

Long-Term

International Health Plan

**BENEFIT SCHEDULE
2025–2026**



Long-Term International Health Plan

Benefit Schedule

This table gives a summary of the benefits covered by each **Plan**. Please refer to each **Benefit Definition** for a full explanation of the cover provided under each benefit.

Pre-authorization is required for all claims where the costs are likely to exceed £2,500/\$2,500/€2,500 and for all claims under benefits marked *. If pre-authorization is not obtained, this may impact the settlement of all eligible costs and you may incur a proportion of the costs.

	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS
Overall Aggregate Limit each Certificate period	£1,000,000/\$2,000,000/€1,500,000			
INPATIENT TREATMENT BENEFITS				
Hospital Services* > Accommodation and meal charges > All Inpatient Treatment ordered by a Physician > Physician, Surgeon and Anaesthetist Fees > Intensive Care Unit charges	Paid in Full			
Hospital Cash Benefit* Where inpatient treatment is provided free of charge	£250/\$500/€375 per night. Max thirty (30) days.			
Parental Accommodation When an insured child aged seventeen (17) years and under is an inpatient	Paid in Full			
Day-patient Treatment Where a period of recovery is required in a hospital bed	Paid in Full			
Inpatient Psychiatric Treatment* Treatment in a psychiatric unit of a hospital, available after one (1) year of cover	Paid in Full. Max thirty (30) days.			
Reconstructive Surgery To restore appearance/function following an accident or illness that occurred whilst covered by your Plan	Paid in Full			
Rehabilitation Care Treatment received as an inpatient to restore health and mobility after injury or illness	£100,000/\$200,000/€150,000 lifetime limit		£200,000/\$400,000/€300,000 lifetime limit	
Accident and Emergency Room Treatment	Paid in Full			
Organ and Bone Marrow Transplant and Stem Cell Treatment* For kidney, heart, heart-lung, liver, bone marrow and stem cell. Acquisition and donor costs are excluded.	Paid in Full			
Kidney Dialysis Treatment received as an inpatient or as day-patient treatment	Paid in Full			
Internal Protheses, Medical Aids and Devices Which are required intra-operatively	Paid in Full			
Hospice Care Palliative care in a hospice	Paid in Full. Max fifteen (15) days.			
Local Road Ambulance Services	Paid in Full			
PRE & POST HOSPITAL TREATMENT BENEFITS				
Pre-Hospital Treatment Consultations and treatment received within fifteen (15) days prior to receiving Inpatient or day-patient treatment	Up to £250/\$500/€375	Covered under Outpatient Services		
Post Hospital Treatment Consultations and treatment received within ninety (90) days of receiving Inpatient Care	Up to £500/\$1,000/€750	Covered under Outpatient Services		
External Protheses, Medical Aids and Devices Which are medically required following Inpatient Care, Day-patient Treatment or Accident and Emergency Room Treatment	Up to £250/\$500/€375	Up to £500/\$1,000/€750	Up to £750/\$1,500/€1,125	Up to £1,000/\$2,000/€1,500

CANCER TREATMENT	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS
Oncology, Chemotherapy and Radiotherapy* Consultations, diagnostics and treatment received under Inpatient Care, Day-patient Treatment or Outpatient Services	Paid in Full			
Cancer Genetic Testing Available after one (1) year of cover	Not Covered		Up to £1,250/\$2,500/€1,875 Lifetime limit	Up to £2,500/\$5,000/€3,750 Lifetime limit
Cancer Preventative Treatment Available after one (1) year of cover	Not Covered		Up to £15,000/\$30,000/€22,500 Lifetime limit	Up to £25,000/\$50,000/€37,500 Lifetime limit
Cancer counselling Following a cancer diagnosis with a registered psychologist/counsellor	Up to £1,000/\$2,000/€1,500			
Artificial Hair Benefit Wig costs, available following cancer treatment	Up to £1,000/\$2,000/€1,500			
EMERGENCY MEDICAL EVACUATION BENEFITS				
Emergency Medical Evacuation* Evacuation costs for critical, life-threatening medical conditions where local medical facilities are inadequate	Paid in Full			
Emergency Medical Evacuation – Supplementary Expenses* > Cost of travel to place of origin > Accommodation costs > Hospital travel expenses	Economy air ticket Up to fourteen (14) nights Up to £500/\$1,000/€750			
Emergency Non-Medical Evacuation* > Evacuation to a safe location in the event of life-threatening situations resulting from political or civil unrest > Evacuation to a safe location in the event of a natural disaster	Paid in Full			
Compassionate Home Travel* In the event of the death of a close family member	One (1) return economy air ticket			
Repatriation or Local Burial* Where death occurs outside the Home Country	Up to £7,500/\$15,000/€11,250		Up to £10,000/\$20,000/€15,000	Paid in Full
TELEHEALTH				
Teleconsultation Access to licensed doctors around the world via phone for non-emergency conditions	Included	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation		
Second Medical Opinion Access to a network of 50,000 medical specialists	Included			
OUTPATIENT TREATMENT BENEFITS				
MRI, CT and PET Scans When referred by a Physician	Full Refund			
Hormone Replacement Therapy When not related to the menopause	Full Refund			
Outpatient Surgery	Up to £5,000/\$10,000/€7,500	Full Refund		
Outpatient Services > General Physician fees > Specialist and Consultant fees > Prescription Drugs and Dressings > X-Rays, diagnostic and pathology tests	Not Covered	Full Refund £50/\$100/€75 excess per claim A claim is considered to be a course of treatment per diagnosed medical condition. The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium.		
Physiotherapy Up to twenty (20) sessions, when referred by a Physician				
Complementary Therapies Osteopathy, Chiropractic, Homeopathy and Acupuncture, when referred by a Physician				
Chinese Medicine Consultations and medications provided by a registered Chinese Medicine Practitioner	Not Covered		Up to £200/\$400/€300	Up to £400/\$800/€600
Vitamins & Minerals When prescribed by a medical practitioner	Not Covered		Up to £120/\$240/€180	Up to £240/\$480/€360
Nursing at Home When medically necessary and prescribed by a Physician	£250/\$500/€375 per day Up to six (6) weeks	£250/\$500/€375 per day Up to twelve (12) weeks	£250/\$500/€375 per day Up to eighteen (18) weeks	Full Refund Up to twenty-four (24) weeks

MENTAL HEALTH BENEFITS	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS
Outpatient Psychiatric Services > General Physician and Consultant fees > Prescription Drugs	Not Covered	Full Refund £50/\$100/€75 excess per claim A claim is considered to be a course of treatment per diagnosed medical condition. The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium.		
Outpatient Psychiatric Therapies > Counselling, Cognitive Behavioural Therapy and Psychotherapy > When referred by a Physician	Not Covered	Up to £1,000/\$2,000/€1,500	Up to £2,000/\$4,000/€3,000	Up to £3,000/\$6,000/€4,500
DENTAL CARE BENEFITS				
Dental Treatment following an Accident To restore or repair sound natural teeth	Full Refund			
Routine Dental Treatment Available after six (6) months of cover	Not Covered	Up to £300/\$600/€450	Up to £750/\$1,500/€1,125	Up to £1,250/\$2,500/€1,875
MATERNITY CARE BENEFITS				
Normal Pregnancy and Childbirth Available after eighteen (18) months of cover	Not Covered		Up to £6,000/\$12,000/€9,000	Up to £10,000/\$20,000/€15,000
Complicated Pregnancy and Childbirth Available after eighteen (18) months of cover	Not Covered		Up to £12,000/\$24,000/€18,000	Up to £20,000/\$40,000/€30,000
Complications of Pregnancy Available after eighteen (18) months of cover	Not Covered		Full Refund	
NEWBORN AND CHILD CARE BENEFITS				
Newborn Care Available when a newborn baby is enrolled on the Plan		Up to £50,000/\$100,000/€75,000	Up to £75,000/\$150,000/€112,500	Up to £100,000/\$200,000/€150,000
Child Routine Health Screening Preventative and developmental checks for an insured child aged five (5) years and under	Not Covered		Up to £200/\$400/€300	Up to £300/\$600/€450
WELL BEING BENEFITS				
Routine Health Screening Preventative health checks available after one (1) year of cover	Not Covered	Up to £300/\$600/€450	Up to £500/\$1,000/€750	Up to £750/\$1,500/€1,125
Menopause Hormone Replacement Therapy Relief of early menopause symptoms for forty (40) years and under		Not Covered		Up to £250/\$500/€350
Vaccination Benefit Childhood and travel-related vaccinations		Up to £200/\$400/€300		
Optical Care Eyesight examinations and a contribution towards the costs of lenses to correct vision, available after one (1) year of cover		Not Covered		Up to £300/\$600/€450
Hearing Care Hearing tests and a contribution towards the costs of a hearing aid, available after one (1) year of cover		Not Covered		Up to £300/\$600/€450
ADDITIONAL BENEFITS				
Infertility and Miscarriage Investigations Available after two (2) years of cover and when referred by a Physician		Not Covered		Up to £750/\$1,500/€1,125
Congenital and Hereditary Conditions	Not Covered		Up to £15,000/\$30,000/€22,500	Up to £30,000/\$60,000/€45,000
HIV/AIDS Benefit Available after two (2) years of cover		£10,000/\$20,000/€15,000		
Chronic Condition Treatment		Covered within listed benefits		
Out of Area Cover For emergencies and acute episodes of existing covered medical conditions	Up to £20,000/\$40,000/€30,000 Max sixty (60) days	Up to £30,000/\$60,000/€45,000 Max sixty (60) days	Up to £40,000/\$80,000/€60,000 Max sixty (60) days	Up to £50,000/\$100,000/€75,000 Max sixty (60) days
ADDITIONAL SERVICE PARTNERS				
Crisis24 Security Assistance			Included	
Bloodcare Foundation Properly screened blood			Included	
Teladoc Health Telehealth Services			Included	

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