 - continued

Enhance your Pregnancy & Childbirth benefits

### Paediatric Check-Up Level 1

200

Contribution towards the costs of an initial paediatric check-up for the newborn.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

### Premature Baby Cover Level 1

100,000

The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*



## Enhanced Pregnancy and Childbirth Benefits 2

Enhance your Pregnancy & Childbirth benefits

### Routine Pregnancy & Childbirth Level 2

10,000

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

### Complications Level 2

100,000

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

<b>+</b>	Enhanced Pregnancy and Childbirth Benefits 2 - continued	Enhance your Pregnancy & Childbirth benefits
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<b>Paediatric Check-Up Level 2</b>	200
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Contribution towards the costs of an initial paediatric check-up for the newborn.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

<b>Premature Baby Cover Level 2</b>	200,000
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The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

<b>-</b>	Reduced Pregnancy and Childbirth Module	Reduce your premium by removing cover for routine Pregnancy and Childbirth treatment
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<b>Routine Pregnancy &amp; Childbirth</b>	Not Covered
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<b>Complications</b>	50,000
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The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

<b>Paediatric Check-Up</b>	200
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Contribution towards the costs of an initial paediatric check-up for the newborn.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

**- Reduced Pregnancy and Childbirth Module - continued** *Reduce your premium by removing cover for routine Pregnancy and Childbirth treatment*

**Premature Baby Cover** 50,000

The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.

*There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.*

## Enhancement of Optional Modules

**+ Enhanced Out-Patient Physiotherapy Modules** *Out-patient modules 1 or 2 must be selected  
Select one of these options to enhance your Physiotherapy benefits*

**Physiotherapy Increase Level 1** 15 sessions per year

Amount available for the treatment of physiotherapy, maximum 15 sessions per year, increase from 10 sessions on the Additional Selected Modules of Out-patient Cover Module.

**Physiotherapy Increase Level 2** 20 sessions per year

Amount available for the treatment of physiotherapy, maximum 20 sessions per year, increase from 10 sessions on the Additional Selected Modules of Out-patient Cover Module.

**Physiotherapy Increase Level 3** 30 sessions per year

Amount available for the treatment of physiotherapy, maximum 30 sessions per year, increase from 10 sessions on the Additional Selected Modules of Out-patient Cover Module.

**+ Enhanced Alternative Therapies Module** *Out-patient modules 1 or 2 must be selected  
Enhance your Alternative Therapies benefits*

**Alternative Therapies** 2,000

Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines provided by a licensed practitioners, including prescribed drugs and medicines.