

The following is only a summary of available covers, and is subject to the specific terms and conditions of the plan concerning eligible covers, limitations, eligibility and exclusions. Please refer to the Policy Wording for a complete description, which is available upon request. The currency in which you pay your premium, being either £ Sterling, \$ USD or € Euro, is the currency that applies to your plan for the purposes of benefits and limits.

Underwritten by Sirius International Insurance Corporation (publ) (the "Insurer"). Administered, as agent for and on behalf of the Insurer, by International Medical Group, Inc. ("IMG"). Coordinated, as agent for and on behalf of the Insurer for the purposes of receiving premiums, receiving and holding claims money; and receiving and holding premium refunds, by IMG Europe Ltd.

| | | Individual | | Group | |
|--|--|---|--|---|--|
| | | Standard | Elite | Standard | Elite |
| Overall Annual Maximum Sum Insured Per Period of Insurance | | £1.5M/\$2.5M/€1.75M | £5M/\$8M/€6M | £1.5M/\$2.5M/€1.75M | £5M/\$8M/€6M |
| A In-Patient and Day-Patient Treatment | | | | | |
| 1 | Hospital Accommodation and Theatre | Full Cover | Full Cover | Full Cover | Full Cover |
| 2 | Accidents, Emergencies, Intensive Care | | | | |
| 3 | Surgeons, Consultants, Anesthetists & Nurses and Ancillary Charges | | | | |
| 4 | Medical Practitioners | | | | |
| 5 | Prescribed Drugs, Dressings and Durable Medical Equipment | | | | |
| 6 | Reconstructive Surgery | | | | |
| 7 | Diagnostic Tests and Procedures, X-rays, Pathology and MRI/CT Scans | | | | |
| 8 | Cancer Tests, Drugs, Treatment and Consultants | | | | |
| 9 | Physiotherapy | | | | |
| 10 | Parental Hospital Accommodation - With an insured Child under 18 | | | | |
| 11 | Post Hospitalisation Treatment - Received within 90 days of being discharged from hospital | | | | |
| 12 | Hospital Cash Benefit | £150/\$255/ €175/night 60 nights | £200/\$340/ €235/night 60 nights | £150/\$255/ €175/night 60 nights | £200/\$340/ €235/night 60 nights |
| 13 | Organ Transplant (for major organs) | £100,000/\$160,000 €117,000 Lifetime Limit | £200,000/\$320,000 €234,000 Lifetime Limit | £100,000/\$160,000 €117,000 Lifetime Limit | £200,000/\$320,000 €234,000 Lifetime Limit |
| 14 | Prosthetic Devices | Full Cover | Full Cover | Full Cover | Full Cover |
| 15 | Psychiatric Treatment - After 12 months continuous cover under the Policy | Full Cover To a maximum of 30 days | Full Cover To a maximum of 30 days | Full Cover To a maximum of 30 days | Full Cover To a maximum of 30 days |
| B Out-Patient Treatment and Wellness Benefits (continued on reverse side) | | | | | |
| 1 | Family Doctor, Treatment and Referrals | Up to £5000/ \$8500/ €6000 | Full Cover | Up to £5000/ \$8500/ €6000 | Full Cover |
| 2 | Specialists and Consultants | | | | |
| 3 | X-rays, Pathology, Diagnostic Tests and Procedures | | | | |
| 4 | Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment | | | | |
| 5 | Out-Patient Surgery | Full Cover | Full Cover | Full Cover | Full Cover |
| 6 | MRI and CT Scans | | | | |
| 7 | Cancer Tests, Drugs, Treatment and Consultants | | | | |
| 8 | Physiotherapy, Homeopathic and Osteopathic Therapy | Maximum 15 visits as part of the £5000/\$8500/ €6000 limit above | Up to £2500/\$4250/ €2950 for up to 20 visits | Maximum 15 visits as part of the £5000/\$8500/ €6000 limit above | Up to £2500/\$4250/ €2950 for up to 20 visits |

| | | Individual | | Group | |
|--|--|--|--|--|--|
| | | Standard | Elite | Standard | Elite |
| B Out-Patient Treatment and Wellness Benefits (continued from reverse side) | | | | | |
| 9 | Complementary Medical Treatment - Including Acupuncture and Chiropractic Therapy | Up to £500/\$850/ €600 | Up to £2500/\$4250/ €2950 | Up to £500/\$850/ €600 | Up to £2500/\$4250/ €2950 |
| 10 | AIDS/HIV Treatment | Up to £5000/\$8500/ €6000 with a lifetime limit of £10,000/\$17,000/ €11,800 | Up to £5000/\$8500/ €6000 with a lifetime limit of £20,000/\$34,000/ €23,600 | Up to £5000/\$8500/ €6000 with a lifetime limit of £10,000/\$17,000/ €11,800 | Up to £5000/\$8500/ €6000 with a lifetime limit of £20,000/\$34,000/ €23,600 |
| 11 | Hormone Replacement Therapy | Full Cover 18 Month Limit Lifetime | Full Cover 18 Month Limit Lifetime | Full Cover 18 Month Limit Lifetime | Full Cover 18 Month Limit Lifetime |
| 12 | Home Nursing Care - Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, in-patient or day care treatment | Up to £75/\$130/ €90/night to a maxi- mum of 45 visits | Up to £75/\$130/ €90/night to a maxi- mum of 60 visits | Up to £75/\$130/ €90/night to a maxi- mum of 45 visits | Up to £75/\$130/ €90/night to a maxi- mum of 60 visits |
| 13 | Rehabilitation | Full Cover Up to 90 Days | Full Cover Up to 180 Days | Full Cover Up to 90 Days | Full Cover Up to 180 Days |
| 14 | Extended Care Facility | Full Cover Up to 6 Months | Full Cover Up to 6 Months | Full Cover Up to 6 Months | Full Cover Up to 6 Months |
| 15 | Hospice Care | | | | |
| 16 | Adult Wellness and Health Check - Medical check-up, cervical smear, mammogram, prostate cancer test - After 12 months continuous cover under the Policy | Up to £150/\$255/€175 (Nil Excess) | Up to £250/\$425/€295 (Nil Excess) | Up to £150/\$255/€175 (Nil Excess) | Up to £250/\$425/€295 (Nil Excess) |
| 17 | Child Wellness and Health Check - After 12 months continuous cover under the Policy | Up to £150/\$255/€175 (Nil Excess) | Up to £250/\$425/€295 (Nil Excess) | Up to £150/\$255/€175 (Nil Excess) | Up to £250/\$425/€295 (Nil Excess) |
| 18 | Psychiatric Treatment - After 12 months continuous cover under the Policy | Up to £2500/\$4250/ €2950 | Up to £2500/\$4250/ €2950 | Up to £2500/\$4250/ €2950 | Up to £2500/\$4250/ €2950 |
| 19 | Podiatry Benefit | Up to £500/\$750/ €525 per Period of Insurance | Up to £500/\$750/ €525 per Period of Insurance | Up to £500/\$750/ €525 per Period of Insurance | Up to £500/\$750/ €525 per Period of Insurance |
| C Travel, Transportation and Out of Area Benefits | | | | | |
| 1 | Emergency Local Ambulance | Full Cover | Full Cover | Full Cover | Full Cover |
| 2 | Emergency Evacuation and Transportation | Full Cover To nearest medical facility, country of choice, country of residence, or country of nationality within Your Area of Cover | | | |
| 3 | Accompanying Relative Travel and Accommodation | Full Cover | Full Cover | Full Cover | Full Cover |
| 4 | Cremation/Burial or Repatriation of Remains | Up to £7500/ \$13,000/€9000 | Up to £10,000/ \$17,000/€11,800 | Up to £7500/ \$13,000/€9000 | Up to £10,000/ \$17,000/€11,800 |
| 5 | Compassionate Home Visit - After 12 months continuous cover under the Policy | Up to £1500/ \$2550/€1750 | Up to £1500/ \$2550/€1750 | Up to £1500/ \$2550/€1750 | Up to £1500/ \$2550/€1750 |
| 6 | USA Elective treatment within the Provider Network - Excludes non-emergency travel and accommodation (Applicable to insureds who have not selected Area 3 - Worldwide Cover) | Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess) | Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess) | Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess) | Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess) |
| 7 | Worldwide Accident and Emergency Out-of-Area Cover | 45 Days Maximum | 60 Days Maximum | 45 Days Maximum | 60 Days Maximum |

| | | Individual | | Group | |
|--|--|---|---|--|---|
| | | Standard | Elite | Standard | Elite |
| D Cover in Respect to Pre-Existing Conditions and Chronic Conditions | | | | | |
| 1 | Pre-Existing Conditions INDIVIDUAL - Available after 24 months continuous cover under the Policy. GROUP - Declared and accepted conditions, within previous 3 months. Covered if treatment free for 6 months or after 12 months. | Up to £2000/\$3400/ €2350 with a lifetime limit of £20,000/\$34,000/€23,500 | Up to £3000/\$5100/ €3550 with a lifetime limit of £30,000/\$51,000/€35,500 | Full Cover | Full Cover |
| 2 | Chronic Conditions and Palliative Care | Covered as part of the pre-existing medical limits above | | Covered as part of the pre-existing medical limits above | |
| 3 | Stabilisation of Acute Chronic Episode | Full Cover | Full Cover | Full Cover | Full Cover |
| E Dental Treatment | | | | | |
| 1 | Emergency Treatment (In-Patient or Day-Patient) | Full Cover | | Full Cover | |
| 2 | Accidental Damage INDIVIDUAL - Out-Patient Treatment/Dental Surgery must be received within 5 days from the date of the Accident occurring, or immediately upon arrival in the next Port, whichever is later GROUP - As necessary to restore or replace sound natural teeth damaged in an accident leading to injury covered under this insurance | Up to £250/\$425/€295 | Full Cover | Up to £250/\$425/€295 | Full Cover |
| 3 | Emergency Treatment (Out-Patient/Dental Surgery) - For relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling within 5 days of the event, or immediately upon arrival in the next Port, whichever is later | No Cover | Up to £250/\$425/ €295 in aggregate – subject to 25% co-insurance (Nil Excess) | No Cover | Up to £250/\$425/ €295 in aggregate – subject to 25% co-insurance (Nil Excess) |
| 4 | <i>Routine Treatment (Out-patient)***</i> ***incurred after 180 days of continuous coverage a) examinations, check-up and x-rays b) tooth cleaning and polishing c) normal compound fillings, simple or non-surgical extractions | No Cover | Up To £400/\$675/€475 in aggregate a) £50/\$85/€60/ visit, maximum two visits each period of insurance b) £50/\$85/€60/ visit, maximum two visits each period of insurance c) £50/\$85/€60 each tooth (£80/\$135/€95 wisdom tooth) Subject to 25% co-insurance (Nil Excess) | No Cover | Up To £400/\$675/€475 in aggregate a) £50/\$85/€60/ visit, maximum two visits each period of insurance b) £50/\$85/€60/ visit, maximum two visits each period of insurance c) £50/\$85/€60 each tooth (£80/\$135/€95 wisdom tooth) Subject to 25% co-insurance (Nil Excess) |
| 5 | Major Restorative Treatment**** - Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicetomy, new or repair of bridgework, new or repair of crowns (not precious metal), root canal treatment, new or repair of upper or lower dentures ****incurred after 12 months from the Effective Date of Coverage | No Cover | Up to £750/\$1300/€900 in aggregate, subject to 50% co-insurance (Nil Excess) | No Cover | Up to £750/\$1300/€900 in aggregate, subject to 50% co-insurance (Nil Excess) |
| F Maternity Cover - Available After 12 Months Continuous Coverage (continued on reverse side) | | | | | |
| 1 | Pregnancy Complications Including Medically Required C-Section | Up to £10,000/\$17,000/ €11,800 | Full Cover | Up to £10,000/\$17,000/ €11,800 | Full Cover |
| 2 | Normal Pregnancy and Delivery - Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care | No Cover | Up to £5000/\$8500/ €6000 subject to 20% co-insurance | No Cover | Up to £5000/\$8500/ €6000 subject to 20% co-insurance |

| | | Individual | | Group | |
|--|--|--|--|--|--|
| | | Standard | Elite | Standard | Elite |
| F Maternity - Available After 12 Months Continuous Coverage (continued from reverse side) | | | | | |
| 3 | Newborn Hospital Accommodation | No Cover | Up to 14 Days | No Cover | Up to 14 Days |
| 4 | Newborn Examination | | Up to £150/\$255/€175 | | Up to £150/\$255/€175 |
| 5 | New Baby Benefit | | £100/\$170/€120 (Nil Excess) | | £100/\$170/€120 (Nil Excess) |
| 6 | Cover for Newborns | £10,000/\$17,000/ €11,800 must enroll with parents in 31 days | £25,000/\$42,500/ €29,500 must enroll with parents in 31 days | £10,000/\$17,000/ €11,800 must enroll with parents in 31 days | £25,000/\$42,500/ €29,500 must enroll with parents in 31 days |
| G Non-Medical Covers and Benefits | | | | | |
| 1 | Out-of-Country Legal Expenses | Up to £5000/\$8500/ €6000 (£250/\$425/ €295 Excess) | Up to £7500/\$13,000/ €9,000 (£250/\$425/€295 Excess) | Up to £5000/\$8500/ €6000 (£250/\$425/ €295 Excess) | Up to £7500/\$13,000/ €9,000 (£250/\$425/€295 Excess) |
| 2 | Vision Contribution Benefit | No Cover | £200/\$340/€235 subject to 50% co-insurance | No Cover | £200/\$340/€235 subject to 50% co-insurance |
| 3 | Trip Interruption | Up to £5000/\$8500/ €6000 per Period of Insurance (Nil Excess) | Up to £7500/\$13,000/ €9000 per Period of Insurance (Nil Excess) | Up to £5000/\$8500/ €6000 per Period of Insurance (Nil Excess) | Up to £7500/\$13,000/ €9000 per Period of Insurance (Nil Excess) |
| 4 | Lost / Theft- Luggage / Personal Papers | Up to £500/\$850/€600 per Period of Insurance (Nil Excess) | Up to £500/\$850/€600 per Period of Insurance (Nil Excess) | Up to £500/\$850/€600 per Period of Insurance (Nil Excess) | Up to £500/\$850/€600 per Period of Insurance (Nil Excess) |
| H Special Marine Benefits | | | | | |
| 1 | Amateur Sailboat Racing Coverage | Full Cover | Full Cover | Full Cover | Full Cover |
| 2 | Recreational Underwater Activities Coverage - Includes Sports Diving to depths of 30 meters | Full Cover | Full Cover | Full Cover | Full Cover |
| 3 | Special Crew Member Return Benefit | Up to £2000/\$3000/ €2100 per Period of Insurance | Up to £5000/\$7500/ €5250 per Period of Insurance | Up to £2000/\$3000/ €2100 per Period of Insurance | Up to £5000/\$7500/ €5250 per Period of Insurance |
| I Other Services and Benefits | | | | | |
| 1 | 24 Hour Emergency Helpline | Included | Included | Included | Included |
| 2 | USA Medical Concierge Service (For Eligible Treatment in the USA) | Included | Included | Included | Included |
| 3 | Medical Information Service - Access to board-certified physicians, licensed psychologists and pharmacists to assist with any routine health related questions | Included | Included | Included | Included |

EXCESS OPTIONS AVAILABLE

Nil; £25/\$40/€30 (Elite Only); £50/\$85/€60; £100/\$170/€120; £250/\$425/€295; £500/\$850/€600;
£1000/\$1700/€1200; £2500/\$4250/€2950; £5000/\$8500/€6000; £10,000/\$17,000/€11,800

An Excess, as identified on your Certificate, is payable per Period of Insurance, unless stated otherwise. Choose carefully, as you cannot select a lower excess at renewal.