

## OPTIMUM GLOBAL GEMS

All benefits shown are per insured person, per annum (unless specified otherwise).

Plan	Emerald	Sapphire	Ruby	Jade	Diamond
Annual Policy Maximum	£675,000	£1,350,000	£2,000,000	£3,380,000	£5,400,000
1. HOSPITAL AND RELATED SERVICES					
In-hospital accommodation, surgery, treatment, facilities & services	In Full	In Full	In Full	In Full	In Full
Cancer treatment (in-patient & out-patient)	In Full	In Full	In Full	In Full	In Full
Kidney dialysis (in-patient & out-patient)	£33,800	In Full	In Full	In Full	In Full
In-patient physiotherapy treatment	In Full	In Full	In Full	In Full	In Full
Day surgery	In Full	In Full	In Full	In Full	In Full
Psychiatric treatment (after 10 months coverage)	Maximum 100 days per lifetime membership	In Full	£3,380	In Full	In Full
Hospital accommodation for accompanying parent of insured child	£110 per night up to £540 per year	In Full	In Full	In Full	In Full
Emergency local road ambulance services	In Full	In Full	In Full	In Full	In Full
Emergency treatment outside area of cover - not exceeding forty-five (45) days per trip	Not Covered	Up to £33,800 in USA & Canada	Up to £50,700 in USA & Canada	Up to £67,600 in USA & Canada	In Full
		(In Full for all other countries)			
Home nursing care following discharge from hospital		£6,760 (up to 26 weeks max per policy year)	£6,700 (up to 26 weeks max per policy year)	£6,760 (up to 26 weeks max per policy year)	£10,000 (up to 26 weeks max per policy year)
Hospital cash per night for non-paying patient (max 30 days per disability)		£100	£100	£140	£200
Accidental dental treatment	£5,410	In Full	In Full	In Full	In Full
Chronic medical conditions	£6,760	In Full	In Full	In Full	In Full
Congenital conditions	Not Covered	£20,280	Not Covered	£33,800	£50,700



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2. PRE & POST HOSPITALISATION							
Pre Hospitalisation medical expenses	In Full	In Full	In Full	In Full	In Full		
Prescribed Post Hospital Treatment following an eligible In-hospital admission (up to max 30 days following discharge)	In Full	In Full	In Full	In Full	In Full		
3. ORGAN TRANSPLANT					-		
Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining organ donor)	£67,000	In Full	In Full	In Full	In Full		
4. EMERGENCY MEDICAL EVACUATION AN	ND REPATRIATION	1	I		I		
Medical evacuation and repatriation	In Full	In Full	In Full	In Full	In Full		
Repatriation of mortal remains	In Full	In Full	In Full	In Full	In Full		
Compassionate travel for family member	Cover in full for return economy class air ticket. Up to £80 per day for ancillary charges & max 14 days						
5. OUT-PATIENT BENEFITS							
Family doctor consultations		Not Covered	£2,370	£6,760	In Full		
Family doctor prescribed drugs & dressings	£330						
Drugs Prescribed by Specialists (including take home drugs following a hospital admission)							
Specialist consultations							
External prostheses and appliances							
Chronic medical conditions							
Laboratory, x-ray & diagnostic services (inc. CT, PET & MRI Scans)	£680	£680		£2,700	In Full		
Out-patient psychiatric treatment – after 10 months of coverage	Not Covered	Not Covered	-	£1,010	£1,350		
Prescribed physiotherapy, speech & oculomotor therapy				£1,010	£1,350		
Accidental dental treatment			Not Covered	£680	£1,010		
Alternative medicine			£340	£680	£1,350		



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Emergency room accident & emergency services	£680	In Full	In Full	In Full	In Full
Vaccinations		Not Covered	Not Covered	£340	£510
Well being benefit – after 12 months coverage	Not Covered				
6. COMPLICATIONS OF MATERNITY (subje	ect to 10 months v	vaiting period)	,		
Complications of maternity	Not Covered	In Full	In Full	In Full	In Full
<b>OPTIONAL BENEFITS</b> If selected as part of your plan and detailed	on your membersh	ip certificate			
1. MATERNITY BENEFITS (subject to 10 m	onths waiting per	iod)			
Delivery (including anaesthetist fee, pre and post natal care, first five days checks & accommodation for newborn)	Not Covered	Not Covered	£4,730	£4,730	£6,760
Newborn cover – (non-routine care for 30 days after birth)			£20,280	£20,280	£33,800
2. DENTAL		1		1	1
Routine dental treatment	Not Covered	Not Covered	£540 (20% Co-pay)	£540 (20% Co-pay)	£680 (20% Co-pay
Restorative dental treatment	Not Covered		£1,010 (20% Co-pay)	£1,010 (20% Co-pay)	£1,350 (20% Co-pay
3. OPTICAL					
Coverage for eye examination annually and cover for glasses applicable every 2 years (subject to 20% co-payment)	Not Covered	Not Covered	£140	£170	£200
AREA OF COVER OPTIONS		·	·	·	
Option 1: Worldwide Option 2: Worldwide excluding USA Option 3: Asia (Bangladesh - Bhutan - Brunei Myanmar - Nepal - Pakistan - Philipp				Malaysia - Maldive:	s - Mongolia -

**Option 4:** Africa (including India & Pakistan) **Option 5:** Principal Country of Residence within the African Continent and pre-authorised Centres of Excellence on the African Continent