OPTIMUM GLOBAL GEMS

All benefits shown are per insured person, per annum (unless specified otherwise).

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|-----------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|
| Annual Policy Maximum | €800,000 | €1,600,000 | €2,400,000 | €4,000,000 | €6,400,000 |
| 1. HOSPITAL AND RELATED SERVICES | | | | | |
| In-hospital accommodation, surgery, treatment, facilities & services | In Full | In Full | In Full | In Full | In Full |
| Cancer treatment (in-patient & out-patient) | In Full | In Full | In Full | In Full | In Full |
| Kidney dialysis (in-patient & out-patient) | €40,000 | In Full | In Full | In Full | In Full |
| In-patient physiotherapy treatment | In Full | In Full | In Full | In Full | In Full |
| Day surgery | In Full | In Full | In Full | In Full | In Full |
| Psychiatric treatment (after 10 months coverage) | Maximum 100 days per lifetime membership | In Full | €4,000 | In Full | In Full |
| Hospital accommodation for accompanying parent of insured child | €130 per night up to €640 per year | In Full | In Full | In Full | In Full |
| Emergency local road ambulance services | In Full | In Full | In Full | In Full | In Full |
| Emergency treatment outside area of cover - not exceeding forty-five (45) days per trip | | Up to €40,000 in USA & Canada | Up to €60,000 in USA & Canada | Up to €80,000 in USA & Canada | In Full |
| Home nursing care following discharge from hospital | Not Covered | €8,000 (up to 26 weeks max per policy year) | €8,000 (up to 26 weeks max per policy year) | €8,000 (up to 26 weeks max per policy year) | €12,000 (up to 26 weeks max per policy year) |
| Hospital cash per night for non-paying patient (max 30 days per disability) | | €120 | €120 | €160 | €240 |
| Accidental dental treatment | €6,400 | In Full | In Full | In Full | In Full |
| Chronic medical conditions | €8,000 | In Full | In Full | In Full | In Full |
| Congenital conditions | Not Covered | €24,000 | Not Covered | €40,000 | €60,000 |

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|-------------------------------------------|------------|------------|
| Annual Policy Maximum | €800,000 | €1,600,000 | €2,400,000 | €4,000,000 | €6,400,000 |
| 2. PRE & POST HOSPITALISATION | | | | | |
| Pre Hospitalisation medical expenses | In Full | In Full | In Full | In Full | In Full |
| Prescribed Post Hospital Treatment following an eligible In-hospital admission (up to max 30 days following discharge) | In Full | In Full | In Full | In Full | In Full |
| 3. ORGAN TRANSPLANT | | | | | |
| Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining organ donor) | €80,000 | In Full | In Full | In Full | In Full |
| 4. EMERGENCY MEDICAL EVACUATION AN | ID REPATRIATION | | | | |
| Medical evacuation and repatriation | In Full | In Full | In Full | In Full | In Full |
| Repatriation of mortal remains | In Full | In Full | In Full | In Full | In Full |
| Compassionate travel for family member | | Cover in full fo Up to €100 per da | or return economy y for ancillary char | | S |
| 5. OUT-PATIENT BENEFITS | | | | | |
| Family doctor consultations | | | | | |
| Family doctor prescribed drugs & dressings | | | | | |
| Drugs Prescribed by Specialists (including take home drugs following a hospital admission) | €400 | Not Covered | | €8,000 | In Full |
| Specialist consultations | | | | | |
| External prostheses and appliances | _ | | €2,800 | | |
| Chronic medical conditions | _ | | | | |
| Laboratory, x-ray & diagnostic services (inc. CT, PET & MRI Scans) | €800 | €800 | | €3,200 | In Full |
| Out-patient psychiatric treatment – after 10 months of coverage | | | | €1,200 | €1,600 |
| Prescribed physiotherapy, speech & oculomotor therapy | Not Covered | Not Covered | | €1,200 | €1,600 |
| Accidental dental treatment | | | Not Covered | €800 | €1,200 |
| Alternative medicine | | | €400 | €800 | €1,600 |

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|------------------------|------------------------|------------------------|
| Annual Policy Maximum | €800,000 | €1,600,000 | €2,400,000 | €4,000,000 | €6,400,000 |
| Emergency room accident & emergency services | €800 | In Full | In Full | In Full | In Full |
| Vaccinations | | | | | |
| Well being benefit – after 12 months coverage | Not Covered | Not Covered | Not Covered | €400 | €600 |
| 6. COMPLICATIONS OF MATERNITY (subject | t to 10 months w | aiting period) | | | |
| Complications of maternity | Not Covered | In Full | In Full | In Full | In Full |
| OPTIONAL BENEFITS If selected as part of your plan and detailed o | n your membershi | p certificate | | | |
| 1. MATERNITY BENEFITS (subject to 10 mor | nths waiting peri | od) | | | |
| Delivery (including anaesthetist fee, pre and post natal care, first five days checks & accommodation for newborn) | Not Covered | Not Covered | €5,600 | €5,600 | €8,000 |
| Newborn cover – (non-routine care for 30 days after birth) | | | €24,000 | €24,000 | €40,000 |
| 2. DENTAL | | | | | |
| Routine dental treatment | Not Covered | Not Covered | €640 (20% Co-pay) | €640 (20% Co-pay) | €800 (20% Co-pay) |
| Restorative dental treatment | Not Covered | Not Covered | €1,200 (20% Co-pay) | €1,200 (20% Co-pay) | €1,600 (20% Co-pay) |
| 3. OPTICAL | | | | | |
| Coverage for eye examination annually and cover for glasses applicable every 2 years (subject to 20% co-payment) | Not Covered | Not Covered | €160 | €200 | €240 |

AREA OF COVER OPTIONS

Option 1: Worldwide

Option 2: Worldwide excluding USA

Option 3: Asia (Bangladesh - Bhutan - Brunei - Cambodia - East Timor - India - Indonesia - Japan - Laos - Malaysia - Maldives - Mongolia - Myanmar - Nepal - Pakistan - Philippines - Sri Lanka - Taiwan - Thailand - Vietnam)

Option 4: Africa (including India & Pakistan)

Option 5: Principal Country of Residence within the African Continent and pre-authorised Centres of Excellence on the African Continent

OPTIMUM GLOBAL GEMS

All benefits shown are per insured person, per annum (unless specified otherwise).

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|-----------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| Annual Policy Maximum | \$1,000,000 | \$2,000,000 | \$3,000,000 | \$5,000,000 | \$8,000,000 |
| 1. HOSPITAL AND RELATED SERVICES | | | | | |
| In-hospital accommodation, surgery, treatment, facilities & services | In Full | In Full | In Full | In Full | In Full |
| Cancer treatment (in-patient & out-patient) | In Full | In Full | In Full | In Full | In Full |
| Kidney dialysis (in-patient & out-patient) | \$50,000 | In Full | In Full | In Full | In Full |
| In-patient physiotherapy treatment | In Full | In Full | In Full | In Full | In Full |
| Day surgery | In Full | In Full | In Full | In Full | In Full |
| Psychiatric treatment (after 10 months coverage) | Maximum 100 days per lifetime membership | In Full | \$5,000 | In Full | In Full |
| Hospital accommodation for accompanying parent of insured child | \$160 per night up to \$800 per year | In Full | In Full | In Full | In Full |
| Emergency local road ambulance services | In Full | In Full | In Full | In Full | In Full |
| Emergency treatment outside area of cover - not exceeding forty-five (45) days per trip | | Up to \$50,000 in USA & Canada | Up to \$75,000 in USA & Canada | Up to \$100,000 in USA & Canada | In Full |
| - not exceeding forty-five (43) days per trip | | (In Full for all other countries) | | | |
| Home nursing care following discharge from hospital | Not Covered | \$10,000 (up to 26 weeks max per policy year) | \$10,000 (up to 26 weeks max per policy year) | \$10,000 (up to 26 weeks max per policy year) | \$15,000 (up to 26 weeks max per policy year) |
| Hospital cash per night for non-paying patient (max 30 days per disability) | | \$150 | \$150 | \$200 | \$300 |
| Accidental dental treatment | \$8,000 | In Full | In Full | In Full | In Full |
| Chronic medical conditions | \$10,000 | In Full | In Full | In Full | In Full |
| Congenital conditions | Not Covered | \$30,000 | Not Covered | \$50,000 | \$75,000 |

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|------------------------------------------------------------------------------------------------------------------------|----------------|-------------|--------------------------------------------|-------------|-------------|
| Annual Policy Maximum | \$1,000,000 | \$2,000,000 | \$3,000,000 | \$5,000,000 | \$8,000,000 |
| 2. PRE & POST HOSPITALISATION | | | | | |
| Pre Hospitalisation medical expenses | In Full | In Full | In Full | In Full | In Full |
| Prescribed Post Hospital Treatment following an eligible In-hospital admission (up to max 30 days following discharge) | In Full | In Full | In Full | In Full | In Full |
| 3. ORGAN TRANSPLANT | | | | | |
| Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining organ donor) | \$100,000 | In Full | In Full | In Full | In Full |
| 4. EMERGENCY MEDICAL EVACUATION AN | D REPATRIATION | | | | |
| Medical evacuation and repatriation | In Full | In Full | In Full | In Full | In Full |
| Repatriation of mortal remains | In Full | In Full | In Full | In Full | In Full |
| Compassionate travel for family member | | | or return economy by for ancillary char | | S |
| 5. OUT-PATIENT BENEFITS | I | | | , | |
| Family doctor consultations | | | | | |
| Family doctor prescribed drugs & dressings | | | | | |
| Drugs Prescribed by Specialists (including take home drugs following a hospital admission) | \$500 | Not Covered | | \$10,000 | In Full |
| Specialist consultations | | | | | |
| External prostheses and appliances | | | \$3,500 | | |
| Chronic medical conditions | | | | | |
| Laboratory, x-ray & diagnostic services (inc. CT, PET & MRI Scans) | \$1,000 | \$1,000 | | \$4,000 | In Full |
| Out-patient psychiatric treatment – after 10 months of coverage | | | | \$1,500 | \$2,000 |
| Prescribed physiotherapy, speech & oculomotor therapy | Not Covered | Not Covered | | \$1,500 | \$2,000 |
| Accidental dental treatment | | | Not Covered | \$1,000 | \$1,500 |
| Alternative medicine | | | \$500 | \$1,000 | \$2,000 |
| Emergency room accident & emergency services | \$1,000 | In Full | In Full | In Full | In Full |



Jade

Diamond

Ruby

| Annual Policy Maximum | \$1,000,000 | \$2,000,000 | \$3,000,000 | \$5,000,000 | \$8,000,000 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|-------------------------|-------------------------|
| Vaccinations | | | | | |
| Well being benefit – after 12 months coverage | Not Covered | Not Covered | Not Covered | \$500 | \$750 |
| 6. COMPLICATIONS OF MATERNITY (subjection) | ect to 10 months v | vaiting period) | | | |
| Complications of maternity | Not Covered | In Full | In Full | In Full | In Full |
| OPTIONAL BENEFITS If selected as part of your plan and detailed | on your membersh | ip certificate | | | |
| 1. MATERNITY BENEFITS (subject to 10 m | onths waiting per | iod) | | | |
| Delivery (including anaesthetist fee, pre and post natal care, first five days checks & accommodation for newborn) | Not Covered | Not Covered | \$7,000 | \$7,000 | \$10,000 |
| Newborn cover – (non-routine care for 30 days after birth) | | | \$30,000 | \$30,000 | \$50,000 |
| 2. DENTAL | | | | | |
| Routine dental treatment | Not Covered | Not Covered | \$800 (20% Co-pay) | \$800 (20% Co-pay) | \$1,000 (20% Co-pay) |
| Restorative dental treatment | - Not Covered | overed Not Covered | \$1,500 (20% Co-pay) | \$1,500 (20% Co-pay) | \$2,000 (20% Co-pay) |
| 3. OPTICAL | | | | | |
| Coverage for eye examination annually and cover for glasses applicable every 2 years (subject to 20% co-payment) | Not Covered | Not Covered | \$200 | \$250 | \$300 |
| AREA OF COVER OPTIONS | | | | | |

Sapphire

Emerald

Option 1: Worldwide

Plan

Option 2: Worldwide excluding USA

Option 3: Asia (Bangladesh - Bhutan - Brunei - Cambodia - East Timor - India - Indonesia - Japan - Laos - Malaysia - Maldives - Mongolia - Myanmar - Nepal - Pakistan - Philippines - Sri Lanka - Taiwan - Thailand - Vietnam)

Option 4: Africa (including India & Pakistan)

Option 5: Principal Country of Residence within the African Continent and pre-authorised Centres of Excellence on the African Continent

OPTIMUM GLOBAL GEMS

All benefits shown are per insured person, per annum (unless specified otherwise).

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|-----------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|
| Annual Policy Maximum | £675,000 | £1,350,000 | £2,000,000 | £3,380,000 | £5,400,000 |
| 1. HOSPITAL AND RELATED SERVICES | | | | | |
| In-hospital accommodation, surgery, treatment, facilities & services | In Full | In Full | In Full | In Full | In Full |
| Cancer treatment (in-patient & out-patient) | In Full | In Full | In Full | In Full | In Full |
| Kidney dialysis (in-patient & out-patient) | £33,800 | In Full | In Full | In Full | In Full |
| In-patient physiotherapy treatment | In Full | In Full | In Full | In Full | In Full |
| Day surgery | In Full | In Full | In Full | In Full | In Full |
| Psychiatric treatment (after 10 months coverage) | Maximum 100 days per lifetime membership | In Full | £3,380 | In Full | In Full |
| Hospital accommodation for accompanying parent of insured child | £110 per night up to £540 per year | In Full | In Full | In Full | In Full |
| Emergency local road ambulance services | In Full | In Full | In Full | In Full | In Full |
| Emergency treatment outside area of cover - not exceeding forty-five (45) days per trip | | Up to £33,800 in USA & Canada | Up to £50,700 in USA & Canada | Up to £67,600 in USA & Canada | In Full |
| - not exceeding forty-five (43) days per trip | | (In Full for all other countries) | | | |
| Home nursing care following discharge from hospital | Not Covered | £6,760 (up to 26 weeks max per policy year) | £6,700 (up to 26 weeks max per policy year) | £6,760 (up to 26 weeks max per policy year) | £10,000 (up to 26 weeks max per policy year) |
| Hospital cash per night for non-paying patient (max 30 days per disability) | | £100 | £100 | £140 | £200 |
| Accidental dental treatment | £5,410 | In Full | In Full | In Full | In Full |
| Chronic medical conditions | £6,760 | In Full | In Full | In Full | In Full |
| Congenital conditions | Not Covered | £20,280 | Not Covered | £33,800 | £50,700 |

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------|-------------|------------|------------|--|
| Annual Policy Maximum | £675,000 | £1,350,000 | £2,000,000 | £3,380,000 | £5,400,000 | |
| 2. PRE & POST HOSPITALISATION | | | | | | |
| Pre Hospitalisation medical expenses | In Full | In Full | In Full | In Full | In Full | |
| Prescribed Post Hospital Treatment following an eligible In-hospital admission (up to max 30 days following discharge) | In Full | In Full | In Full | In Full | In Full | |
| 3. ORGAN TRANSPLANT | | | | | | |
| Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding cost of obtaining organ donor) | £67,000 | In Full | In Full | In Full | In Full | |
| 4. EMERGENCY MEDICAL EVACUATION AN | ID REPATRIATION | | | | | |
| Medical evacuation and repatriation | In Full | In Full | In Full | In Full | In Full | |
| Repatriation of mortal remains | In Full | In Full | In Full | In Full | In Full | |
| Compassionate travel for family member | Cover in full for return economy class air ticket. Up to £80 per day for ancillary charges & max 14 days | | | | | |
| 5. OUT-PATIENT BENEFITS | | | | | | |
| Family doctor consultations | | | | | | |
| Family doctor prescribed drugs & dressings | | | | | | |
| Drugs Prescribed by Specialists (including take home drugs following a hospital admission) | £330 | Not Covered | | £6,760 | In Full | |
| Specialist consultations | | | | | | |
| External prostheses and appliances | _ | | £2,370 | | | |
| Chronic medical conditions | _ | | | | | |
| Laboratory, x-ray & diagnostic services (inc. CT, PET & MRI Scans) | £680 | £680 | | £2,700 | In Full | |
| Out-patient psychiatric treatment – after 10 months of coverage | | | | £1,010 | £1,350 | |
| Prescribed physiotherapy, speech & oculomotor therapy | Not Covered | Not Covered | | £1,010 | £1,350 | |
| Accidental dental treatment | | | Not Covered | £680 | £1,010 | |
| Alternative medicine | | | £340 | £680 | £1,350 | |

| Plan | Emerald | Sapphire | Ruby | Jade | Diamond |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|------------------------|------------------------|------------------------|
| Annual Policy Maximum | £675,000 | £1,350,000 | £2,000,000 | £3,380,000 | £5,400,000 |
| Emergency room accident & emergency services | £680 | In Full | In Full | In Full | In Full |
| Vaccinations | | | | | £510 |
| Well being benefit – after 12 months coverage | Not Covered | Not Covered | Not Covered | £340 | |
| 6. COMPLICATIONS OF MATERNITY (subject | t to 10 months w | vaiting period) | | | |
| Complications of maternity | Not Covered | In Full | In Full | In Full | In Full |
| OPTIONAL BENEFITS If selected as part of your plan and detailed o | n your membershi | p certificate | | | |
| 1. MATERNITY BENEFITS (subject to 10 mor | nths waiting peri | iod) | | | |
| Delivery (including anaesthetist fee, pre and post natal care, first five days checks & accommodation for newborn) | Not Covered | Not Covered | £4,730 | £4,730 | £6,760 |
| Newborn cover – (non-routine care for 30 days after birth) | | | £20,280 | £20,280 | £33,800 |
| 2. DENTAL | | | | | |
| Routine dental treatment | Not Covered | Not Covered | £540 (20% Co-pay) | £540 (20% Co-pay) | £680 (20% Co-pay) |
| Restorative dental treatment | Not Covered | Not Covered - | £1,010 (20% Co-pay) | £1,010 (20% Co-pay) | £1,350 (20% Co-pay) |
| 3. OPTICAL | | | | | |
| Coverage for eye examination annually and cover for glasses applicable every 2 years (subject to 20% co-payment) | Not Covered | Not Covered | £140 | £170 | £200 |

AREA OF COVER OPTIONS

Option 1: Worldwide

Option 2: Worldwide excluding USA

Option 3: Asia (Bangladesh - Bhutan - Brunei - Cambodia - East Timor - India - Indonesia - Japan - Laos - Malaysia - Maldives - Mongolia - Myanmar - Nepal - Pakistan - Philippines - Sri Lanka - Taiwan - Thailand - Vietnam)

Option 4: Africa (including India & Pakistan)

Option 5: Principal Country of Residence within the African Continent and pre-authorised Centres of Excellence on the African Continent