

Global 1 - Summary of Benefits

Maximum benefit payable for eligible conditions per person per year	\$2,000,000
Deductible Options Deductible is waived for Health Checks, Dental & Vision, and Emergencies 25% reduction when utilizing Medical Concierge Service in the U.S.	\$0 deductible in Country of Residence /\$2,000 deductible worldwide or
	\$200 deductible in Country of Residence /\$2,000 deductible worldwide or
	\$500 deductible in Country of Residence /\$5,000 deductible worldwide
OUTPATIENT TREATMENT	
Diagnostic procedures Medical Services in a Doctor's Office Limited to a total of 20 visits each period of cover Psychiatric treatment Limited to total of 20 visits each period of cover Rehabilitation (physical, occupational and speech therapy) Limited to a total of 60 visits each period of cover	80% of eligible expenses
MRI, CAT and PET scans	Paid in full
Drugs & dressings	Paid in full up to \$1,000
Surgical procedures	Paid in full
Oncology (therapeutic services including radiotherapy, chemotherapy and drugs)	Paid in full
Dialysis	80% of eligible expenses
DAY-CASE AND INPATIENT TREATMENT	
Hospital and related services	Paid in full
Drugs, dressings, and equipment	Paid in full
Diagnostic procedures	Paid in full
Intensive care unit	Paid in full
MRI, CAT and PET scans	Paid in full
Doctors' fees for surgical and medical services	Paid in full
Oncology (therapeutic services including radiotherapy, chemotherapy and drugs)	Paid in full
Psychiatric treatment Limited to 30 days each period of cover and 90 days lifetime maximum	Paid in full
Dialysis	Paid in Full
Parent Accommodation	Paid in full up to \$250 per day
OTHER BENEFITS	
Emergency (including local road ambulance)	Paid in full
Home nursing Limited to 20 days each period of cover	Paid in full
Maternity cover Available after being a member for 10 months	Paid in full
Complications of Pregnancy Available after being a member for 10 months	Paid in full
Health checks Available after the first 10 months from the date of entry and every subsequent period of cover	Paid in full up to \$300
Outpatient dental and vision treatment <ul style="list-style-type: none"> • Routine dental • Major restorative • Emergency dental • Vision 	50% of eligible expenses, up to combined maximum of \$2,000 50% of eligible expenses, up to combined maximum of \$2,000 80% of eligible expenses, up to combined maximum of \$2,000 100% of eligible expenses, up to combined total of \$2,000
Organ Transplants	Paid in full
Congenital anomalies	Paid in full up to \$500,000 per lifetime
Evacuation cover	Paid in full
Mortal remains	Paid in full up to \$10,000
AIDS	Paid in full up to \$25,000
Hospice (Inpatient and Outpatient)	Paid in full

This is a summary of the current iCHIP benefits, conditions, limitations, and is subject to all the terms and conditions of the full Policy Wording. The complete Policy Wording with all the terms, conditions and exclusions will be included in the fulfillment kit sent to approved applicants.