



Table Of Benefits

Compact

Comfort

Premium

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



	Compact	Comfort	Premium
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, drugs and dressings 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.	✓

	Compact	Comfort	Premium
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 , reflexology	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, drugs and dressings 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	✓	✓	✓

¹TCM in China requires approval every 10 sessions

	Compact	Comfort	Premium
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	✓
DENTAL COVER			
Emergency/accidental dental treatment	up to 3,000 € pain relief only	Up to 6,000 €	Up to 6,000 €

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,000,000 €	3,500,000 €	5,000,000 €
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
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 Premium 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 (6 months waiting period)

May be added to "Comfort" and "Premium" plans. 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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Table Of Benefits

Compact

Comfort

Premium

Medical Services

Maximum Benefit

Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
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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
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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	✓	✓	✓

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	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, drugs and dressings 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 \$	✓	✓

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	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 , reflexology	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)
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; 2 month copay for 3 month supply in mail order)	Up to 100,000 \$. Copay 10 \$ brand name drug; 0% generic	Up to 100,000 \$. Copay 10 \$ brand name drug; 0% generic	Up to 100,000 \$. Copay 10 \$ brand name drug; 0% generic
Over-the-counter drugs (OTC)	Up to 50 \$. Copay 10 \$ brand name drug; 0% generic	Up to 50 \$. Copay 10 \$ brand name drug; 0% generic	Up to 200 \$. Copay 10 \$ brand name drug; 0% generic
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

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	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	✓
DENTAL³			
Emergency/accidental dental treatment	up to 5,000 \$ pain relief only	Up to 8,000 \$	Up to 8,000 \$

³ Outpatient dental treatment in the USA is considered out of network, the respective reimbursement level applies.

	Compact	Comfort	Premium
Medical Services	Maximum Benefit		
Per Insurance Year	1,500,000 \$	3,500,000 \$	5,000,000 \$
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
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 Premium 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 \$

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Optional Dental Rider (6 months waiting period)

May be added to "Comfort" and "Premium" plans. Dental treatment requires pre-approval.
 Outpatient dental treatment in the USA is considered out of network, the respective reimbursement level applies.

COVERED SERVICES ⁴	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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⁴ Outpatient dental treatment in the USA is considered out of network, the respective reimbursement level applies.