

# Global Share - Summary of Benefits

Maximum benefit payable for eligible conditions per person per year	\$1,000,000
<b>Deductible Options</b> Deductible is waived for Health Checks and Emergencies 25% reduction when utilizing Medical Concierge Service in the U.S.	\$500 deductible in Country of Residence / \$2,500 deductible worldwide
<b>OUTPATIENT TREATMENT</b>	
<b>MRI, CAT and PET scans</b>	Paid in full up to \$750 per scan
<b>Diagnostic Imaging</b> (including EKG, Ultrasound and Endoscopy)	Paid in full up to \$700 per exam
<b>X-ray pathology</b>	Paid in full up to \$400 per scan
<b>Medical Service in a Doctor's Office</b> Limited to a total of 20 visits each period of cover	Paid in full up to \$80 per visit
<b>Psychiatric treatment</b> Limited to a total of 20 visits each period of cover	Paid in full up to \$80 per visit
<b>Rehabilitation</b> (physical, occupational and speech therapy) and <b>Alternative Treatment</b> Limited to a total of 60 visits each period of cover	Paid in full up to \$40 per visit
<b>Drugs &amp; dressings</b>	Paid in full up to \$500
<b>Surgical procedures</b>	100% of eligible expenses
<b>Oncology</b> (therapeutic services including radiotherapy, chemotherapy and drugs)	100% of eligible expenses
<b>Dialysis</b>	Paid in full up to \$80 per visit
<b>DAY-CASE AND INPATIENT TREATMENT</b>	
<b>Hospital and related services</b>	Paid in full up to \$750 per day
<b>Drugs, dressings, and equipment</b>	Paid in full
<b>Diagnostic procedures</b>	Paid in full
<b>Intensive care unit</b>	Paid in full up to \$2,000 per day
<b>Doctors' fees for surgical and medical services</b>	Paid in full
<b>MRI, CAT and PET scans</b>	Paid in full
<b>Oncology</b> (therapeutic services including radiology, chemotherapy and drugs)	Paid in full
<b>Psychiatric treatment</b>	Paid in full up to \$750 per day, limited to 30 days each period of cover and 90 days lifetime maximum
<b>Dialysis</b>	Paid in full
<b>Parent Accommodation</b>	Paid in full up to \$250 per day
<b>OTHER BENEFITS</b>	
<b>Emergency Local Road Ambulance</b>	Paid in full. Local road ambulance limited to \$1,500 per incident
<b>Home nursing</b> Limited to 20 days each period of cover	Paid in full up to \$250 per day
<b>Maternity cover</b> Available after being a member for 10 months	Paid in full up to \$5,000 per normal deliveries or \$9,000 for medically necessary caesarean deliveries
<b>Complications of Pregnancy</b> Available after being a member for 10 months	Paid in full
<b>Health checks</b> Available after the first 10 months from the date of entry and every subsequent period of cover	Paid in full up to \$200
<b>Organ Transplants</b>	Paid in full up to \$500,000 per lifetime
<b>Congenital anomalies</b>	Paid in full up to \$500,000 per lifetime
<b>Evacuation cover</b>	Paid in full up to \$50,000
<b>Mortal remains</b>	Paid in full up to \$10,000
<b>AIDS</b>	Up to \$15,000 per insured person
<b>OPTIONAL COVERAGE</b>	
<b>Outpatient dental and vision treatment</b> <ul style="list-style-type: none"> <li>• Routine dental</li> <li>• Emergency dental</li> <li>• Vision</li> </ul>	Deductible is waived 50% of eligible expenses, up to combined maximum of \$1,000 80% of eligible expenses, up to combined maximum of \$1,000 100% of eligible expenses, up to combined maximum of \$1,000

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.