

Table of Benefits

Global / Individual

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|-------------------------|---------------------------------|------------------|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 € | 3,500,000 € | 5,000,000 € |
| 24/7 INHOUSE ASSISTANCE | | | |
| 24-hour phone and email service with experienced counsellors, doctors and specialists | ✓ | ✓ | ✓ |
| Information on medical infrastructure (local medical care and names and addresses of doctors who speak several languages) | ✓ | ✓ | ✓ |
| Medical evacuation and repatriation (in-network providers only, coordinated by the insurer) | ✓ | ✓ | ✓ |
| Support and information by our medical service (second opinion, monitoring the course of the illness) | ✓ | ✓ | ✓ |
| Guarantee of payment (GOP) (preparation for a stay in hospital) | ✓ | ✓ | ✓ |
| Online services | ✓ | ✓ | ✓ |
| Additional, appropriate medical support (information on the nature, possible causes and possible treatment of an illness) | ✓ | ✓ | ✓ |
| Help with psychological problems possibly caused by the stay in the Country of Destination | ✗ | ✗ | ✓ |
| Transport to hospital upon emergency | ✓ | ✓ | ✓ |
| INPATIENT TREATMENT | | | |
| Accommodation | Semi-private | Semi-private | Private |
| Medical treatment, surgery and anesthetics fees | ✓ | ✓ | ✓ |
| Imaging - consultations and diagnostic services | ✓ | ✓ | ✓ |
| Outpatient surgery instead of inpatient treatment | ✓ | ✓ | ✓ |
| Parent accommodation during inpatient treatment of a minor child | ✓ | ✓ | ✓ |
| Long-term care | Up to 20 days | Up to 40 days | Up to 60 days |
| Dialysis | ✗ | ✓ | ✓ |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|--|--|--|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 € | 3,500,000 € | 5,000,000 € |
| Bone marrow and organ transplants | Up to 150,000 € per lifetime | Up to 250,000 € per lifetime | ✓ |
| Cancer: Oncological drugs and treatment including reconstructive surgery for breast cancer | ✓ | ✓ | ✓ |
| Substitute hospital cash plan benefit | ✗ | ✗ | Up to 100 € per night |
| Inpatient treatment of mental or nervous disorders (12 month waiting period, requires pre-approval) | Psychiatric treatment up to 5,000 € or 30 days per year / 15,000 € max. or 90 days per lifetime (the lower of the two) | Up to 10,000 € per year | ✓ |
| Physiotherapy, including massages (requires pre-approval) | ✓ | ✓ | ✓ |
| Other inpatient therapies (includes ergo therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy, cardio rehabilitation) | ✓ | ✓ | ✓ |
| Prescribed medical aids and appliances | Covered if needed as a life-saving measure, e.g. cardiac pacemaker | Covered if needed as a life-saving measure, e.g. cardiac pacemaker. Medical aids and appliances, such as artificial limbs and prostheses: up to 5,000 € | Covered if needed as a life-saving measure, e.g. cardiac pacemaker. Medical aids and appliances, such as artificial limbs and prostheses: up to 5,000 € |
| Prescribed medicines and drugs for inpatient | ✓ | ✓ | ✓ |
| Transport to the nearest suitable hospital for initial treatment following an accident or an emergency | ✓ | ✓ | ✓ |
| OUTPATIENT TREATMENT | | | |
| Medical treatment | Covered as specified below | Covered as specified below | Covered as specified below |
| Office visits | Family doctor/general practitioner: covered. Specialist: up to 2,000 € | ✓ | ✓ |
| Critical illness, following inpatient treatment | ✗ | ✓ | ✓ |
| Cancer treatment | ✓ | ✓ | ✓ |
| Maintenance of chronic conditions | ✗ | ✓ | ✓ |
| Imaging - consultations and diagnostic services | Up to 1,000 € | ✓ | ✓ |
| Psychiatric treatment | Up to 1,000 €, waiting period of 12 months. Requires pre-approval. | Up to 1,500 €, waiting period of 12 months. Requires pre-approval. | ✓ |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|---|--|---|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 € | 3,500,000 € | 5,000,000 € |
| | | | |
| Psychotherapy | ✕ | ✕ | Waiting period of 12 months, only by a licensed psychiatrist (MD) |
| Physiotherapy, including massages | Up to 5 visits, max. 70 € per visit (combined with acupuncture/homeopathy benefits) | Up to 10 visits, max. 70 € per visit (combined with acupuncture/homeopathy benefits) | Up to 12 visits (combined with acupuncture/homeopathy benefits) |
| Other outpatient therapies | ✕ | ✕ | Up to 12 sessions |
| Speech therapy | ✕ | ✕ | Waiting period of 12 months, up to 30 sessions if pre-approved |
| Acupuncture (needle technique), homeopathy, osteopathy, chiropractic, traditional Chinese medicine (TCM) ¹ | Up to 5 visits, max. 50 € per visit (combined with physiotherapy); 4 months waiting period. | Up to 10 visits, max. 70 € per visit (combined with physiotherapy); 4 months waiting period. | Up to 12 visits per year (combined with physiotherapy) if pre-approved |
| Prescribed medical aids and appliances | Up to 750 € | Up to 5,000 € | Up to 5,000 € |
| Vision aids and eye test | 1 eye test at optometrist or optician per year, up to 30 € | Eye test at optometrist or optician and vision aids are covered up to 50 €, per year | Up to 300 € in 24 months, optical examination up to 200 € per year |
| Hearing aids | ✕ | ✕ | Waiting period of 48 months if not caused by accident, up to 5,000 € per lifetime |
| Prescribed medicines and drugs for outpatient | Up to 10,000 € | Up to 50,000 € | Up to 50,000 € |
| Over-the-counter drugs (OTC) | Up to 50 € | Up to 50 € | Up to 100 € |
| HIV and AIDS drug therapy including ART | Up to 50,000 € | Up to 50,000 € | ✓ |
| Transport to the nearest suitable doctor for initial treatment following an accident or an emergency | ✓ | ✓ | ✓ |

¹ TCM in China requires approval every 10 sessions

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|--------------------------------------|--|---|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 € | 3,500,000 € | 5,000,000 € |
| | | | |
| MATERNITY SERVICES (12 MONTH WAITING PERIOD) | | | |
| Maternity care and childbirth, services of a midwife or obstetric nurse, inpatient and outpatient | ✕ | Up to 5,000 € per birth, Caesarean covered only if medically necessary | Up to 25,000 € per birth, Caesarean covered only if medically necessary |
| Complications of pregnancy and childbirth | ✕ | Up to 100,000 € | ✓ |
| Outpatient childbirth cash benefit | ✕ | ✕ | 500 € per newborn baby |
| Newborn care (Subject to a maximum risk load of 100% if application was submitted within 60 days after birth and waiting period is completed) | ✕ | Insured in own policy | Insured in own policy |
| Newborn congenital conditions | ✕ | ✓ | ✓ |
| Infertility treatment | ✕ | ✕ | Up to 5,000 € per lifetime |
| | | | |
| WELLNESS | | | |
| Well child care | ✕ | ✓ | ✓ |
| Health checks (adult) | 1 per year, up to 150 € | Up to 200 € | Up to 1,000 € |
| Vaccinations and immunization (adult) | Up to 100 € | Up to 200 € | Up to 500 € |
| Vaccinations and immunization (child) | Up to 100 € | ✓ | ✓ |
| | | | |
| REHABILITATION AND NURSING | | | |
| Inpatient follow-up rehabilitation | Up to 21 days, requires pre-approval | Up to 30 days, requires pre-approval | Up to 30 days, requires pre-approval |
| Nursing care at home and domestic help, instead of a hospital stay | Up to 14 days | Up to 30 days | Up to 30 days |
| Day care | ✕ | ✓ | ✓ |
| Chronic conditions | ✕ | ✓ | ✓ |
| Hospice (requires pre-approval) | Up to 5 weeks | Up to 10 weeks | ✓ |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|--------------------------------|---|--|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 € | 3,500,000 € | 5,000,000 € |
| DENTAL COVER | | | |
| Emergency/accidental dental treatment | up to 3,000 € pain relief only | Up to 6,000 € | Up to 6,000 € |
| Overall dental limit excluding emergencies | ✕ | Dental coverage can be added as an optional rider | 5,000 € overall limit (1st year - half amount) |
| Basic dental services | | | |
| Two check-ups or exams per insurance year | ✕ | ✕ | ✓ |
| X-rays | ✕ | ✕ | ✓ |
| Scale-and-polish cleaning | ✕ | ✕ | ✓ |
| Treating oral mucosa and periodontium | ✕ | ✕ | ✓ |
| Simple fillings | ✕ | ✕ | ✓ |
| Surgery, extractions, root-canal treatment | ✕ | ✕ | ✓ |
| Night guard | ✕ | ✕ | ✓ |
| Major dental services | | | |
| Dentures (e.g. prostheses, bridges and crowns, inlays) | ✕ | ✕ | ✓ |
| Implants | ✕ | ✕ | ✓ |
| Orthodontic treatment - up to 18 years old | ✕ | ✕ | 50% copay |
| Dental laboratory work and materials | ✕ | ✕ | ✓ |
| Treatment plan | ✕ | ✕ | ✓ |
| ADDITIONAL ASSISTANCE, REPATRIATION AND COVERAGE OUTSIDE COUNTRY OF DESTINATION | | | |
| Return to Country of Destination after evacuation/repatriation | Up to 2,000 € per family | Up to 2,000 € per family | Up to 2,000 € per family |
| Emergency treatment outside zone of coverage | 60 days coverage | 60 days coverage | 60 days coverage |
| Return of accompanying Dependent to Country of Destination if Covered Person is evacuated during travel | ✕ | Up to 1,000 € | Up to 2,000 € |
| Return of accompanying Child/Children to Country of Origin if Covered Person is evacuated/repatriated | ✕ | ✕ | Up to 2,000 € per family |
| Childcare costs | 150 € a day up to 4 days | 300 € a day up to 4 days | 300 € a day up to 8 days |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|--|---------------------------------|-------------------------------------|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 € | 3,500,000 € | 5,000,000 € |
| | | | |
| Dog sitter costs | Up to 50 € a day up to 4 days | Up to 50 € a day up to 4 days | Up to 50 € a day up to 4 days |
| Compassionate family visit | ✕ | ✕ | 1 trip per condition, up to 1,500 € |
| Delayed return trip | ✕ | ✕ | Up to 4,000 € |
| Repatriation to Country of Origin in case of exceeding policy limit | For Covered Person only and only for outpatient care that is covered in Executive plan and that exceeds 10,000 €. Expenses paid up to 2,000 €. | ✓ | ✓ |
| Repatriation of remains | Up to 20,000 € | Up to 20,000 € | Up to 20,000 € |

Unless otherwise specified, the above amounts apply per person and insurance year.
All benefits are subject to the Policy Terms, Conditions, Exclusions and UCR - Usual, Customary and Reasonable Rates.



Optional Dental Rider for Expat Comprehensive Plan (6 months waiting period)

Dental treatment requires pre-approval.

| COVERED SERVICES | Option 1: 2,000 € per insurance year (1st year: 1,000 €) | Option 2: 5,000 € per insurance year (1st year: 2,500 €) |
|--|--|--|
| BASIC DENTAL SERVICES | | |
| Two check-ups or exams per insurance year | ✓ | ✓ |
| X-rays | ✓ | ✓ |
| Scale-and-polish cleaning | ✗ | ✓ |
| Treating oral mucosa and periodontium | ✗ | ✓ |
| Simple fillings | ✓ | ✓ |
| Surgery, extractions, root-canal treatment | ✗ | ✓ |
| MAJOR DENTAL SERVICES | | |
| Dentures (e.g. prostheses, bridges and crowns, inlays) | ✗ | 20% copay; up to 500 € per tooth |
| Implants | ✗ | 20% copay; up to 4 implants per jaw and the dentures to be secured to these implants, per lifetime |
| Night guard | ✗ | 20% copay |
| Dental laboratory work and materials | ✗ | 20% copay |
| Treatment plan | ✗ | 20% copay |

Unless otherwise specified, the above amounts apply per person and insurance year.
All benefits are subject to the Policy Terms, Conditions, Exclusions and UCR - Usual, Customary and Reasonable Rates.

Table of Benefits

Worldwide including the US / Individual

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|-------------------------|---------------------------------|------------------|
| Medical Services | | | |
| Maximum Benefit | | | |
| Per Insurance Year | 1,500,000 \$ | 3,500,000 \$ | 5,000,000 \$ |
| REIMBURSEMENT LEVEL | | | |
| In network | 80% | 90% | 100% |
| Out of network | 60% | 70% | 80% |
| MAXIMUM MEMBER COINSURANCE FOR NETWORK ONLY | | | |
| Per Insurance Year | 10,000 \$ | 5,000 \$ | n/a |
| 24/7 INHOUSE ASSISTANCE | | | |
| 24-hour phone and email service with experienced counsellors, doctors and specialists | ✓ | ✓ | ✓ |
| Information on medical infrastructure (local medical care and names and addresses of doctors who speak several languages) | ✓ | ✓ | ✓ |
| Medical evacuation and repatriation (in-network providers only, coordinated by the insurer) | ✓ | ✓ | ✓ |
| Support and information by our medical service (second opinion, monitoring the course of the illness) | ✓ | ✓ | ✓ |
| Guarantee of payment (GOP) (preparation for a stay in hospital) | ✓ | ✓ | ✓ |
| Online services | ✓ | ✓ | ✓ |
| Additional, appropriate medical support (information on the nature, possible causes and possible treatment of an illness) | ✓ | ✓ | ✓ |
| Help with psychological problems possibly caused by the stay in the Country of Destination | ✗ | ✗ | ✓ |
| Transport to hospital upon emergency | ✓ | ✓ | ✓ |
| INPATIENT TREATMENT | | | |
| Accommodation | Semi-private | Semi-private | Private |
| Medical treatment, surgery and anesthetics fees | ✓ | ✓ | ✓ |
| Imaging - consultations and diagnostic services | ✓ | ✓ | ✓ |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|--|---|---|
| Medical Services | | | |
| Maximum Benefit | | | |
| Per Insurance Year | 1,000,000 \$ | 3,500,000 \$ | 5,000,000 \$ |
| Outpatient surgery instead of inpatient treatment | | | |
| Parent accommodation during inpatient treatment of a minor child | ✓ | ✓ | ✓ |
| Long-term care | Up to 20 days | Up to 40 days | Up to 60 days |
| Dialysis | ✗ | ✓ | ✓ |
| Bone marrow and organ transplants | Up to 150,000 \$ per lifetime | Up to 250,000 \$ per lifetime | ✓ |
| Cancer: Oncological drugs and treatment including reconstructive surgery for breast cancer | ✓ | ✓ | ✓ |
| Substitute hospital cash plan benefit | ✗ | ✗ | Up to 100 \$ per night |
| Inpatient treatment of mental or nervous disorders (12 month waiting period, requires pre-approval) | Psychiatric treatment up to 5,000 \$ or 30 days per year / 15,000 \$ max. or 90 days per lifetime (the lower of the two) | Up to 10,000 \$ per year | ✓ |
| Physiotherapy, including massages (requires pre-approval) | ✓ | ✓ | ✓ |
| Other inpatient therapies (includes ergo therapy, light therapy, hydrotherapy, inhalation, packs, medical baths, cryotherapy, thermotherapy, electrotherapy, cardio rehabilitation) | ✓ | ✓ | ✓ |
| Prescribed medical aids and appliances | Covered if needed as a life-saving measure, e.g. cardiac pacemaker | Covered if needed as a life-saving measure, e.g. cardiac pacemaker. Medical aids and appliances, such as artificial limbs and prostheses: up to 5,000 \$ | Covered if needed as a life-saving measure, e.g. cardiac pacemaker. Medical aids and appliances, such as artificial limbs and prostheses: up to 5,000 \$ |
| Prescribed medicines and drugs for inpatient | ✓ | ✓ | ✓ |
| Transport to the nearest suitable hospital for initial treatment following an accident or an emergency | ✓ | ✓ | ✓ |
| OUTPATIENT TREATMENT | | | |
| Medical treatment | Covered as specified below | Covered as specified below | Covered as specified below |
| Office visits | Family doctor/general practitioner: covered. Specialist: up to 2,000 \$ | ✓ | ✓ |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|---|--|--|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 \$ | 3,500,000 \$ | 5,000,000 \$ |
| | | | |
| Critical illness, following inpatient treatment | ✖ | ✓ | ✓ |
| Cancer treatment | ✓ | ✓ | ✓ |
| Maintenance of chronic conditions | ✖ | ✓ | ✓ |
| Imaging - consultations and diagnostic services | Up to 1,000 \$ | ✓ | ✓ |
| Psychiatric treatment | Up to 1,000 \$, waiting period of 12 months. Requires pre-approval. | Up to 1,500 \$, waiting period of 12 months. Requires pre-approval. | ✓ |
| Psychotherapy | ✖ | ✖ | Waiting period of 12 months, only by a licensed psychiatrist (MD) |
| Physiotherapy, including massages | Up to 5 visits, max. 70 \$ per visit (combined with acupuncture/ homeopathy benefits) | Up to 10 visits, max. 70 \$ per visit (combined with acupuncture/ homeopathy benefits) | Up to 12 visits (combined with acupuncture/ homeopathy benefits) |
| Other outpatient therapies | ✖ | ✖ | Up to 12 sessions |
| Speech therapy | ✖ | ✖ | Waiting period of 12 months, up to 30 sessions if pre-approved |
| Acupuncture (needle technique), homeopathy, osteopathy, chiropractic, traditional Chinese medicine (TCM) ² | Up to 5 visits, max. 50 \$ per visit (combined with physiotherapy); 4 months waiting period | Up to 10 visits, max. 70 \$ per visit (combined with physiotherapy); 4 months waiting period | Up to 12 visits (combined with physiotherapy) if pre-approved |
| Prescribed medical aids and appliances | Up to 750 \$ | Up to 5,000 \$ | Up to 5,000 \$ |
| Vision aids and eye test | 1 eye test at optometrist or optician per year, up to 30 \$ | Eye test at optometrist or optician and vision aids are covered up to 50 \$ per year | Up to 300 \$ in 24 months, optical examination up to 200 \$ per year |
| Hearing aids | ✖ | ✖ | Waiting period of 48 months if not caused by accident, up to 5,000 \$ per lifetime |
| Prescribed medicines and drugs for outpatient (Generic substitution unless DAW ³ ; 2 month copay for 3 month supply in mail order) | Up to 100,000 \$. Copay 10 \$ brand name drug; no copay for generics | Up to 100,000 \$. Copay 10 \$ brand name drug; no copay for generics | Up to 100,000 \$. Copay 10 \$ brand name drug; no copay for generics |
| Over-the-counter drugs (OTC) | Up to 50 \$. Copay 10 \$ brand name drug; no copay for generics | Up to 50 \$. Copay 10 \$ brand name drug; no copay for generics | Up to 200 \$. Copay 10 \$ brand name drug; no copay for generics |
| HIV and AIDS drug therapy including ART | Up to 100,000 \$ | Up to 100,000 \$ | ✓ |
| Transport to the nearest suitable doctor for initial treatment following an accident or an emergency | ✓ | ✓ | ✓ |

² TCM in China requires approval every 10 sessions
³ Unless DAW prescription, brand-name drugs are covered up to the price of the generic substitution.
10 \$ copay applies to all brand-name drugs, regardless of prescription type.

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|--|--------------------------------------|--|--|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,000,000 \$ | 3,500,000 \$ | 5,000,000 \$ |
| | | | |
| MATERNITY SERVICES (12 MONTH WAITING PERIOD) | | | |
| Maternity care and childbirth, services of a midwife or obstetric nurse, inpatient and outpatient | ✖ | Up to 10,000 \$ per birth, Caesarean covered only if medically necessary | Up to 25,000 \$ per birth, Caesarean covered only if medically necessary |
| Complications of pregnancy and childbirth | ✖ | Up to 200,000 \$ | ✓ |
| Outpatient childbirth cash benefit | ✖ | ✖ | 500 \$ per newborn baby |
| Newborn care. (Subject to maximum risk load of 100% if application was submitted within 60 days after birth and waiting period is completed) | ✖ | Insured in own policy | Insured in own policy |
| Newborn congenital conditions | ✖ | ✓ | ✓ |
| Infertility treatment | ✖ | ✖ | Up to 10,000 \$ per lifetime |
| | | | |
| WELLNESS | | | |
| Well child care | ✖ | ✓ | ✓ |
| Health checks (adult) | 1 per year, up to 250 \$ | Up to 400 \$ | Up to 2,000 \$ |
| Vaccinations and immunization (adult) | Up to 100 \$ | Up to 200 \$ | Up to 1,000 \$ |
| Vaccinations and immunization (child) | Up to 100 \$ | ✓ | ✓ |
| | | | |
| REHABILITATION AND NURSING | | | |
| Inpatient follow-up rehabilitation | Up to 21 days, requires pre-approval | Up to 30 days, requires pre-approval | Up to 30 days, requires pre-approval |
| Nursing care at home and domestic help, instead of a hospital stay | Up to 14 days | Up to 30 days | Up to 30 days |
| Day care | ✖ | ✓ | ✓ |
| Chronic conditions | ✖ | ✓ | ✓ |
| Hospice (requires pre-approval) | Up to 5 weeks | Up to 10 weeks | ✓ |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|---|---------------------------------|---|---|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,500,000 \$ | 3,500,000 \$ | 5,000,000 \$ |
| DENTAL COVER | | | |
| Emergency/accidental dental treatment | up to 5,000 \$ pain relief only | Up to 8,000 \$ | Up to 8,000 \$ |
| Overall dental limit excluding emergencies | ✕ | Dental coverage can be added as an optional rider | 5,000 \$ overall limit (1st year - half amount) |
| Basic dental services | | | |
| Two check-ups or exams per insurance year | ✕ | ✕ | ✓ |
| X-rays | ✕ | ✕ | ✓ |
| Scale-and-polish cleaning | ✕ | ✕ | ✓ |
| Treating oral mucosa and periodontium | ✕ | ✕ | ✓ |
| Simple fillings | ✕ | ✕ | ✓ |
| Surgery, extractions, root-canal treatment | ✕ | ✕ | ✓ |
| Night guard | ✕ | ✕ | ✓ |
| Major dental services | | | |
| Dentures (e.g. prostheses, bridges and crowns, inlays) | ✕ | ✕ | ✓ |
| Implants | ✕ | ✕ | ✓ |
| Orthodontic treatment - up to 18 years old | ✕ | ✕ | 50% copay |
| Dental laboratory work and materials | ✕ | ✕ | ✓ |
| Treatment plan | ✕ | ✕ | ✓ |
| ADDITIONAL ASSISTANCE, REPATRIATION AND COVERAGE OUTSIDE COUNTRY OF DESTINATION | | | |
| Return to Country of Destination after repatriation | Up to 2,000 \$ per family | Up to 2,000 \$ per family | Up to 2,000 \$ per family |
| Emergency treatment outside zone of coverage | 60 days coverage | 60 days coverage | 60 days coverage |
| Return of accompanying Dependent to Country of Destination if Covered Person is evacuated during travel | ✕ | Up to 1,200 \$ | Up to 2,400 \$ |
| Return of accompanying Child/Children to Country of Origin if Covered Person is evacuated/repatriated | ✕ | ✕ | Up to 2,400 \$ per family |
| Childcare costs | 200 \$ a day up to 4 days | 400 \$ a day up to 4 days | 400 \$ a day up to 8 days |

| | Expat Basic VyV/MGEN | Expat Comprehensive VyV/MGEN | Executive AWP |
|--|--|---------------------------------|--------------------------------------|
| Medical Services | Maximum Benefit | | |
| Per Insurance Year | 1,500,000 \$ | 3,500,000 \$ | 5,000,000 \$ |
| | | | |
| Dog sitter costs | Up to 50 \$ a day up to 4 days | Up to 50 \$ a day up to 4 days | Up to 50 \$ a day up to 4 days |
| Compassionate family visit | ✕ | ✕ | 1 trip per condition, up to 2,000 \$ |
| Delayed return trip | ✕ | ✕ | Up to 4,000 \$ |
| Repatriation in case of exceeding policy limit | For Covered Person only and only for outpatient care that is covered in the Executive plan and that exceeds 10,000 \$. Expenses are paid up to 2,000 \$. | ✓ | ✓ |
| Repatriation of remains | Up to 20,000 \$ | Up to 20,000 \$ | Up to 20,000 \$ |

Unless otherwise specified, the above amounts apply per person and insurance year.
All benefits are subject to the Policy Terms, Conditions, Exclusions and UCR - Usual, Customary and Reasonable Rates.



Optional Dental Rider for Expat Comprehensive USA Plan (6 months waiting period)

Dental treatment requires pre-approval.

| COVERED SERVICES | Option 1: 2,000 \$ per insurance year (1st year: 1,000 \$) | Option 2: 5,000 \$ per insurance year (1st year: 2,500 \$) |
|--|--|--|
| BASIC DENTAL SERVICES | | |
| Two check-ups or exams per insurance year | ✓ | ✓ |
| X-rays | ✓ | ✓ |
| Scale-and-polish cleaning | ✗ | ✓ |
| Treating oral mucosa and periodontium | ✗ | ✓ |
| Simple fillings | ✓ | ✓ |
| Surgery, extractions, root-canal treatment | ✗ | ✓ |
| MAJOR DENTAL SERVICES | | |
| Dentures (e.g. prostheses, bridges and crowns, inlays) | ✗ | 20% copay; up to 500 \$ per tooth |
| Implants | ✗ | 20% copay; up to 4 implants per jaw and the dentures to be secured to these implants, per lifetime |
| Night guard | ✗ | 20% copay |
| Dental laboratory work and materials | ✗ | 20% copay |
| Treatment plan | ✗ | 20% copay |

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