

Level of Cover		Executive Platinum	Executive Gold	Executive Silver
General policy information		Annual limits (per customer per policy year)		
Policy annual limit up to (applies to all benefits)	The maximum benefits paid per customer per policy year.	USD3,000,000 [^]		
Outside area of cover	Emergency treatment, or treatment of a medical condition which arises suddenly while outside the selected area of cover.	Worldwide		
Excess	The amount you pay before any benefits are payable.	Choose from our excess options of nil, USD500*, USD1,600*, or USD3,200*		
In-patient and day-care treatment				
Hospital charges	Hospital charges incurred for eligible in-patient treatment while an admitted patient. For example: diagnostic procedures; surgical procedures; operating theatre charges; surgeon and anaesthetist charges; intensive care unit charges.	Included	Included	Included
Pre-hospitalisation consultations and treatment	Cover for one consultation or treatment received as an out-patient within 60 days prior to a hospitalisation or day surgery.	Included	Included	USD4,000
Post-hospitalisation consultations and treatment	Follow-up out-patient consultation and treatment after an eligible in-patient or day surgery provided the consultation or treatment occurs within 90 days following the discharge from hospital.	Included	Included	USD4,000
Hospital accommodation	Cover for the cost of your accommodation while admitted to hospital.	Standard single room (with private bathroom)	Standard single room (with private bathroom)	Standard single room (with private bathroom)
Companion accommodation	Cover for the cost of a companion's accommodation in the same hospital room with the customer or at a hotel/motel near the hospital.	USD150 per night	USD150 per night	USD150 per night
Cash benefit	Cash benefit if no other benefits are claimed from us.	USD400 per night up to 45 nights	USD400 per night up to 45 nights	USD300 per night up to 45 nights
Psychiatric treatment	Limit shown is a shared limit for in-patient, day-care and out-patient (if applicable) treatment of psychiatric illnesses.	USD15,000 (shared limit with out-patient psychiatric treatment)	USD7,500 (shared limit with out-patient psychiatric treatment)	USD7,500
Pregnancy and delivery (waiting period: 12 months)	Routine pre-natal care, the delivery/birth of the baby and post-natal care for the customer.	USD25,000 (shared limit with out-patient pregnancy and delivery benefit)	Excluded	Excluded
Out-patient treatment				
Physiotherapy, occupational therapy and speech therapy	Treatment must be referred by the medical practitioner who has defined a diagnosis. Benefit is payable following in-patient treatment for an eligible medical condition.	Included	Included	As part of post-hospitalisation treatment only
Primary and specialist care	Medical practitioner's charges for consultations, prescriptions and diagnostic procedures received as part of an out-patient treatment for an eligible medical condition. Diagnostic procedures include and are limited to laboratory, x-rays and ultrasound.	Included	Included	Excluded
Alternative treatments (by physiotherapist or alternative practitioner: chiropractor, podiatrist, dietitian, naturopath, acupuncturist, homeopath, osteopath and traditional Chinese practitioner)	Consultations and alternative treatments given by a qualified physiotherapist or alternative practitioner. Also includes vitamins, supplements and Chinese traditional medicine.	USD2,000	USD1,700	Excluded
Psychiatric treatment	Limit shown is a shared limit for in-patient, day-care and out-patient (if applicable) treatment of psychiatric illnesses.	USD15,000 (shared limit with in-patient psychiatric treatment)	USD7,500 (shared limit with in-patient psychiatric treatment)	Excluded
Pregnancy and delivery (waiting period: 12 months)	Routine pre-natal care and post-natal care for the customer.	USD25,000 (shared limit with in-patient pregnancy and delivery benefit)	Excluded	Excluded

Level of Cover		Executive Platinum	Executive Gold	Executive Silver
Other services				
International Medical Emergency Assistance (evacuation and repatriation)	For example: Evacuation where the local medical facilities are not adequate; Transportation for returning to the principal country of residence following the evacuation; Cost of one accompanying person; Cost of taking the body or ashes back to the principal country of residence, or home country, if the customer dies abroad as a result of an eligible medical condition.	Included	Included	Included
Ambulance transport	Medically necessary emergency road ambulance transport to or between hospitals.	Included	Included	Included
Oral and maxillofacial surgery	For example: Surgical removal of impacted/un-erupted teeth and buried teeth which are diseased or causing symptoms; Removal of cysts of the jaw; Treatment of cancers (lesion or lump in the mouth).	Included	Included	Included
Artificial limbs	Cover for the costs associated with fitting artificial limbs, including the artificial limbs, its maintenance, consultations and necessary medical or surgical procedures. Benefit is only payable following a surgery or an accident.	USD5,000 every 3 years	USD5,000 every 3 years	USD5,000 every 3 years
Medical aids and durable medical equipments	Medically necessary aids such as compression stockings, hearing aids, speaking aids (electronic larynx), wheelchairs, crutches, corrective splint and orthopaedic supports.	USD1,000	USD1,000	USD1,000
Dental benefits – accidental damage to natural teeth	Dental treatment required immediately (within 30 days) following accidental damage to natural teeth caused by extra-oral impact.	USD10,000	USD10,000	USD10,000
Dental benefits – restorative (waiting period: 6 months)	Includes root canal treatment, implants, bridgework, crowns, treatment of gum disease, dentures, inlays and onlays. The limitations applied to pre-existing conditions will not be applied to this benefit.	80% of the cost back up to USD3,000	80% of the cost back up to USD1,000	Excluded
Dental benefits – routine/preventive	Includes dental examination, extraction, fillings, scaling/polishing, x-ray, sealant and fluoride treatment. The limitations applied to pre-existing conditions will not be applied to this benefit.	80% of the cost back up to USD1,500	80% of the cost back up to USD1,000	Excluded
Health screening	Includes any eligible consultation needed as part of the health screening process. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD1,200	USD700	Excluded
Vaccinations	Includes any necessary vaccinations and the consultation charge made in conjunction with the vaccination. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD1,500	USD800	Excluded
Optical benefits	Eye examinations as well as the cost of corrective frames and lenses and contact lenses prescribed by an ophthalmologist or optometrist. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD500	Excluded	Excluded

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^Benefit values are per insured person/customer each policy year unless otherwise specified and are reduced each time the insured person/customer claims only by the net amount (less any deductible, excess or co-insurance) we have actually paid.

*Excess applies per insured person/customer per policy year. Important Note: Pre-existing condition exclusions/limitations will apply to all benefits unless otherwise stated on the benefits table and/or acceptance certificate applicable to the customer's plan.

International Health Insurance: Global (excluding USA)

Level of Cover		Executive Platinum	Executive Gold	Executive Silver
General policy information		Annual limits (per customer per policy year)		
Policy annual limit up to (applies to all benefits)	The maximum benefits paid per customer per policy year.	USD2,000,000 [^]		
Outside area of cover (limited to 90 days per trip)	Emergency treatment, or treatment of a medical condition which arises suddenly while outside the selected area of cover.	Emergency treatment only.		
		Worldwide up to USD500,000 per policy year	Worldwide up to USD300,000 per policy year	Worldwide up to USD200,000 per policy year
Excess	The amount you pay before any benefits are payable.	Choose from our excess options of nil, USD500*, USD1,600*, or USD3,200*		
In-patient and day-care treatment				
Hospital charges	Hospital charges incurred for eligible in-patient treatment while an admitted patient. For example: diagnostic procedures; surgical procedures; operating theatre charges; surgeon and anaesthetist charges; intensive care unit charges.	Included	Included	Included
Pre-hospitalisation consultations and treatment	Cover for one consultation or treatment received as an out-patient within 60 days prior to a hospitalisation or day surgery.	Included	Included	USD3,000
Post-hospitalisation consultations and treatment	Follow-up out-patient consultation and treatment after an eligible in-patient or day surgery provided the consultation or treatment occurs within 90 days following the discharge from hospital.	Included	Included	USD3,000
Hospital accommodation	Cover for the cost of your accommodation while admitted to hospital.	Standard single room (with private bathroom)	Standard single room (with private bathroom)	Standard single room (with private bathroom)
Companion accommodation	Cover for the cost of a companion's accommodation in the same hospital room with the customer or at a hotel/motel near the hospital.	USD150 per night	USD150 per night	USD150 per night
Cash benefit	Cash benefit if no other benefits are claimed from us.	USD400 per night up to 45 nights	USD400 per night up to 45 nights	USD300 per night up to 45 nights
Psychiatric treatment	Limit shown is a shared limit for in-patient, day-care and out-patient (if applicable) treatment of psychiatric illnesses.	USD10,000 (shared limit with out-patient psychiatric treatment)	USD5,000 (shared limit with out-patient psychiatric treatment)	USD5,000
Pregnancy and delivery (waiting period: 12 months)	Routine pre-natal care, the delivery/birth of the baby and post-natal care for the customer.	USD17,000 (shared limit with out-patient pregnancy and delivery benefit)	Excluded	Excluded
Out-patient treatment				
Physiotherapy, occupational therapy and speech therapy	Treatment must be referred by the medical practitioner who has defined a diagnosis. Benefit is payable following in-patient treatment for an eligible medical condition.	Included	Included	As part of post-hospitalisation treatment only
Primary and specialist care	Medical practitioner's charges for consultations, prescriptions and diagnostic procedures received as part of an out-patient treatment for an eligible medical condition. Diagnostic procedures include and are limited to laboratory, x-rays and ultrasound.	Included	Included	Excluded
Alternative treatments (by physiotherapist or alternative practitioner: chiropractor, podiatrist, dietitian, naturopath, acupuncturist, homeopath, osteopath and traditional Chinese practitioner)	Consultations and alternative treatments given by a qualified physiotherapist or alternative practitioner. Also includes vitamins, supplements and Chinese traditional medicine.	USD2,000	USD1,700	Excluded
Psychiatric treatment	Limit shown is a shared limit for in-patient, day-care and out-patient (if applicable) treatment of psychiatric illnesses.	USD10,000 (shared limit with in-patient psychiatric treatment)	USD5,000 (shared limit with in-patient psychiatric treatment)	Excluded
Pregnancy and delivery (waiting period: 12 months)	Routine pre-natal care and post-natal care for the customer.	USD17,000 (shared limit with in-patient pregnancy and delivery benefit)	Excluded	Excluded

International Health Insurance: Global (excluding USA) continued

Level of Cover		Executive Platinum	Executive Gold	Executive Silver
International Medical Emergency Assistance (evacuation and repatriation)	For example: Evacuation where the local medical facilities are not adequate; Transportation for returning to the principal country of residence following the evacuation; Cost of one accompanying person; Cost of taking the body or ashes back to the principal country of residence, or home country, if the customer dies abroad as a result of an eligible medical condition.	Included	Included	Included
Ambulance transport	Medically necessary emergency road ambulance transport to or between hospitals.	Included	Included	Included
Oral and maxillofacial surgery	For example: Surgical removal of impacted/un-erupted teeth and buried teeth which are diseased or causing symptoms; Removal of cysts of the jaw; Treatment of cancers (lesion or lump in the mouth).	Included	Included	Included
Artificial limbs	Cover for the costs associated with fitting artificial limbs, including the artificial limbs, its maintenance, consultations and necessary medical or surgical procedures. Benefit is only payable following a surgery or an accident as a result of an eligible medical condition..	USD3,500 every 3 years	USD3,500 every 3 years	USD3,500 every 3 years
Medical aids and durable medical equipments	Medically necessary aids such as compression stockings, hearing aids, speaking aids (electronic larynx), wheelchairs, crutches, corrective splint and orthopaedic supports.	USD500	USD500	USD500
Dental benefits – accidental damage to natural teeth	Dental treatment required immediately (within 30 days) following accidental damage to natural teeth caused by extra-oral impact.	USD10,000	USD10,000	USD10,000
Dental benefits – restorative (waiting period: 6 months)	Includes root canal treatment, implants, bridgework, crowns, treatment of gum disease, dentures, inlays and onlays. The limitations applied to pre-existing conditions will not be applied to this benefit.	80% of the cost back up to USD1,500	80% of the cost back up to USD700	Excluded
Dental benefits – routine/preventive	Includes dental examination, extraction, fillings, scaling/polishing, x-ray, sealant and fluoride treatment. The limitations applied to pre-existing conditions will not be applied to this benefit.	80% of the cost back up to USD700	80% of the cost back up to USD250	Excluded
Health screening	Includes any eligible consultation needed as part of the health screening process. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD800	USD400	Excluded
Vaccinations	Includes any necessary vaccinations and the consultation charge made in conjunction with the vaccination. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD1,500	USD500	Excluded
Optical benefits	Eye examinations as well as the cost of corrective frames and lenses and contact lenses prescribed by an ophthalmologist or optometrist. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD300	Excluded	Excluded

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*Excess applies per insured person/customer per policy year. Important Note: Pre-existing condition exclusions/limitations will apply to all benefits unless otherwise stated on the benefits table and/or acceptance certificate applicable to the customer's plan.

International Health Insurance: Regional (SE Asia or Europe)

Level of Cover		Executive Platinum	Executive Gold	Executive Silver
General policy information		Annual limits (per customer per policy year)		
Policy annual limit up to (applies to all benefits)	The maximum benefits paid per customer per policy year.	USD300,000 [^]		
Outside area of cover (limited to 90 days per trip)	Emergency treatment, or treatment of a medical condition which arises suddenly while outside the selected area of cover.	Emergency treatment only. Worldwide excluding USA up to USD50,000 per policy year		
Excess	The amount you pay before any benefits are payable.	Choose from our excess options of nil, USD500*, USD1,600*, or USD3,200*		
In-patient and day-care treatment				
Hospital charges	Hospital charges incurred for eligible in-patient treatment while an admitted patient. For example: diagnostic procedures; surgical procedures; operating theatre charges; surgeon and anaesthetist charges; intensive care unit charges.	Included	Included	Included
Pre-hospitalisation consultations and treatment	Cover for one consultation or treatment received as an out-patient within 60 days prior to a hospitalisation or day surgery.	Included	Included	USD1,000
Post-hospitalisation consultations and treatment	Follow-up out-patient consultation and treatment after an eligible in-patient or day surgery provided the consultation or treatment occurs within 90 days following the discharge from hospital.	Included	Included	USD1,000
Hospital accommodation	Cover for the cost of your accommodation while admitted to hospital.	Semi-private room (double bedded room)	Semi-private room (double bedded room)	Semi-private room (double bedded room)
Companion accommodation	Cover for the cost of a companion's accommodation in the same hospital room with the customer or at a hotel/motel near the hospital.	USD150 per night	USD150 per night	USD150 per night
Cash benefit	Cash benefit if no other benefits are claimed from us.	USD100 per night up to 45 nights	USD100 per night up to 45 nights	USD100 per night up to 45 nights
Psychiatric treatment	Limit shown is a shared limit for in-patient, day-care and out-patient (if applicable) treatment of psychiatric illnesses.	USD5,000 (shared limit with out-patient psychiatric treatment)	USD2,500 (shared limit with out-patient psychiatric treatment)	USD2,500
Pregnancy and delivery (waiting period: 12 months)	Routine pre-natal care, the delivery/birth of the baby and post-natal care for the customer.	USD5,000 (shared limit with out-patient pregnancy and delivery benefit)	Excluded	Excluded
Out-patient treatment				
Physiotherapy, occupational therapy and speech therapy	Treatment must be referred by the medical practitioner who has defined a diagnosis. Benefit is payable following in-patient treatment for an eligible medical condition.	Included	Included	As part of post-hospitalisation treatment only
Primary and specialist care	Medical practitioner's charges for consultations, prescriptions and diagnostic procedures received as part of an out-patient treatment for an eligible medical condition. Diagnostic procedures include and are limited to laboratory, x-rays and ultrasound.	USD3,000	USD2,000	Excluded
Alternative treatments (by physiotherapist or alternative practitioner: chiropractor, podiatrist, dietitian, naturopath, acupuncturist, homeopath, osteopath and traditional Chinese practitioner)	Consultations and alternative treatments given by a qualified physiotherapist or alternative practitioner. Also includes vitamins, supplements, and Chinese traditional medicine.	USD1,000	USD700	Excluded
Psychiatric treatment	Limit shown is a shared limit for in-patient, day-care and out-patient (if applicable) treatment of psychiatric illnesses.	USD5,000 (shared limit with in-patient psychiatric treatment)	USD2,500 (shared limit with in-patient psychiatric treatment)	Excluded
Pregnancy and delivery (waiting period: 12 months)	Routine pre-natal care and post-natal care for customer.	USD5,000 (shared limit with in-patient pregnancy and delivery benefit)	Excluded	Excluded

International Health Insurance: Regional (SE Asia or Europe) continued

Level of Cover		Executive Platinum	Executive Gold	Executive Silver
Other services				
International Medical Emergency Assistance (evacuation and repatriation)	For example: Evacuation where the local medical facilities are not adequate; Transportation for returning to the principal country of residence following the evacuation; Cost of one accompanying person; Cost of taking the body or ashes back to the principal country of residence, or home country, if the customer dies abroad as a result of an eligible medical condition.	Included	Included	Included
Ambulance transport	Medically necessary emergency road ambulance transport to or between hospitals.	Included	Included	Included
Oral and maxillofacial surgery	For example: Surgical removal of impacted/un-erupted teeth and buried teeth which are diseased or causing symptoms; Removal of cysts of the jaw; Treatment of cancers (lesion or lump in the mouth).	Included	Included	Included
Artificial limbs	Cover for the costs associated with fitting artificial limbs, including the artificial limbs, its maintenance, consultations and necessary medical or surgical procedures. Benefit is only payable following a surgery or an accident.	USD1,000 every 3 years	USD1,000 every 3 years	USD1,000 every 3 years
Medical aids and durable medical equipments	Medically necessary aids such as compression stockings, hearing aids, speaking aids (electronic larynx), wheelchairs, crutches, corrective splint and orthopaedic supports.	USD250	USD250	USD250
Dental benefits – accidental damage to natural teeth	Dental treatment required immediately (within 30 days) following accidental damage to natural teeth caused by extra-oral impact.	USD10,000	USD10,000	USD10,000
Dental benefits – restorative (waiting period: 6 months)	Includes root canal treatment, implants, bridgework, crowns, treatment of gum disease, dentures, inlays and onlays. The limitations applied to pre-existing conditions will not be applied to this benefit.	80% of the cost back up to USD1,500	80% of the cost back up to USD700	Excluded
Dental benefits – routine / preventive	Includes dental examination, extraction, fillings, scaling/polishing, x-ray, sealant and fluoride treatment. The limitations applied to pre-existing conditions will not be applied to this benefit.	80% of the cost back up to USD700	80% of the cost back up to USD250	Excluded
Health screening	Includes any eligible consultation needed as part of the health screening process. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD400	USD300	Excluded
Vaccinations	Includes any necessary vaccinations and the consultation charge made in conjunction with the vaccination. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD1,500	USD500	Excluded
Optical benefits	Eye examinations as well as the cost of corrective frames and lenses and contact lenses prescribed by an ophthalmologist or optometrist. The limitations applied to pre-existing conditions will not be applied to this benefit.	USD200	Excluded	Excluded

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*Excess applies per insured person/customer per policy year. Important Note: Pre-existing condition exclusions/limitations will apply to all benefits unless otherwise stated on the benefits table and/or acceptance certificate applicable to the customer's plan.