

International Private Healthcare



Elite Plans

Worldwide Medical Expenses Protection

IPH ELITE PLANS POLICY FEATURES AND BENEFIT LIMITS	A PEARL US\$	B SAPPHIRE US\$	C RUBY US\$
Total Policy limit per person per policy year	\$1,000,000	\$1,500,000	\$2,000,000
Hospital Services: (all medical treatment/services ordered by a physician)	+Full Refund	+Full Refund	+Full Refund
per day Room and Board**	+Full Refund #	+Full Refund #	+Full Refund #
per day Intensive Care Unit**	+Full Refund	+Full Refund	+Full Refund
Day Care	+Full Refund	+Full Refund	+Full Refund
Daily cash benefit for use of Government hospital	\$250	\$250	\$250
Hospice & Palliative Care (lifetime limit)	\$25,000	\$30,000	\$50,000
Organ Transplantation per person per policy year (heart, lung, kidney, liver and bone marrow)	\$150,000	\$200,000	\$250,000
Local Ambulance Services	+Full Refund	+Full Refund	+Full Refund
Nursing at Home - Full refund up to	+4 Weeks	+8 Weeks	+26 Weeks
Rehabilitation Treatment following discharge from hospital	\$3,000	\$6,000	\$10,000
Medical Aids such as wheelchairs and crutches	\$500	\$750	\$1,000
External Prosthetic Devices	\$2,000	\$3,000	\$4,000
In-patient Psychiatric Treatment	+Full Refund - Max 30 days	+Full Refund - Max 30 days	+Full Refund - Max 30 days
Treatment of HIV & AIDS (Max 6 years)	\$6,000	\$6,000	\$6,000
Innocent Bystander in terrorist incident	\$30,000	\$30,000	\$30,000
Emergency Medical Transportation (EMT)	+Full Refund	+Full Refund	+Full Refund
EMT – Accommodation Expenses for companion	\$50 per day (Max 15 days)	\$75 per day (Max 15 days)	\$100 per day (Max 15 days)
Emergency dental treatment following accident	\$1,000	\$1,500	+Full Refund
Out-patient Services - including:	-	+Full Refund*	+Full Refund*
■ General Out-patient Services	-	Covered*	Covered*
■ Specialist Out-patient Services	-	Covered*	Covered*
■ Laboratory and X-Ray Services	-	Covered*	Covered*
■ Prescribed Drugs	-	Covered*	Covered*
■ Post Hospitalisation Treatment	\$2,000	Covered*	Covered*
■ Acupuncture	-	-	Covered*
■ Specialist Herbal Treatment	-	-	Covered*
Emergency Ward Treatment up to 24 hours	+Full Refund	+Full Refund	+Full Refund
Complicated Maternity Care per pregnancy	-	†\$650	See below
Normal and/or Complicated Maternity Care per pregnancy	-	-	†\$2,000
Newborn cover	-	†\$500 (first 14 days)	†\$2,000 (first 14 days)
Parent accompanying child	+Full Refund	+Full Refund	+Full Refund
Compassionate Home Travel	+Full Refund	+Full Refund	+Full Refund
Local Burial/Cremation per person	\$5,000	\$7,500	\$10,000
Repatriation of Mortal Remains (death in home country excluded)	\$5,000	\$7,500	\$10,000

This insurance is only available to residents of Asia. + Full Refund up to policy limit, # Single bedded room only, †12 months waiting period and 25% co-insurance applies.

*A deductible of \$100 per ailment claim per policy year applies to out-patient services. **Treatment in USA and Canada (25% co-insurance applies on all treatment costs)

a) Room and Board per day Benefit limit - Pearl Plan - US\$100, Sapphire Plan - US\$125 (b) Intensive Care Unit per day Benefit limit - Pearl Plan - US\$180, Sapphire Plan - US\$250.

To be read in conjunction with IPH terms and conditions. Information correct at time of print. In the event of any conflict between the English and other language versions, the English version shall prevail.