

# Evolution Health Plan (Asia Pacific)

## Table of Benefits

ALL BENEFITS ARE SUBJECT TO PROVIDER NETWORK OR PRE-AUTHORISATION IF OUTSIDE OF NETWORK.

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

### 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

| Standard | Standard Plus | Comprehensive | Premium   | Elite     |
|----------|---------------|---------------|-----------|-----------|
| 500,000  | 750,000       | 1,000,000     | 1,500,000 | 2,000,000 |

### 1 Hospital Benefits

*Pre-authorisation is required for benefits A, B, D, G, H and I*

#### A. In-patient hospital stay, including

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| Hospital accommodation, nursing, theatre and ICU/HDU costs  | Full refund | Full refund | Full refund | Full refund | Full refund |
| Surgeons', anaesthetists' consultants and physicians' fees  | Full refund | Full refund | Full refund | Full refund | Full refund |
| Physiotherapy   | Full refund | Full refund | Full refund | Full refund | Full refund |
| Internal prostheses, medical aids/devices where used as an integral part of a surgical procedure                          | Full refund | Full refund | Full refund | Full refund | Full refund |
| Prescribed drugs and medicines  | Full refund | Full refund | Full refund | Full refund | Full refund |
| Diagnostic procedures including x-rays, pathology and MRI/CT/PET scans  | Full refund | Full refund | Full refund | Full refund | Full refund |
| <b>B. Day-patient treatment</b> when a period of recovery is required in a hospital bed                                   | Full refund | Full refund | Full refund | Full refund | Full refund |
| <b>C. Parental hospital stay</b> for one insured person to stay with an insured child (under age 19) who is an in-patient | Full refund | Full refund | Full refund | Full refund | Full refund |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 1 Hospital Benefits — continued

*Pre-authorization is required for benefits A, B, D, G, H and I*

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| D. <b>In-patient psychiatric treatment</b> up to the number of nights shown in each period of insurance   | Not covered                              | Full refund -<br><i>Maximum 15 nights</i>   | Full refund -<br><i>Maximum 15 nights</i>   | Full refund -<br><i>Maximum 30 nights</i>   | Full refund -<br><i>Maximum 30 nights</i>   |
| E. <b>Accident and emergency room treatment</b> which results in eligible in-patient, day-patient treatment   | Full refund                              | Full refund   | Full refund   | Full refund   | Full refund   |
| F. <b>External prosthesis</b> related to a surgical operation   | 2,500                                    | 2,500   | 2,500   | 2,500   | 2,500   |
| G. <b>Rehabilitation care</b> received on an in-patient basis related to an accident/illness/injury that occurred whilst insured on the plan  | Full refund -<br><i>Maximum 13 weeks</i> | Full refund -<br><i>Maximum 13 weeks</i>  | Full refund -<br><i>Maximum 13 weeks</i>  | Full refund -<br><i>Maximum 13 weeks</i>  | Full refund -<br><i>Maximum 13 weeks</i>  |
| H. <b>Kidney dialysis benefit</b> when required temporarily for sudden kidney failure resulting from a disease or injury which is covered by the plan. The maximum lifetime limit applies to this benefit | Not covered                              | Up to 20,000<br>lifetime limit  | Up to 20,000<br>lifetime limit  | Up to 20,000<br>lifetime limit  | Up to 20,000<br>lifetime limit  |
| I. <b>Organ implantation benefit</b> for kidney, liver, heart, lung, stem cell, bone marrow, and skin grafts  | Not covered                              | 100,000   | 200,000   | 250,000   | 300,000   |
| J. <b>Day-patient psychiatric cover</b> up to four separate day admissions in each period of insurance  | Not covered                              | Full refund<br><i>Limited to 4 separate day case admissions per period of cover</i> | Full refund<br><i>Limited to 4 separate day case admissions per period of cover</i> | Full refund<br><i>Limited to 4 separate day case admissions per period of cover</i> | Full refund<br><i>Limited to 4 separate day case admissions per period of cover</i> |
| K. <b>Local ambulance services</b> when required for transportation to hospital in the event of a medical emergency   | Full refund                              | Full refund   | Full refund   | Full refund   | Full refund   |
| L. <b>In-patient chronic conditions benefit</b> diagnosed after the start date of the policy or agreed to be covered in writing at application stage.   | Full refund                              | Full refund   | Full refund   | Full refund   | Full refund   |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 2 Cancer Care Benefit *Pre-authorisation is required*

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| A. <b>Cancer treatment</b> from the date an insured person is diagnosed as suffering from cancer, all and any treatment will be assessed and paid for under this benefit | Full refund | Full refund | Full refund | Full refund | Full refund |
|--|-------------|-------------|-------------|-------------|-------------|

## 3 Out-Patient Benefits *Benefit J is subject to a 12 month waiting period and pre-authorisation is required*

|  |   |                         |                         |                          |             |
|--|---|-------------------------|-------------------------|--------------------------|-------------|
| A. <b>Out-patient minor surgery</b> where no period of recovery is required in a hospital bed  | Full refund   | Full refund             | Full refund             | Full refund              | Full refund |
| B. <b>Out-patient services, including</b><br>Physician and consultants fees<br>Prescribed drugs, medication and dressings                              | 1,000 for treatment received pre or post op or within 6 weeks following an eligible in-patient stay | Combined limit of 2,500 | Combined limit of 5,000 | Combined limit of 10,000 | Full refund |
| C. <b>Diagnostic tests, x-rays, pathology</b>  | Not covered   |                         |                         |                          |             |
| D. <b>Out-patient chronic conditions benefit</b> diagnosed after the start date of the policy or agreed to be covered in writing at application stage. | Not covered   |                         |                         |                          |             |
| E. <b>MRI/CT/PET scans</b>   | Not covered   | Full refund             | Full refund             | Full refund              | Full refund |
| E. <b>Physiotherapy</b>  | Not covered   | 500                     | 1,000                   | 1,500                    | 2,000       |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

### 3 Out-Patient Benefits — continued

*Benefit J is subject to a 12 month waiting period and pre-authorization is required*

|   |             |                                   |                                    |                                    |                                    |
|---|-------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| G. Medical aids and devices including the hire of mobility aids   | Not covered | 500                               | 1,000                              | 1,500                              | 2,000                              |
| H. Complementary therapies, including chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic, herbal and Chinese medicines, with registered practitioners and associated prescribed drugs and medicines | Not covered | 500                               | 1,000                              | 1,500                              | 2,000                              |
| I. Hormone replacement therapy to relieve the symptoms of the menopause   | Not covered | Not covered                       | Not covered                        | 250                                | 350                                |
| J. Out-patient psychiatric treatment, when referred by a physician  | Not covered | Full refund -<br>Maximum 5 visits | Full refund -<br>Maximum 10 visits | Full refund -<br>Maximum 15 visits | Full refund -<br>Maximum 30 visits |
| K. Home nursing on the recommendation of a physician immediately following an in-patient hospital stay  | Not covered | Full refund -<br>Maximum 3 weeks  | Full refund -<br>Maximum 12 weeks  | Full refund -<br>Maximum 26 weeks  | Full refund -<br>Maximum 26 weeks  |

### 4 Chronic Condition Benefits

*Pre-authorization is required. Benefit B is subject to a 2 year waiting period.*

|  |                                    |                                    |  |  |  |
|--|------------------------------------|------------------------------------|--|--|--|
| A. Hospice care treatment for an insured person who is terminally ill and cared for in a hospice | Full refund -<br>Maximum 14 nights | Full refund -<br>Maximum 14 nights | Full refund -<br>Maximum 14 nights                             | Full refund -<br>Maximum 14 nights                             | Full refund -<br>Maximum 14 nights                             |
| B. HIV and AIDS treatment where contracted as a result of a blood transfusion                    | Not covered                        | Not covered                        | 2,500 each<br>insured period<br>Up to 37,500<br>lifetime limit | 5,000 each<br>insured period<br>Up to 37,500<br>lifetime limit | 7,500 each<br>insured period<br>Up to 37,500<br>lifetime limit |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 5 Wellness Benefits

*All benefits under this item are subject to a 12 month waiting period*

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| A. <b>Wellness screening</b> including cancer screening and routine health tests for early diagnosis of medical conditions | 50          | 100         | 200         | 500         | 1,000       |
| B. <b>Travel vaccinations/preventative medications</b> for overseas travel   | Not covered | 50          | 75          | 100         | 150         |
| C. <b>Child vaccinations</b> for prevention of illness, up to the age of 10  | Not covered | 50          | 75          | 100         | 150         |
| D. <b>Optical benefit</b> for one annual eye test  | Not covered | Not covered | Not covered | Full refund | Full refund |
| E. <b>Vision benefit</b> for the cost of spectacles/contact lenses   | Not covered | Not covered | Not covered | 100         | 300         |
| F. <b>Laser eye benefit</b> for surgery to correct vision  | Not covered | Not covered | Full refund | Full refund | Full refund |
| G. <b>Hearing test benefit</b> for one annual hearing test   | Not covered | Not covered | Not covered | Full refund | Full refund |
| H. <b>Hearing aid benefit</b> for the cost of a hearing aid  | Not covered | Not covered | Not covered | 150         | 300         |

## 6 Dental Treatment Benefits

*A 10% co-insurance and a 6 month waiting period applies to benefits B, C, D and E of this item*

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| A. <b>Emergency dental treatment</b> - dental treatment required immediately following an accident to repair sound natural teeth                                 | Full refund | Full refund | Full refund | Full refund | Full refund |
| B. <b>Non-emergency routine dental treatment</b> including routine examinations, x-rays, moulds, cleaning/polishing, fillings, extractions (except wisdom teeth) | Not covered | Not covered | 750         | 1,000       | 1,500       |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 6 Dental Treatment Benefits — continued

*A 10% co-insurance and a 6 month waiting period applies to benefits B, C, D and E of this item*

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| C. Non-emergency major dental treatment including crowns, inlays, bridges, dentures, root canal treatment and treatment of infections | Not covered | Not covered | 750         | 1,000       | 1,500       |
| D. Extraction of wisdom teeth as an in-patient, out-patient or day-patient  | Not covered | Not covered | Full refund | Full refund | Full refund |
| E. Orthodontic treatment for insured children under age 19  | Not covered | Not covered | Not covered | 500         | 1,000       |

## 7 Maternity Benefits

*A 10 month waiting period applies and pre-authorisation is required*

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| A. Complications of pregnancy and childbirth                                     | Not covered | 2,500       | 10,000      | 15,000      | Full refund |
| B. Normal pregnancy and childbirth   | Not covered | Not covered | Not covered | 7,500       | 10,000      |
| C. Paediatric benefit for the initial medical check-up of a newborn              | Not covered | Not covered | Not covered | 150         | 300         |
| D. Premature baby treatment received within the first two months following birth | Not covered | Not covered | Not covered | Full refund | Full refund |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 8 Additional Benefits

*A 12 month waiting period applies to Benefit A and C*

|   |             |             |             |   |   |
|---|-------------|-------------|-------------|---|---|
| A. <b>Congenital benefit</b> for conditions not discovered at birth but which can subsequently be corrected with surgery. A maximum lifetime limit applies to this benefit.   | Not covered | Not covered | Not covered | Full refund -<br>Up to 20,000<br>lifetime limit | Full refund -<br>Up to 20,000<br>lifetime limit |
| B. <b>Congenital/birth defects benefit</b> for conditions diagnosed within one year of birth for babies conceived by natural means. A maximum lifetime limit applies to this benefit.   | Not covered | Not covered | Not covered | Full refund -<br>Up to 20,000<br>lifetime limit | Full refund -<br>Up to 20,000<br>lifetime limit |
| C. <b>Infertility benefit</b> 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. | Not covered | Not covered | Not covered | 2,000   | 3,000   |

## 9 Cash Benefits

*Benefit B is subject to a 10 month waiting period*

|  |                                     |                                      |                                      |                                      |                                      |
|--|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| A. <b>Hospital cash benefit</b> when in-patient treatment received is free of charge   | 50 per night -<br>Maximum 30 nights | 100 per night -<br>Maximum 30 nights | 100 per night -<br>Maximum 30 nights | 200 per night -<br>Maximum 30 nights | 200 per night -<br>Maximum 30 nights |
| B. <b>Maternity cash benefit</b> payable on the birth of a child when no claim has been made under the maternity benefit   | Not covered                         | Not covered                          | Not covered                          | 250                                  | 500                                  |
| C. <b>Convalescence cash benefit</b> payable for each complete week of confinement to home (excluding first week) - benefit limited to 4 weeks in each period of insurance | Not covered                         | Not covered                          | Not covered                          | Not covered                          | 500                                  |

| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 10 Medical Evacuation and Repatriation Benefits

*Pre-authorization is required*

|   |                              |   |   |   |   |
|---|------------------------------|---|---|---|---|
| A. <b>Emergency medical transportation</b> of an insured person to the nearest suitable hospital when local medical care is inadequate and returning them to their country of residence after treatment, including the costs of a medical escort if necessary | Full refund                  | Full refund                                     | Full refund                                     | Full refund                                     | Full refund                                     |
| B. <b>Companion travel costs</b> when accompanying an insured person during emergency medical transportation  | Full refund                  | Full refund                                     | Full refund                                     | Full refund                                     | Full refund                                     |
| C. <b>Companion accommodation costs</b> when accompanying an insured person during an emergency medical transportation  | Not covered                  | 100 -<br><i>Maximum 10 nights<br/>per event</i> | 150 -<br><i>Maximum 10 nights<br/>per event</i> | 200 -<br><i>Maximum 10 nights<br/>per event</i> | 250 -<br><i>Maximum 10 nights<br/>per event</i> |
| D. <b>Medical assistance costs</b> including referral, medical advice and obtaining essential prescription medication   | Full refund                  | Full refund                                     | Full refund                                     | Full refund                                     | Full refund                                     |
| E. <b>Dependent child travel costs</b> for children under age 19 to travel to a destination of the insured person's choice following their emergency medical transportation, or for a relative to travel to the destination of the children                   | Economy Return<br>Air Ticket | Economy Return<br>Air Ticket                    | Economy Return<br>Air Ticket                    | Economy Return<br>Air Ticket                    | Economy Return<br>Air Ticket                    |
| F. <b>Repatriation of the deceased</b> when death occurs outside the home country   | Full refund                  | Full refund                                     | Full refund                                     | Full refund                                     | Full refund                                     |
| G. <b>Local burial or cremation</b> when death occurs outside the home country  | 1,000                        | 1,000   | 2,000   | 2,000   | 5,000   |



| Standard | Standard Plus | Comprehensive | Premium | Elite |
|----------|---------------|---------------|---------|-------|
| \$       | \$            | \$            | \$      | \$    |

## 11 Out of Area Treatment Benefit

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| A. <b>Emergency out of area treatment</b> for emergency medical treatment and acute episodes of existing covered medical conditions, whilst the insured person is temporarily travelling outside their selected geographical area | 25,000 -<br><i>Up to 30 days travel only</i> | 25,000 -<br><i>Up to 30 days travel only</i> | 40,000 -<br><i>Up to 30 days travel only</i> | 70,000 -<br><i>Up to 30 days travel only</i> | 100,000 -<br><i>Up to 30 days travel only</i> |
|---|--|--|--|--|---|

## 12 Evacuation to Home Country

*Pre-authorisation is required. Optional benefit only applicable if you have selected this benefit*

|   |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| A. <b>Home country evacuation</b> to an insured person's home country (when the home country is within the selected geographical area). This only applies if this additional benefit has been purchased | Full refund | Full refund | Full refund | Full refund | Full refund |
|---|-------------|-------------|-------------|-------------|-------------|

**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.**