Benefit Schedule

Evolution Health Plan (EU)

morganprice europe

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-authorisation 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 - *Maximum 15 nights*	Full refund - *Maximum 15 nights*	Full refund - *Maximum 30 nights*	Full refund - *Maximum 30 nights*
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 - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*	Full refund - *Maximum 13 weeks*
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	Up to 20,000 lifetime limit	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	100,000	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	Full refund *Limited to 4 separate day case admissions per period of cover*	Full refund *Limited to 4 separate day case admissions per period of cover*	Full refund *Limited to 4 separate day case admissions per period of cover*	Full refund *Limited to 4 separate day case admissions per period of cover*
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-authorisation 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-authorisation 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-authorisation 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-authorisation 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** routine health tests for early diagnosis of medical conditions. This is not applicable to persons under the age of 16.	300	300	300	500	1,000
B. **Cancer screening** for the early diagnosis of cancer.	1,000	1,000	1,000	1,000	1,000
C. **Travel vaccinations/preventative medications** for overseas travel	Not covered	50	75	100	150
D. **Child vaccinations** for prevention of illness, up to the age of 10	Not covered	50	75	100	150
E. **Optical benefit** for one annual eye test	Not covered	Not covered	Not covered	Full refund	Full refund
F. **Vision benefit** for the cost of spectacles/contact lenses	Not covered	Not covered	Not covered	100	300
G. **Laser eye benefit** for surgery to correct vision	Not covered	Not covered	Full refund	Full refund	Full refund
H. **Hearing test benefit** for one annual hearing test	Not covered	Not covered	Not covered	Full refund	Full refund
I. **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-authorisation 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 - *Maximum 10 nights per event*	150 - *Maximum 10 nights per event*	200 - *Maximum 10 nights per event*	250 - *Maximum 10 nights per event*
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 - *Up to 30 days travel only*	25,000 - *Up to 30 days travel only*	40,000 - *Up to 30 days travel only*	70,000 - *Up to 30 days travel only*	100,000 - *Up to 30 days travel only*
12 Evacuation to Home Country	*Pre-authorisation 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.