

Long-Term

International Health Plan

**BENEFIT SCHEDULE
2026–2027**



Long-Term International Health Plan

Benefit Schedule

This table gives a summary of the benefits covered by each **Plan**. Please refer to each **Benefit Definition** for a full explanation of the cover provided under each benefit.

Pre-authorisation is required for all claims where the costs are likely to exceed £2,500/\$2,500/€2,500 and for all claims under benefits marked *. If pre-authorisation is not obtained, this may impact the settlement of all eligible costs and you may incur a proportion of the costs.

| | INTERNATIONAL | INTERNATIONAL PLUS | EXECUTIVE | EXECUTIVE PLUS |
|--|--|-----------------------------------|--|-----------------------------|
| Overall Aggregate Limit each Certificate period | £1,000,000/\$2,000,000/€1,500,000 | | | |
| INPATIENT TREATMENT BENEFITS | | | | |
| Hospital Services* > Accommodation and meal charges > All Inpatient Treatment ordered by a Physician > Physician, Surgeon and Anaesthetist Fees > Intensive Care Unit charges | Paid in Full | | | |
| Hospital Cash Benefit* Where inpatient treatment is provided free of charge | £250/\$500/€375 per night. Max thirty (30) days. | | | |
| Parental Accommodation When an insured child aged seventeen (17) years and under is an inpatient | Paid in Full | | | |
| Day-patient Treatment Where a period of recovery is required in a hospital bed | Paid in Full | | | |
| Inpatient Psychiatric Treatment* Treatment in a psychiatric unit of a hospital, available after one (1) year of cover | Paid in Full. Max thirty (30) days. | | | |
| Reconstructive Surgery To restore appearance/function following an accident or illness that occurred whilst covered by your Plan | Paid in Full | | | |
| Rehabilitation Care Treatment received as an inpatient to restore health and mobility after injury or illness | £100,000/\$200,000/€150,000 lifetime limit | | £200,000/\$400,000/€300,000 lifetime limit | |
| Accident and Emergency Room Treatment | Paid in Full | | | |
| Organ and Bone Marrow Transplant and Stem Cell Treatment* For kidney, heart, heart-lung, liver, bone marrow and stem cell. Acquisition and donor costs are excluded. | Paid in Full | | | |
| Kidney Dialysis Treatment received as an inpatient or as day-patient treatment | Up to £100,000/\$200,000/€150,000 | | | |
| Internal Prostheses, Medical Aids and Devices Which are required intra-operatively | Paid in Full | | | |
| Hospice Care Palliative care in a hospice | Paid in Full. Max fifteen (15) days. | | | |
| Local Road Ambulance Services | Paid in Full | | | |
| PRE & POST HOSPITAL TREATMENT BENEFITS | | | | |
| Pre-Hospital Treatment Consultations and treatment received within fifteen (15) days prior to receiving Inpatient or day-patient treatment | Up to £250/\$500/€375 | Covered under Outpatient Services | | |
| Post Hospital Treatment Consultations and treatment received within ninety (90) days of receiving Inpatient Care | Up to £500/\$1,000/€750 | Covered under Outpatient Services | | |
| External Prostheses, Medical Aids and Devices Which are medically required following Inpatient Care, Day-patient Treatment or Accident and Emergency Room Treatment | Up to £250/\$500/€375 | Up to £500/\$1,000/€750 | Up to £750/\$1,500/€1,125 | Up to £1,000/\$2,000/€1,500 |

| | INTERNATIONAL | INTERNATIONAL PLUS | EXECUTIVE | EXECUTIVE PLUS |
|--|---|---|---|---|
| CANCER TREATMENT | | | | |
| Oncology, Chemotherapy and Radiotherapy* Consultations, diagnostics and treatment received under Inpatient Care, Day-patient Treatment or Outpatient Services | Paid in Full | | | |
| Cancer Genetic Testing Available after one (1) year of cover | Not Covered | | Up to £1,250/\$2,500/€1,875 Lifetime limit | Up to £2,500/\$5,000/€3,750 Lifetime limit |
| Cancer Preventative Treatment Available after one (1) year of cover | Not Covered | | Up to £15,000/\$30,000/€22,500 Lifetime limit | Up to £25,000/\$50,000/€37,500 Lifetime limit |
| Cancer counselling Following a cancer diagnosis with a registered psychologist/counsellor | Up to £1,000/\$2,000/€1,500 | | | |
| Artificial Hair Benefit Wig costs, available following cancer treatment | Up to £1,000/\$2,000/€1,500 | | | |
| EMERGENCY MEDICAL EVACUATION BENEFITS | | | | |
| Emergency Medical Evacuation* Evacuation costs for critical, life-threatening medical conditions where local medical facilities are inadequate | Paid in Full | | | |
| Emergency Medical Evacuation – Supplementary Expenses* > Cost of travel to place of origin > Accommodation costs > Hospital travel expenses | Economy air ticket Up to fourteen (14) nights Up to £500/\$1,000/€750 | | | |
| Emergency Non-Medical Evacuation* > Evacuation to a safe location in the event of life-threatening situations resulting from political or civil unrest > Evacuation to a safe location in the event of a natural disaster | Paid in Full | | | |
| Compassionate Home Travel* In the event of the death of a close family member | One (1) return economy air ticket | | | |
| Repatriation or Local Burial* Where death occurs outside the Home Country | Up to £7,500/\$15,000/€11,250 | | Up to £10,000/\$20,000/€15,000 | Paid in Full |
| TELEHEALTH | | | | |
| Teleconsultation Access to licensed doctors around the world via phone for non-emergency conditions | Included | Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation | | |
| Second Medical Opinion Access to a network of 50,000 medical specialists | Included | | | |
| OUTPATIENT TREATMENT BENEFITS | | | | |
| MRI, CT and PET Scans When referred by a Physician | Full Refund | | | |
| Hormone Replacement Therapy When not related to the menopause | Full Refund | | | |
| Outpatient Surgery | Up to £5,000/\$10,000/€7,500 | Full Refund | | |
| Outpatient Services > General Physician fees > Specialist and Consultant fees > Prescription Drugs and Dressings > X-Rays, diagnostic and pathology tests | Not Covered | Full Refund £50/\$100/€75 excess per claim A claim is considered to be a course of treatment per diagnosed medical condition. The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium. | | |
| Physiotherapy Up to twenty (20) sessions, when referred by a Physician | | | | |
| Complementary Therapies Osteopathy, Chiropractic, Homeopathy and Acupuncture, when referred by a Physician | | | | |
| Chinese Medicine Consultations and medications provided by a registered Chinese Medicine Practitioner | Not Covered | | Up to £200/\$400/€300 | Up to £400/\$800/€600 |
| Vitamins & Minerals When prescribed by a medical practitioner | Not Covered | | Up to £120/\$240/€180 | Up to £240/\$480/€360 |
| Nursing at Home When medically necessary and prescribed by a Physician | Paid in Full Max thirty (30) days. | | | |

| | INTERNATIONAL | INTERNATIONAL PLUS | EXECUTIVE | EXECUTIVE PLUS |
|--|---|---|---|--|
| MENTAL HEALTH BENEFITS | | | | |
| Outpatient Psychiatric Services > General Physician and Consultant fees > Prescription Drugs | Not Covered | Full Refund £50/\$100/€75 excess per claim A claim is considered to be a course of treatment per diagnosed medical condition. The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium. | | |
| Outpatient Psychiatric Therapies > Counselling, Cognitive Behavioural Therapy and Psychotherapy > When referred by a Physician | Not Covered | Up to £1,000/\$2,000/€1,500 | Up to £2,000/\$4,000/€3,000 | Up to £3,000/\$6,000/€4,500 |
| DENTAL CARE BENEFITS | | | | |
| Dental Treatment following an Accident To restore or repair sound natural teeth | Full Refund | | | |
| Routine Dental Treatment Available after six (6) months of cover | Not Covered | Up to £300/\$600/€450 | Up to £750/\$1,500/€1,125 | Up to £1,250/\$2,500/€1,875 |
| MATERNITY CARE BENEFITS | | | | |
| Normal Pregnancy and Childbirth Available after eighteen (18) months of cover | Not Covered | | Up to £6,000/\$12,000/€9,000 | Up to £10,000/\$20,000/€15,000 |
| Complicated Pregnancy and Childbirth Available after eighteen (18) months of cover | Not Covered | | Up to £12,000/\$24,000/€18,000 | Up to £20,000/\$40,000/€30,000 |
| Complications of Pregnancy Available after eighteen (18) months of cover | Not Covered | Full Refund | | |
| NEWBORN AND CHILD CARE BENEFITS | | | | |
| Newborn Care Available when a newborn baby is enrolled on the Plan | | Up to £50,000/\$100,000/€75,000 | Up to £75,000/\$150,000/€112,500 | Up to £100,000/\$200,000/€150,000 |
| Child Routine Health Screening Preventative and developmental checks for an insured child aged five (5) years and under | Not Covered | | Up to £200/\$400/€300 | Up to £300/\$600/€450 |
| WELL BEING BENEFITS | | | | |
| Routine Health Screening Preventative health checks available after six (6) months of cover | Not Covered | Up to £300/\$600/€450 | Up to £500/\$1,000/€750 | Up to £750/\$1,500/€1,125 |
| Menopause Hormone Replacement Therapy Relief of early menopause symptoms for forty (40) years and under | Not Covered | | | Up to £250/\$500/€350 |
| Vaccination Benefit Childhood and travel-related vaccinations | Up to £200/\$400/€300 | | | |
| Optical Care Eyesight examinations and a contribution towards the costs of lenses to correct vision, available after one (1) year of cover | Not Covered | | | Up to £300/\$600/€450 |
| Hearing Care Hearing tests and a contribution towards the costs of a hearing aid, available after one (1) year of cover | Not Covered | | | Up to £300/\$600/€450 |
| ADDITIONAL BENEFITS | | | | |
| Infertility and Miscarriage Investigations Available after two (2) years of cover and when referred by a Physician | Not Covered | | | Up to £750/\$1,500/€1,125 |
| Congenital and Hereditary Conditions | Not Covered | | Up to £15,000/\$30,000/€22,500 | Up to £30,000/\$60,000/€45,000 |
| HIV/AIDS Benefit Available after two (2) years of cover | £10,000/\$20,000/€15,000 | | | |
| Chronic Condition Treatment | Covered within listed benefits | | | |
| Out of Area Cover For emergencies and acute episodes of existing covered medical conditions | Up to £20,000/\$40,000/€30,000 Max sixty (60) days | Up to £30,000/\$60,000/€45,000 Max sixty (60) days | Up to £40,000/\$80,000/€60,000 Max sixty (60) days | Up to £50,000/\$100,000/€75,000 Max sixty (60) days |
| ADDITIONAL SERVICE PARTNERS | | | | |
| Crisis24 Security Assistance | Included | | | |
| Teladoc Health Telehealth Services | Included | | | |

This plan is administered by APRIL International Care France and underwritten by Hamilton Insurance DAC as displayed on the Certificate of Insurance.

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