

OPTIMUM GLOBAL GEMS

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

Plan	Emerald	Sapphire	Ruby	Jade	Diamond
Annual Policy Maximum	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000	\$8,000,000

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)	\$50,000	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	\$5,000	In Full	In Full
Hospital accommodation for accompanying parent of insured child	\$160 per night up to \$800 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 \$50,000 in USA & Canada	Up to \$75,000 in USA & Canada	Up to \$100,000 in USA & Canada	In Full
		(In Full for all other countries)			
Home nursing care following discharge from hospital	Not Covered	\$10,000 (up to 26 weeks max per policy year)	\$10,000 (up to 26 weeks max per policy year)	\$10,000 (up to 26 weeks max per policy year)	\$15,000 (up to 26 weeks max per policy year)
Hospital cash per night for non-paying patient (max 30 days per disability)		\$150	\$150	\$200	\$300
Accidental dental treatment	\$8,000	In Full	In Full	In Full	In Full
Chronic medical conditions	\$10,000	In Full	In Full	In Full	In Full
Congenital conditions	Not Covered	\$30,000	Not Covered	\$50,000	\$75,000

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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)	\$100,000	In Full	In Full	In Full	In Full
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4. EMERGENCY MEDICAL EVACUATION AND REPATRIATION

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 \$125 per day for ancillary charges & max 14 days				

5. OUT-PATIENT BENEFITS

Family doctor consultations	\$500	Not Covered	\$3,500	\$10,000	In Full					
Family doctor prescribed drugs & dressings										
Drugs Prescribed by Specialists (including take home drugs following a hospital admission)										
Specialist consultations										
External prostheses and appliances										
Chronic medical conditions	\$1,000	\$1,000		\$4,000	In Full					
Laboratory, x-ray & diagnostic services (inc. CT, PET & MRI Scans)										
Out-patient psychiatric treatment – after 10 months of coverage						Not Covered	Not Covered		\$1,500	\$2,000
Prescribed physiotherapy, speech & oculomotor therapy									\$1,500	\$2,000
Accidental dental treatment	Not Covered	Not Covered		\$1,000	\$1,500					
Alternative medicine				\$500	\$1,000	\$2,000				
Emergency room accident & emergency services	\$1,000	In Full	In Full	In Full	In Full					



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Vaccinations	Not Covered	Not Covered	Not Covered	\$500	\$750
Well being benefit – after 12 months coverage					

6. COMPLICATIONS OF MATERNITY (subject to 10 months waiting period)

Complications of maternity	Not Covered	In Full	In Full	In Full	In Full
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OPTIONAL BENEFITS

If selected as part of your plan and detailed on your membership certificate

1. MATERNITY BENEFITS (subject to 10 months waiting period)

Delivery (including anaesthetist fee, pre and post natal care, first five days checks & accommodation for newborn)	Not Covered	Not Covered	\$7,000	\$7,000	\$10,000
Newborn cover – (non-routine care for 30 days after birth)			\$30,000	\$30,000	\$50,000

2. DENTAL

Routine dental treatment	Not Covered	Not Covered	\$800 (20% Co-pay)	\$800 (20% Co-pay)	\$1,000 (20% Co-pay)
Restorative dental treatment			\$1,500 (20% Co-pay)	\$1,500 (20% Co-pay)	\$2,000 (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	\$200	\$250	\$300
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AREA OF COVER OPTIONS

Option 1: Worldwide

Option 2: Worldwide excluding USA

Option 3: Asia (Bangladesh - Bhutan - Brunei - Cambodia - East Timor - India - Indonesia - Japan - Laos - Malaysia - Maldives - Mongolia - Myanmar - Nepal - Pakistan - Philippines - Sri Lanka - Taiwan - Thailand - Vietnam)

Option 4: Africa (including India & Pakistan)

Option 5: Principal Country of Residence within the African Continent and pre-authorized Centres of Excellence on the African Continent

For further information or to receive a personal quotation, please contact your usual adviser