

Private Client

Benefit Schedule

Prima Premier

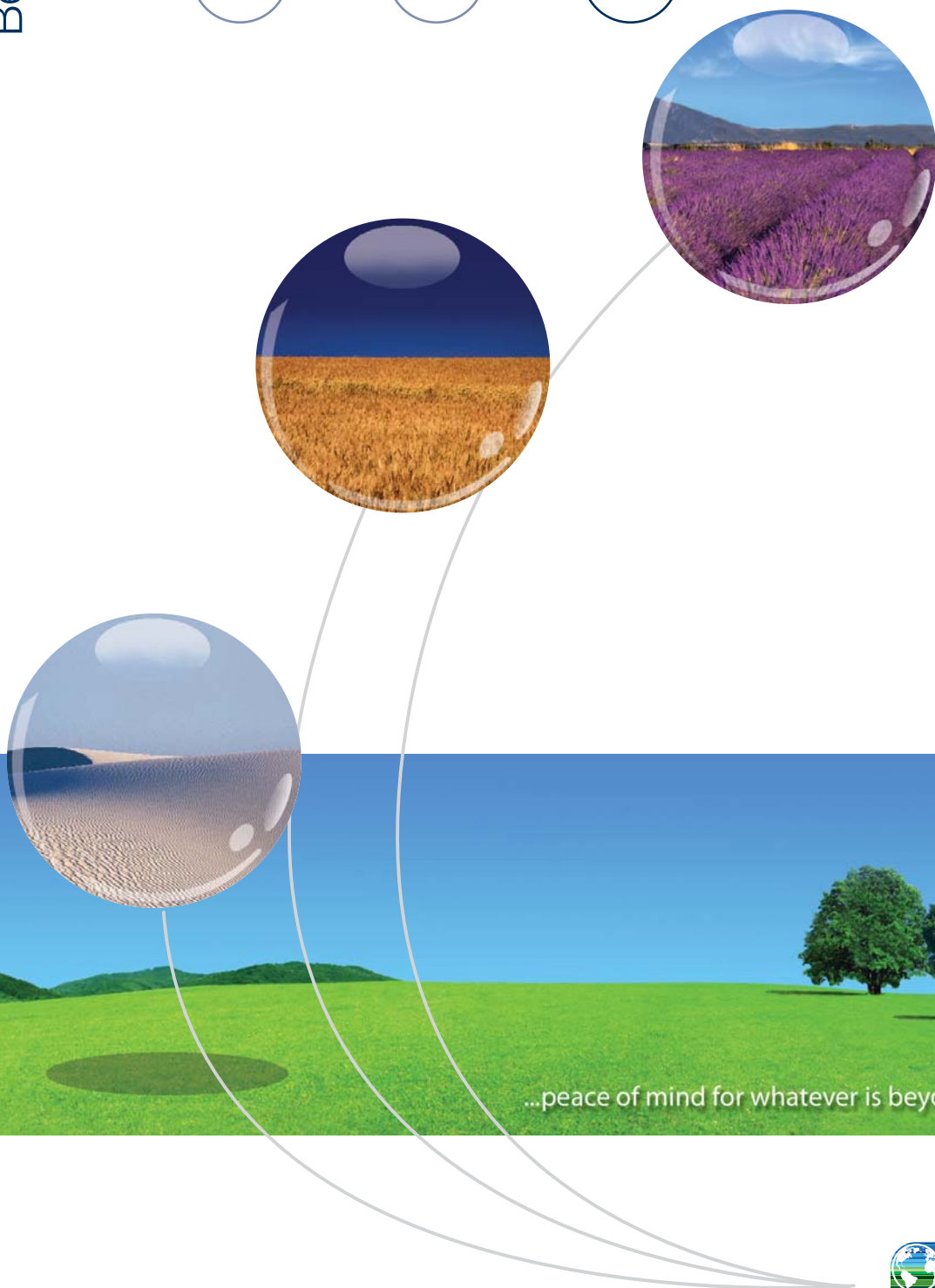
Prima Classic

Prima Ibérica

your health

your choice

your plan



...peace of mind for whatever is beyond your horizon

your health

your choice

your plan



Prima Premier Policy Wording effective 1 June 2010



Prima Classic Policy Wording effective 1 June 2010



Prima Ibérica Policy Wording effective 1 June 2010

The **Prima Ibérica** plan benefits are exactly the same as the **Prima Classic** other than:

Area of Cover - Europe only
Policy Excess - €150; £100 per person per policy year

Available to Private Clients resident in Portugal, Spain and Gibraltar.

Level of Cover

This **policy** provides cover for the following benefits in respect of **treatment** of an **insured person** provided during the **period of cover** for a **medical condition**. All benefits, including full refunds, are conditional upon charges being reasonable and customary.



Maximum sum insured	Prima Premier	Prima Classic
The maximum sum insured is the most we will pay for each insured person in any period of cover . The maximum sum assured and any monetary limits to the benefits will be determined by the currency which you have selected for your policy.	£1,500,000 €1,800,000 US\$2,250,000	£750,000 €900,000 US\$1,125,000

The Cover

In-patient & day-patient Treatment



(**treatment** received by an **insured person** when admitted to a **hospital** bed for an overnight stay of one or more nights' duration or as a **day-patient**)



	Prima Premier	Prima Classic
Accommodation Hospital accommodation in a ward, semi-private or private room.	Full Refund	Full Refund
Parent Accommodation Room and bed charges for one parent or legal guardian to stay with an insured person who is under 18 years of age, whilst admitted to a hospital bed.	Full Refund	Not Covered
Professional Fees Specialist, physician and qualified nurse fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering treatment .	Full Refund	Full Refund
Medication Drugs, medicines, supports and appliances when prescribed by a specialist or medical practitioner .	Full Refund	Full Refund
Diagnostics Diagnostic procedures, including x-rays, pathology , computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund	Full Refund
Theatre Fees Operating theatre fees.	Full Refund	Full Refund
Reconstructive Surgery Reconstructive surgery required following an accident or following surgery for an eligible medical condition which occurred after your date of entry and which is performed within 12 months of the accident or surgery.	Full Refund	Full Refund
Chronic Conditions Acute episodes of a chronic condition. Routine management, maintenance and palliative treatment of a chronic condition .	Full Refund Limited to £15,000: €18,000: US\$22,500	Full Refund Not Covered
Oncology Oncologist fees, radiotherapy and chemotherapy.	Full Refund	Full Refund
Organ Transplants Transplant of any human organ.	£150,000: €180,000: US\$225,000 Lifetime Limit	£150,000: €180,000: US\$225,000 Lifetime Limit

	Prima Premier 	Prima Classic 
<p>Physiotherapy Physiotherapy when such treatment is recommended by a specialist and is administered during the period of stay in hospital.</p>	Full Refund	Full Refund
<p>Rehabilitation Rehabilitation when it is considered an integral part of treatment, is supervised by a specialist and is undertaken in a recognised rehabilitation unit.</p>	Full Refund	Not Covered
<p>Psychiatric Illness Treatment given in a recognised psychiatric unit of a hospital. All treatment under this benefit is subject to pre-authorisation by us.</p>	Limited to 30 days each year	Limited to 30 days each year
<p>Ancillary Charges The purchase or rental of crutches or wheelchairs following treatment as an in-patient or day-patient.</p>	Limited to £500: €600: US\$750	Limited to £500: €600: US\$750
<p>Newborn Cover - Premature Births Cover in respect of a premature baby (i.e. where birth is prior to 37 weeks gestation) in respect of an acute or chronic medical condition requiring in-patient treatment. The mother of the baby must have been insured with us for at least 11 months prior to the birth date. All cover is subject to the newborn being added to the policy within 30 days of birth and the relevant premium paid.</p>	Cover for the first 30 days of life is limited to a maximum sum insured of £10,000: €12,000: US\$15,000 each baby. Thereafter, cover will exclude any medical condition which exists at the end of the first 30 day period	Not Covered
<p>Home Nursing Home nursing, when medically necessary and recommended by a specialist immediately following release from a hospital bed.</p>	Limited to 12 weeks for each condition and a maximum of 26 weeks each year	Limited to 12 weeks for each condition and a maximum of 26 weeks each year
<p>Transportation Ambulance charges for transportation to hospital, or costs associated with another form of transport if an ambulance is inappropriate.</p>	Full Refund	Full Refund
<p>Post Operative Cover Out-patient treatment or consultations received within 6 months of hospital discharge for an eligible medical condition which required hospital admission.</p>	Limited to £1,500: €1,800: US\$2,250 each year	Covered under out-patient treatment
<p>Cash Benefit Where hospital accommodation and all treatment costs are provided in a State or Charitable Hospital and no claim is submitted under this policy for reimbursement of any in-patient costs, and providing that the medical condition suffered would be eligible for benefit.</p>	£200: €240: US\$300 each night up to a maximum of 30 nights	£200: €240: US\$300 each night up to a maximum of 30 nights
<p>Emergency Treatment Outside Area of Cover Treatment (through a physician, medical practitioner or specialist, commencing within 24 hours of the emergency event) required as result of an accident or the sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to the insured person's health.</p>	For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £30,000: €36,000: US\$45,000	For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £30,000: €36,000: US\$45,000



Out-patient Treatment (OPTIONAL BENEFIT for Prima Premier)

(treatment received but without admission to a hospital bed)

	Prima Premier 	Prima Classic 
	(Optional Benefit)	
Overall Limit	Limited to the overall policy limit of £1,500,000: €1,800,000: US\$2,250,000	Out-patient limit of £10,000: €12,000: US\$15,000 and overall policy limit of £750,000: €900,000: US\$1,125,000
Professional Fees Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations.	Full Refund	Full Refund within overall out-patient limit
Diagnostics Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund	Full Refund within overall out-patient limit
Surgical Treatment Minor surgical procedures when carried out by the medical practitioner or specialist.	Full Refund	Full Refund within overall out-patient limit
Medication Drugs and medicines when prescribed by a specialist or medical practitioner.	Full Refund	Full Refund within overall out-patient limit
Chronic Conditions Acute episodes of a chronic condition. Routine management, maintenance and palliative treatment of a chronic condition.	Full Refund Limited to £2,000 :€2,400: US\$3,000 each year	Full Refund within overall out-patient limit Not Covered
Oncology Oncologist fees, radiotherapy and chemotherapy. Extended to include road ambulance costs for transportation to and from the out-patient unit of a hospital for the administering of this specific treatment.	Full Refund	Full Refund within overall policy limit of £750,000: €900,000: US\$1,125,000
Physiotherapy Physiotherapy on recommendation by a medical practitioner or specialist.	Limited to £3,000: €3,600: US\$4,500 each year	Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit
Chiropody Treatment by a Chiropodist without referral to a medical practitioner.	Limited to £250: €300: US\$375 each year	Limited to £250: €300: US\$375 each year within overall out-patient limit
Complementary Treatment Chinese herbal medicine and treatment administered by registered Chinese herbalists, chiropractors, osteopaths, homeopaths, acupuncturists. Dietician (limited to 1 visit per year). Podiatrist (limited to 2 visits per year) Recommendation by a medical practitioner or specialist is required for all complementary treatments.	Limited to £3,000: €3,600: US\$4,500 each year	Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit
Traditional Chinese Medicine Administered by a recognised traditional Chinese practitioner.	Limited to £500: €600: US\$750 each year	Limited to £500: €600: US\$750 each year within overall out-patient limit



	Prima Premier 	Prima Classic 
<p>Psychiatric Illness Specialist consultations, assessments and treatment. All treatment under this benefit is subject to pre-authorization by us.</p>	Limited to £5,000: €6,000: US\$7,500 each year	Not Covered
<p>Hormone Replacement Therapy Medical practitioner or specialist consultations and prescribed patches or implants when administered for the sole purpose of treating a hormone imbalance condition.</p>	Full Refund	Not Covered
<p>Optical Eye examination carried out by an optometrist or ophthalmologist. Prescribed glasses and contact lenses to correct vision when your prescription has changed.</p>	One examination each year Limited to £130: €156: US\$195 each year	One examination each year Limited to £130: €156: US\$195 each year within overall out-patient limit
<p>Routine Health Management (excluding costs incurred within the first 12 months of purchase date of this benefit or your date of entry, whichever is the latter)</p> <p>Hearing Test Annual Hearing Test carried out by a medical practitioner.</p> <p>Routine Health Checks Tests/screenings that are undertaken without any clinical symptoms being present including the following examinations performed at an appropriate age interval, for the early detection of illness or disease:</p> <ul style="list-style-type: none"> ■ Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc) ■ Cardiovascular examination ■ Neurological examination ■ Cancer screening ■ Well child test <p>Vaccinations Cost of drugs and consultations to administer all basic immunisations and booster injections required under regulation of the country in which treatment is being given and any medically necessary travel vaccinations and malaria prophylaxis.</p>	<p>The total of the benefits available within Routine Health Management is limited to £500: €600: US\$750 each year</p> <p>One test each year Full Refund within Routine Health Management limit</p> <p>Full Refund within Routine Health Management limit</p> <p>Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Routine Health Management limit</p> <p>Full Refund within Routine Health Management limit</p>	<p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p>
<p>Emergency Dental Treatment Emergency out-patient dental treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain, including temporary fillings limited to 3 fillings per period of insurance, and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prosthesis or root canal treatment.</p>	Full Refund	Full Refund

Other Benefits

	Prima Premier 	Prima Classic 
Innocent Bystander	Included	Included
AIDS (HIV)	Included	Included
Hazardous Activities	Included	Included
24/7 Medical Helpline	Included	Included
Blood Care Foundation Providing screened blood and sterile equipment, in emergency situations, anywhere in the world where necessary supplies are not readily available.	Included	Included

Pregnancy & Childbirth (OPTIONAL BENEFIT)



(excluding costs incurred within the first 11 months of purchase date of this benefit or **your date of entry**, whichever is the latter)

	Prima Premier 	Prima Classic 
Normal pregnancy and childbirth costs, including pre and postnatal check-ups, scans and delivery costs for a natural birth or Complications of pregnancy and treatment of medical conditions which arise during the antenatal stages of pregnancy, or which occur during the childbirth/delivery, which require intervention of an obstetric procedure.	Limited to £5,000: €6,000: US\$7,500 for each pregnancy	Limited to £3,000: €3,600: US\$4,500 for each pregnancy
Well-baby Examination Paediatrician costs for the first examination/check-up of a newborn baby, provided the examination is made within 24 hours of delivery.	Full Refund	Full Refund
Newborn Accommodation Cot and nursing charges for newborn baby/babies (up to 6 months of age) to stay with a mother who is admitted to hospital as an in-patient .	Full Refund	Full Refund
Cash Benefit Where hospital accommodation and all pregnancy and childcare costs are provided in a State or Charitable Hospital and no claim is submitted under this section of the policy for any reimbursement of any costs.	Limited to £100: €120: US\$150 each night up to a maximum of 30 nights	Limited to £50: €60: US\$75 each night up to a maximum of 20 nights



Dental Treatment (OPTIONAL BENEFIT)

(excluding costs incurred within the first 6 months of purchase date of this benefit or your **date of entry**, whichever is the latter other than **Accidental Damage** caused to sound natural teeth, which is covered immediately)

The procedures below are limited to the amounts shown and are subject to an overall maximum limit of £1,000: €1,200: US\$1,500 each year for routine dental treatment.

	Prima Premier 	Prima Classic 
Routine examination, including check-up and x-rays.	£70: €84: US\$105 each visit maximum 2 visits each year	£70: €84: US\$105 each visit maximum 2 visits each year
Cleaning and polishing (whether performed by a dental practitioner or hygienist).	£70: €84: US\$105 each visit maximum 2 visits each year	£70: €84: US\$105 each visit maximum 2 visits each year
Fillings (amalgam or composite material).	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth
Extractions.	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth
Wisdom tooth extraction when performed in a dental surgery.	Full refund within overall dental limit of £1,000: €1,200: US\$1,500 each year	Full refund within overall dental limit of £1,000: €1,200: US\$1,500 each year
New porcelain crown/inlay.	£300: €360: US\$450 each tooth	£300: €360: US\$450 each tooth
Repair of crown/inlay.	£125: €150: US\$190 each tooth	£125: €150: US\$190 each tooth

Dental Treatment (continued)



	Prima Premier 	Prima Classic 
Root canal treatment.	£250: €300: US\$375 each tooth	£250: €300: US\$375 each tooth
New bridge.	£300 : €360: US\$450 each bridge	£300 : €360: US\$450 each bridge
Repair of bridge.	£175: €210: US\$265 each bridge	£175: €210: US\$265 each bridge
New dentures.	£125: €150: US\$190 each set	£125: €150: US\$190 each set
Emergency dental treatment for the relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling.	£600: €720: US\$900 each year	£600: €720: US\$900 each year

The procedures below are not subject to the overall maximum limit of £1,000: €1,200: US\$1,500 each year for routine dental treatment.

Accidental Damage caused to sound, natural teeth lost or damaged in an accident . Treatment must be received within 5 days from the date of the accident occurring.	Full Refund	Full Refund
Dental Surgery undertaken in a hospital by an oral and maxillofacial surgeon or surgical dentist:		
Surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots.	Full Refund	Full Refund
Apicectomy.	Full Refund	Full Refund

Evacuation & Repatriation (OPTIONAL BENEFIT)

(for conditions requiring **hospital** admission only)

	Prima Premier 	Prima Classic 
Evacuation The cost of transporting an insured person (and one other relative/colleague to travel as escort) to the nearest appropriate medical facility for treatment of an accident or medical condition within the insured persons area of cover which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the Assistance Company.	Full Refund	Full Refund
Following evacuation Hotel accommodation for escort and insured person when required pre and post hospital admission. Return airlight (economy class) for the insured person and their escort.	£100: €120: US\$150 each day, for each person Full Refund	£100: €120: US\$150 each day, for each person Full Refund
Repatriation The cost of transporting an insured person (and one other relative/colleague to travel as escort) to their country of nationality or country of residence for treatment of an accident or medical condition which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the Assistance Company. (If the country of nationality or country of residence falls outside the geographical area covered under your policy , treatment costs will not be considered).	Full Refund	Full Refund
Mortal Remains Burial or cremation costs in the country of death or transportation of body or ashes to country of nationality or country of residence .	Limited to £5,000: €6,000: US\$7,500	Limited to £5,000: €6,000: US\$7,500

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