

Quick Guide to the Personal Health Plans

Bronze*Lite*

Health insurance can be confusing. There's much to think about, with different benefits, excesses, limits, and T&Cs. In this guide, we've made things simple. You can learn more about the Bronze*Lite* plan, how to make it work for you, and what options are available.

Get in touch



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BronzeLite at a glance

The BronzeLite plan is a no-frills, low-cost international health plan that provides full cover when you're admitted to hospital, with accommodation in a semi-private room. You're covered in full for hospital treatment (including all cancer care) but cover for everyday medical costs is limited to treatment you receive within 60 days of your discharge from hospital.

BronzeLite is a good fit for members with the following circumstances: -

Cover for major medical expenses

When you simply want cover for the most expensive healthcare costs (e.g. transplants, cancer treatment) but you're not concerned with wider cover for complementary treatments, well-being benefits or full cover for everyday medical care.

Countries where private healthcare is costly

When you live in a country where the cost of private healthcare is high, you might find private health insurance similarly expensive. In such countries, BronzeLite is an affordable alternative to a comprehensive health plan.

Top-up plan

When you live in a country where there is a public or universal healthcare system and you might need a low-cost, capped-benefit health plan to act as a top-up plan or to provide private medical cover when you travel abroad.

High excess

When you want a high excess for a greater premium discount. Most likely, members with a high excess (e.g. US\$5,000, US\$10,000) will not be reimbursed for everyday medical costs because these expenses are unlikely to exceed the excess. As such, a high excess is typically taken with a BronzeLite plan, which doesn't have much cover for everyday medical care anyway.

You can customise your BronzeLite plan with our range of optional benefits and plans, including personal accident cover and travel cover. You can also use our tailoring tools to put the finishing touches on your BronzeLite plan and make your premium work for you.

Benefits of the Bronze*Lite* plan

Just to let you know—you won't find complete information for the Bronze*Lite* plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase it. These can be found in the personal health plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.

Key ● Full cover within annual benefit limit ● Partial or limited cover ● Optional cover

<i>BronzeLite</i>	
Annual benefit limit	US\$750,000 or £500,000 or €562,500
Hospital costs	
Hospital accommodation	● Semi-private hospital room
Hospital treatment	● Full cover
Parent accommodation	● Full cover
Road ambulance	● Up to US\$1,200 or £800 or €900 per period of cover
Hospital cash benefit	● US\$150 or £100 or €113 per night
Cancer treatment	
Cancer treatment	● Full cover
Cancer genome tests	● Up to US\$6,000 or £4,000 or €4,500 per period of cover
Wigs	● Lifetime limit of US\$150 or £100 or €113
Counselling	● Lifetime limit of US\$500 or £330 or €375
Dietitian	● Lifetime limit of US\$100 or £67 or €75
Organ, bone marrow or tissue transplants	
Transplant and related treatment	● Full cover
Donor costs	● Up to US\$25,000 or £16,600 or €18,750 per transplant
Kidney dialysis	
Kidney dialysis	● Full cover
Reconstructive surgery	
Reconstructive surgery	● In-patient, day-patient and post-hospital treatment received within the 60-day period following the date you are discharged from hospital

Key ○ Full cover within annual benefit limit ○ Partial or limited cover ○ Optional cover

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Congenital conditions or hereditary conditions

Congenital conditions or hereditary conditions ○ In-patient, day-patient and post-hospital treatment received within the 60-day period following the date you are discharged from hospital, up to a lifetime limit of US\$20,000 or £13,300 or €15,000

HIV/AIDS treatment

HIV/AIDS treatment (24-month waiting period) ○ In-patient and day-patient treatment only, up to US\$1,000 or £666 or €750 per period of cover

Medical appliances

Prosthetic implants ○ Full cover

Prosthetic devices ○ Up to US\$500 or £330 or €375 per device

Out-patient treatment

Annual limit for out-patient treatment US\$2,500 or £1,665 or €1,875

Primary medical care ○ Post-hospital treatment received within the 60-day period following the date you are discharged from hospital, up to the annual limit for out-patient treatment

Emergency ward treatment ○ Essential and immediate treatment necessary as the result of an accident, plus one follow-up appointment with a medical doctor, up to the annual limit for out-patient treatment

Out-patient surgical procedures ○ Up to the annual limit for out-patient treatment

Advanced diagnostic tests ○ In-patient, day-patient and post-hospital treatment received within the 60-day period following the date you are discharged from hospital, up to the annual limit for out-patient treatment

Physiotherapy ○ Post-hospital treatment received within the 60-day period following the date you are discharged from hospital, up to US\$250 or £165 or €188 per period of cover up to the annual limit for out-patient treatment

Chronic conditions

Acute flare-ups ○ In-patient, day-patient, and post-hospital treatment received within the 60-day period following the date you are discharged from hospital, up to the annual limit for out-patient treatment

Home nursing costs

Home nursing costs ○ Up to 2 weeks per medical condition


Lifetime care

Lifetime limit for all lifetime care US\$25,000 or £16,600 or €18,750

Hospice and palliative care ○ Up to the lifetime limit for all lifetime care


Artificial life maintenance ○ Up to the lifetime limit for all lifetime care

Persistent vegetative state and neurological damage ○ Up to the lifetime limit for all lifetime care

Key  Full cover within annual benefit limit  Partial or limited cover  Optional cover

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Dental costs

Emergency restorative treatment you receive as an in-patient  Up to US\$5,000 or £3,330 or €3,750 per period of cover

Expat benefits

24-hour medical assistance helpline  Full cover

Medevac Basic  Full cover

Return airfare  Full cover

Travel expenses of a companion  Full cover

Accommodation expenses of a companion  Up to US\$50 or £33 or €38 per night

Repatriation of mortal remains  Up to US\$5,000 or £3,330 or €3,750

Burial or cremation  Up to US\$1,600 or £1,060 or €1,200

Customise your *BronzeLite* plan

Make your *BronzeLite* plan work for you with our range of optional benefits and plans. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.



Travel plan

The optional travel plan is great value for money, working out at only US\$104 or £62 or €104 per member per period of cover. The travel plan includes US\$85,000 of personal accident cover and US\$4,250 cover for personal belongings and for trip cancellations.



Personal accident plan

With an optional personal accident plan, we'll pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or your permanent and total disablement within 2 years of the accident. A personal accident benefit of US\$75,000 costs only US\$9.45 or £6.13 or €9.45 per month.

Tailor your Bronze*Lite* plan

There's a range of tools you can use to tailor your Bronze*Lite* plan to your needs. They will help you put the finishing touches on your health plan, but they can also be used to reduce your premium!

Excess

An excess is the fixed cash amount you pay towards a claim. You must choose one when you first apply for your health plan. You pay the excess for each medical condition, per period of cover. There's a range of excess options, including 'per claim' and 'per annum'.

Area of cover

The area of cover is a feature of international health plans that you don't typically find in domestic plans. The area of cover is the geographic or territorial limits of your plan. In short, it specifies in which countries you're covered. You can choose from three areas of cover, with each one giving you different levels of cover in different countries and regions.

Payment frequency

When you apply for a health plan, you choose the frequency with which you pay your premium. You can pay annually, monthly, quarterly or half-yearly. Paying your premium annually is the cheapest option overall. If you pay quarterly or half-yearly, you'll pay a surcharge of 3%. If you pay monthly, you'll pay a surcharge of 5%.

Medical underwriting

When you apply for a health plan, we assess your medical records, including any medical conditions or injuries you have suffered in the past. This process is known as medical underwriting. It helps us decide the terms under which we can offer you cover. You can choose from full medical underwriting, moratorium underwriting or switch underwriting.

We mean different things to different people

We mean a better healthcare experience for people living & working abroad. We mean financial security for people with futures to safeguard. We mean healthy & happy staff for international businesses. We mean progressive thinking for insurance partners.

But one thing everyone knows us by is the way we work. By putting our members at the heart of everything we do, we're creating an insurance experience that's personal, sustainable & transparent.

That's why we're the insurance partner of choice for people living & working abroad.

We're here to help



Call us on
+44 1276 486 477



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