

Evolution Health Plan (Asia Pacific)

Standard

Overall maximum limit

\$

This is the maximum amount of money we will pay to, or on behalf of, each insured person in each period of insurance. Benefit provisions where the limit is 'Full Refund' are collectively subject to the overall maximum limit applying. For the avoidance of doubt, if a benefit is not included below then it is not covered by your policy unless agreed by us as an exception.

500,000

1 Hospital Benefits

A IN-PATIENT HOSPITAL STAY – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT Full Refund

All required medical treatment provided to you when you are admitted as a registered in-patient in a hospital for a period of not less than 24 hours, and only when appropriate diagnostic procedures and/or treatment is not available on an out-patient or day-patient basis.

To include:

- Cost of hospital accommodation in a standard single bedded room (where available), nursing, operating theatre fees, high dependency/intensive care/coronary care unit and special nursing fees.
- Surgeons', anaesthetists, consultants and physician fees.
- Physiotherapy.
- Internal prosthesis, medical aids/devices where used as an integral part of a surgical procedure.
- Prescribed drugs and dressings.
- Diagnostic tests including x-rays, pathology and MRI/CT/PET scans.

B DAY-PATIENT TREATMENT – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT Full Refund

Any surgical or medical procedures that you receive which are on an out-patient basis, but where you require a period of recovery in a hospital bed. It includes the costs of hospital accommodation, operating theatre, nursing, surgeons, anaesthetists, consultants and physician fees, diagnostic procedures and prescribed drugs and medicines.

C PARENTAL HOSPITAL STAY Full Refund

Hospital accommodation costs for one insured person to stay with an insured child dependant, who is under age 19, and being admitted to hospital as an in-patient for medical treatment covered by this policy.

D IN-PATIENT PSYCHIATRIC TREATMENT – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT Not Covered

Medical treatment provided when you are admitted as a registered in-patient in a recognised psychiatric unit of a hospital. It includes the cost of hospital accommodation in a standard single bedded room (where available), consultant psychiatrist's/psychologist's fees, diagnostic procedures and prescribed drugs and medicines.

E ACCIDENT AND EMERGENCY ROOM TREATMENT Full Refund

Treatment given in a hospital casualty ward or emergency room immediately following an accident or the sudden onset of a serious medical condition. Resulting in eligible in-patient or day-patient treatment. By immediate we mean within 2 hours of the eligible incident causing the problem.

F	EXTERNAL PROSTHESES An external device (i.e. artificial limbs) that substitutes or supplements a missing part of the body.	2,500
G	REHABILITATION CARE – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT Treatment received on an in-patient basis in a recognised rehabilitation unit, under the supervision and direction of a physician, to restore health and mobility after an accident, injury or illness covered by this policy.	Full Refund – maximum 13 weeks
H	KIDNEY DIALYSIS BENEFIT – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT Kidney dialysis needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your policy.	Not Covered
I	ORGAN IMPLANTATION BENEFIT – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT Costs directly related to the implantation of the following natural human organs; kidney, liver, heart, lung, stem cell, bone marrow and skin grafts (where medically necessary and not for cosmetic purposes). - There is NO cover for the costs associated with locating a replacement organ, or for the removal of the organ from the donor, or any transportation and administration costs. - There is NO cover for costs associated with procurement and/or implantation of an artificial and /or non-human organ. - There is NO costs for medical treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissues whether autologous or provided by a donor.	Not Covered
J	DAY-PATIENT PSYCHIATRIC COVER The cost of hospital accommodation in a standard single bedded room (where available) in a registered psychiatric unit for a psychiatric illness including, consultant psychiatric fees, diagnostic procedures and prescribed drugs and medicines.	Not Covered
K	LOCAL AMBULANCE SERVICES The cost of provision of ambulance services to transport you to hospital in the event of a medical emergency.	Full Refund
L	IN-PATIENT CHRONIC CONDITION BENEFITS In-patient treatment of chronic medical conditions diagnosed after the start date of the policy or agreed to be covered in writing at application stage. <i>Chronic or end stage renal failure which requires regular or long term dialysis is not covered under this benefit.</i>	Full Refund

2 Cancer Care Benefit

A	CANCER TREATMENT – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT From the date an insured person is diagnosed with cancer, subject to it not pre-existing the start date of the policy, whether it is in its acute, chronic or terminal stage, all and any treatment received thereafter on an in-patient, day-patient or out-patient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, stem cell transplants (from either bone marrow or blood), routine management and palliative treatments; will be assessed and paid for under this benefit. <i>Eligible costs incurred up until the point of diagnosis are not assessed under this benefit but may be covered under any out-patient benefit if included in your plan.</i>	Full Refund
----------	--	-------------

3 Out-Patient Benefits

A	OUT-PATIENT MINOR SURGERY Minor surgical procedures carried out in a doctors clinic/consulting rooms or out-patient centre by a registered medical practitioner.	Full Refund
B	OUT-PATIENT SERVICES The services ordered by a physician who is licensed as a general practitioner, consultant or physician, including prescribed drugs, medicines and dressings	1,000 for treatment received pre or post op or within 6 weeks following an eligible in-patient stay
C	DIAGNOSTIC TESTS, X-RAYS, PATHOLOGY The cost of diagnostic tests, investigations including ECG, X-rays, pathology and histology.	Not Covered
D	MRI/CT/PET SCANS The cost of MRI/CT/PET scans when ordered by a physician.	Not Covered
E	PHYSIOTHERAPY Treatment provided by a licensed Physiotherapist.	Not Covered
F	MEDICAL AIDS AND DEVICES The cost of hiring mobility aids and devices including: walking sticks or frames, wheelchairs and crutches.	Not Covered
G	COMPLEMENTARY THERAPIES Chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic, herbal and Chinese medicines, consultations with registered practitioners, including prescribed drugs and medicines.	Not Covered
H	HORMONE REPLACEMENT THERAPY Treatment received to relieve the symptoms of the menopause, including; prescribed medicines, patches and implants.	Not Covered
I	OUT-PATIENT PSYCHIATRIC TREATMENT – PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT, A 12 MONTH WAIT PERIOD APPLIES TO THIS BENEFIT – MUST BE REFERRED BY A PHYSICIAN Treatment of any psychiatric and psychological disorders by a consultant psychiatrist/ psychotherapist, diagnosed after the start date of the policy, including consultations and prescribed drugs and medicines. This is subject to a referral from a primary physician.	Not Covered
J	HOME NURSING Nursing at home where prescribed as medically necessary immediately following a period of in-patient treatment covered by this policy. All nursing must be provided by a qualified nurse and must be under the supervision and direction of a physician.	Not Covered
K	OUT-PATIENT CHRONIC CONDITION BENEFITS Treatment of chronic medical conditions on an out-patient basis diagnosed after the start date of the policy or agreed to be covered in writing at application stage. <i>Chronic or end stage renal failure which requires regular or long term dialysis is not covered under this benefit.</i>	Not Covered

4 Chronic Condition Benefits

- | | |
|---|---------------------------------|
| A HOSPICE CARE TREATMENT - PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT
Accommodation in a hospice for palliative treatment for an insured person who has been given a terminal prognosis. | Full Refund - maximum 14 nights |
| B HIV AND AIDS TREATMENT - PRE-AUTHORISATION IS REQUIRED FOR THIS BENEFIT, A TWO YEAR WAIT PERIOD APPLIES TO THIS BENEFIT
Medical treatment for HIV and AIDS including related diseases where contracted as a direct result of a blood transfusion received after the insured persons start date. | Not Covered |

5 Wellness Benefits

ALL BENEFITS ARE SUBJECT TO A 12 MONTH WAIT PERIOD

- | | |
|---|-------------|
| A WELLNESS SCREENING
Including cancer screening (cervical smears, mammograms and prostate/colon/testicular), testing for body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel.
<i>This is not applicable to insured persons under the age of 16.</i> | 50 |
| B TRAVEL VACCINATIONS/PREVENTATIVE MEDICATIONS
Vaccinations and immunisations and preventative medications that are directly related to overseas travel requirements. | Not Covered |
| C CHILD VACCINATIONS
Routine and preventative vaccinations for an insured child up to age 10. | Not Covered |
| D OPTICAL BENEFIT
One annual vision/eye test. | Not Covered |
| E VISION BENEFIT
Contribution towards the cost of glasses or contact lenses where prescribed by an ophthalmologist or optician.
<i>This does not cover: contact lenses supplied for cosmetic purposes only, sunglasses of any kind, replacement glasses or contact lenses where they were worn prior to the start date of an insured persons policy.</i> | Not Covered |
| F LASER EYE BENEFIT
Treatment and consultations related to corrective laser eye treatment when performed by a qualified ophthalmic surgeon.
<i>This does not cover: laser eye surgery where glasses or contact lenses were worn prior to the start date of an insured persons policy.</i> | Not Covered |
| G HEARING TEST BENEFIT
One annual hearing test. | Not Covered |
| H HEARING AID BENEFIT
Contribution towards the costs of a hearing aid where prescribed by an audiologist/ENT Consultant. | Not Covered |

6 Dental Treatment Benefits

A EMERGENCY DENTAL TREATMENT

Full Refund

Dental treatment for immediate pain relief where required as a direct result of an accident. Only treatment received during the first 48 hours following the date of the accident is covered.

Please note there is no cover available for:

- Treatment where the injury was caused by eating or drinking anything, even if it contained a foreign body.
- Treatment where the damage was caused by normal wear and tear.
- Treatment where the damage was caused by teeth brushing or any other oral hygiene procedure.
- Treatment where the injury was caused by any means other than extra-oral impact.
- Emergency dental treatment shall not include; restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; or dental surgery performed in a hospital, unless dental surgery is the only treatment available to alleviate the pain.

B NON-EMERGENCY ROUTINE DENTAL TREATMENT – A 6 MONTH WAIT PERIOD AND A 10% CO-INSURANCE APPLIES TO THIS BENEFIT

Not Covered

Including: Routine examinations, cleaning and polishing, fillings using amalgams or composite materials, extractions (not wisdom tooth), x-rays, moulds and treatment for the relief of an infection including antibiotics and temporary fillings.

Please note there is no cover available for:

- The cost of precious metals in any dental procedure;
- Gingivitis, periodontitis, or gum disease of any kind.
- Dental procedures other than those stated above.
- Replacement of existing crowns, inlays, fillings, bridges or missing teeth apparent at the start date of the policy.

C NON-EMERGENCY MAJOR DENTAL TREATMENT – A 6 MONTH WAIT PERIOD AND A 10% CO-INSURANCE APPLIES TO THIS BENEFIT

Not Covered

Root canal treatment, new porcelain crown, new inlay, new bridgework, repairs to crown or inlay, repairs to bridge.

Please note there is no cover available for:

- The cost of precious metals in any dental procedure;
- Gingivitis, periodontitis, or gum disease of any kind.
- Dental procedures other than those stated above.
- Replacement of existing crowns, inlays, fillings, bridges or missing teeth apparent at the start date of the policy.

D EXTRACTION OF WISDOM TEETH - A 6 MONTH WAIT PERIOD AND A 10% CO-INSURANCE APPLIES TO THIS BENEFIT - PRE-AUTHORISATION REQUIRED FOR IN-PATIENT TREATMENT.

Not Covered

Extraction of buried, impacted or un-erupted wisdom teeth on an in-patient, day-patient or out-patient basis.

E ORTHODONTIC TREATMENT - A 6 MONTH WAIT PERIOD AND A 10% CO-INSURANCE APPLIES TO THIS BENEFIT

Not Covered

Orthodontic dental treatment for insured children under age 19.

7 Maternity Benefits

A 10 MONTH WAIT PERIOD APPLIES AND PRE-AUTHORISATION IS REQUIRED

A COMPLICATIONS OF PREGNANCY AND CHILDBIRTH

Not Covered

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.
- There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

B NORMAL PREGNANCY AND CHILDBIRTH

Not Covered

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother.

Please note that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.
- There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

C PAEDIATRIC BENEFIT

Not Covered

Contribution towards the costs of an initial paediatric check-up for the newborn.

There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

D PREMATURE BABY TREATMENT

Not Covered

The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Please note that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the newborn after the initial paediatric check up unless the newborn is added to the insured persons policy within 14 days of birth.
- There is no cover for the pregnancy, delivery or newborn where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation) under this benefit.

8 Additional Benefits

A CONGENITAL BENEFIT - A 12 MONTH WAIT PERIOD APPLIES TO THIS BENEFIT Not Covered

For conditions not discovered at birth but which can subsequently be corrected with surgery.
A maximum lifetime limit applies to this benefit.
This benefit is only available if the insured person has been covered on the policy since birth.

B CONGENITAL/BIRTH DEFECTS BENEFIT Not Covered

For conditions diagnosed within one year of birth for babies conceived by natural means.
A maximum lifetime limit applies to this benefit.
This benefit is only available if the insured person has been covered on the policy since birth.

C INFERTILITY BENEFIT - A 12 MONTH WAIT PERIOD APPLIES TO THIS BENEFIT Not Covered

Investigations into the medical cause of infertility, where both members are insured under this policy and when the couple's treating physician believes there are symptoms and/or evidence to suggest a medical cause.

Please note that no cover is available:

- For medical treatment for infertility, or any other related condition, once a medical cause has been identified.

9 Cash Benefits

A HOSPITAL CASH BENEFIT 50 per night – maximum 30 nights

The amount payable when in-patient treatment has been received free of charge within the provision of a state run national health service for which no claim is made/paid under any other item of this policy.
If you make a claim under this benefit of the policy you are unable to make a further claim under any other benefit on the policy for the same medical condition.

B MATERNITY CASH BENEFIT - A 10 MONTH WAIT PERIOD APPLIED TO THIS BENEFIT Not Covered

The amount payable on the birth of each child subject to the child being born at least 10 months after the mother's start date. This benefit is only payable where no claim for pregnancy and/or childbirth has been made/paid against any other item of this policy.
Please note that notification of the addition of a newborn does not constitute a formal claim submission for this benefit.
If you make a claim under this benefit of the policy you are unable to make a further claim under any other benefit on the policy for the same medical condition.

C CONVALESCENCE CASH BENEFIT Not Covered

The amount payable for each complete week of confinement to home (excluding the first week), on the instruction of the treating consultant, immediately following a period of in-patient hospital treatment for a medical condition covered by this policy. Limited to 4 weeks per period of insurance.
If you make a claim under this benefit of the policy you are unable to make a further claim under any other benefit on the policy for the same medical condition.

10 Medical Evacuation and Repatriation Benefits

PRE-AUTHORISATION IS REQUIRED
FOR THESE BENEFITS

A EMERGENCY MEDICAL TRANSPORTATION

Full Refund

The costs of emergency medical transportation, and medical care en route, for an insured person who has a critical medical condition and local facilities are inadequate or not available. Transportation will be to the nearest suitable hospital in either their country of residence or a nearby country (not necessarily the home country), returning the insured person to their country of residence after treatment.

Please note no cover is available:

- For any subsequent transfer costs arising as a result of the same medical condition once we have returned the insured person to their country of residence.
- Emergency medical transportation costs where the insured person is not being admitted to a hospital for medical treatment, or where the costs have not been approved by us prior to travel commencing.
- The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications.
- Any costs for transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or accident, not covered under this policy.

B COMPANION TRAVEL COSTS

Full Refund

Reasonable travelling costs of a close relative or friend, to accompany the insured person during an emergency medical transportation. The close relative or friend must have been in the same location as the insured person at the time of the event necessitating transportation.

Please note there is no cover available for:

- Travel and accommodation costs unless specifically agreed by us and confirmed in writing prior to the date of travel.
- Any additional travelling costs incurred by the nominated close relative or friend, if it is necessary for us to arrange for the insured person to be transferred to a second hospital within the same country.

C COMPANION ACCOMMODATION COSTS

Not Covered

Overnight accommodation costs for the accompanying close relative or friend, to stay with or near the insured person while hospitalised.

Please note there is no cover available for:

- Travel and accommodation costs unless specifically agreed by us and confirmed in writing prior to the date of travel.
- Any additional travelling costs incurred by the nominated close relative or friend, if it is necessary for us to arrange for the insured person to be transferred to a second hospital within the same country.

D MEDICAL ASSISTANCE COSTS

Full Refund

Medical referral assistance services including the provision of basic medical advice by telephone and assistance in replacing essential prescription drugs.

E DEPENDANT CHILD TRAVEL COSTS

Economy Return
Air Ticket

Following an emergency medical transportation, we will arrange and pay to transport, to a specified destination, any child/ren under age 19 left at home unattended or pay for the travelling costs (one economy class return ticket), of a person to take care of the child/ren at home.

F REPATRIATION OF THE DECEASED

Full Refund

The cost of transportation of mortal remains following death of an insured person, available only when the death of the insured person occurs while outside of their home country.

G LOCAL BURIAL OR CREMATION

1,000

The costs of local burial or cremation in the country where death occurred and transportation of the urn to either the deceased's home country or country of residence, available only when the death of the insured person occurs while outside of their home country.

Please note there is no cover available for:

- The cost of a religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food and beverages.
- Any costs where the insured person has died in their home country.
- Any costs for transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or accident, not covered under this policy.

11 Out of Area Treatment Benefit

A EMERGENCY OUT OF AREA TREATMENT

25,000 – up to 30 days travel only per annum

The costs of short term treatment for emergency medical conditions covered by your policy that occur while you are travelling outside of your elected area of cover as shown on your certificate of insurance. Where such travel is for a maximum of 30 days per annum.

Please note there is no cover available:

- For non-emergency medical treatment outside of your geographical area.
- Emergency medical treatment when the total number of days travelling in each period of insurance exceeds 30 days.
- Treatment where you have specifically travelled with the purpose of obtaining treatment.

12 Evacuation to Home Country

**PRE-AUTHORISATION IS REQUIRED.
OPTIONAL BENEFIT ONLY APPLICABLE IF YOU HAVE SELECTED THIS BENEFIT.**

A EVACUATION TO HOME COUNTRY – OPTIONAL BENEFIT

Full Refund

The costs of emergency medical transportation and medical care en route for an insured person who has a critical medical condition and local medical facilities are inadequate or not available. Transportation will be to the home country provided that it is a medically viable option, returning the insured person to their country of residence after treatment. If your home country is the United States of America, your policy will automatically terminate after 90 days in your home country.

Please note no cover is available:

- If your home country is not within your selected area of cover shown on your certificate of insurance.
- Any subsequent transfer costs arising as a result of the same medical condition once we have returned the insured person to their home country.
- Travel costs unless specifically agreed by us and confirmed, in writing, prior to the date of travel.
- Evacuation costs where the insured person is not being admitted to a hospital for medical treatment, or where costs have not been approved by us prior to travel commencing.
- The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications.

IF YOU HAVE SELECTED A POLICY EXCESS, IT WILL NOT APPLY TO 5. WELLNESS BENEFITS, 6. DENTAL TREATMENT BENEFITS, 9. CASH BENEFITS AND 10. MEDICAL EVACUATION AND REPATRIATION BENEFITS.