

IDILELIZE DI ANG	- IDEADI		- LDUDY
IPH ELITE PLANS POLICY FEATURES AND BENEFIT LIMITS	A PEARL US\$	B SAPPHIRE	
Total Policy limit per person per policy year	\$1,000,000	\$1,500,000	\$2,000,000
In-Patient Cover:	ψ1,000,000	ψ1,000,000	ψ2,000,000
Hospital Services: (medical treatment/services ordered by a physician)	+Full Refund	+Full Refund	+Full Refund
Room and Board**	+Full Refund #	+Full Refund #	+Full Refund #
Intensive Care Unit**	+Full Refund	+Full Refund	+Full Refund
Day-Care Treatment	+Full Refund	+Full Refund	+Full Refund
In-Patient Psychiatric Treatment	+Full Refund (Max 30 days)	+Full Refund (Max 30 days)	+Full Refund (Max 30 days)
Parent Accommodation	+Full Refund	+Full Refund	+Full Refund
External Prosthetic Devices	\$2,000	\$3,000	\$4,000
Daily Cash Benefit for use of public hospital	\$250	\$250	\$250
Out-Patient Cover:			
General & Specialist Out-Patient Services	-	+Full Refund*	+Full Refund*
Pathology, Radiology and Diagnostic Tests	-	+Full Refund*	+Full Refund*
Prescribed Drugs and Dressings	-	+Full Refund*	+Full Refund*
Post Hospitalisation Treatment	\$2,000	+Full Refund*	+Full Refund*
Acupuncture & Specialist Herbal Treatment	-	-	+Full Refund*
Other Benefits:			
Cancer Treatment	+ Full Refund (In-Patient only)	+Full Refund	+Full Refund
	+ I uli neluliu (ili-Fallelii oliiy)	TI UII I ICIUIIU	+Full neturia
Organ Transplant (heart, lung, kidney, liver or bone marrow)	\$150,000	\$200,000	\$250,000
Organ Transplant (heart, lung, kidney, liver or bone marrow)	\$150,000	\$200,000	\$250,000
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation	\$150,000 +Full Refund	\$200,000 +Full Refund	\$250,000 +Full Refund
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion	\$150,000 +Full Refund \$50 per day (Max 15 days)	\$200,000 +Full Refund \$75 per day (Max 15 days)	\$250,000 +Full Refund \$100 per day (Max 15 days)
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit)	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years)	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth Newborn Care	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund -	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650 - †\$500 (first 14 days)	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000 †\$2,000 (first 14 days)
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth Newborn Care Rehabilitation Treatment	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund - - - \$3,000	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650 - †\$500 (first 14 days) \$6,000	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000 †\$2,000 (first 14 days) \$10,000
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth Newborn Care Rehabilitation Treatment Medical Aids (wheelchairs, knee braces or crutches)	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund - - - \$3,000 \$500	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650 - †\$500 (first 14 days) \$6,000 \$750	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000 †\$2,000 (first 14 days) \$10,000
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth Newborn Care Rehabilitation Treatment Medical Aids (wheelchairs, knee braces or crutches) Emergency Dental Treatment following accident	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund - - - \$3,000 \$500 \$1,000	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650 - †\$500 (first 14 days) \$6,000 \$750 \$1,500	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000 †\$2,000 (first 14 days) \$10,000 \$1,000 +Full Refund
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth Newborn Care Rehabilitation Treatment Medical Aids (wheelchairs, knee braces or crutches) Emergency Dental Treatment following accident Accident & Emergency Department	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund \$3,000 \$500 \$1,000 +Full Refund	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650 - †\$500 (first 14 days) \$6,000 \$750 \$1,500 +Full Refund	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000 †\$2,000 (first 14 days) \$10,000 \$1,000 +Full Refund +Full Refund
Organ Transplant (heart, lung, kidney, liver or bone marrow) Emergency Medical Evacuation Accommodation Expenses for companion Nursing at home - full refund up to Hospice & Palliative Care (lifetime limit) HIV & AIDS Treatment (Max 6 years) Local Ambulance Services Complications of Childbirth Routine Maternity Care and Childbirth Newborn Care Rehabilitation Treatment Medical Aids (wheelchairs, knee braces or crutches) Emergency Dental Treatment following accident Accident & Emergency Department Innocent Bystander in Terrorist Incident	\$150,000 +Full Refund \$50 per day (Max 15 days) +4 Weeks \$25,000 \$6,000 +Full Refund \$3,000 \$500 \$1,000 +Full Refund \$30,000	\$200,000 +Full Refund \$75 per day (Max 15 days) +8 Weeks \$30,000 \$6,000 +Full Refund †\$650 - †\$500 (first 14 days) \$6,000 \$750 \$1,500 +Full Refund \$30,000	\$250,000 +Full Refund \$100 per day (Max 15 days) +26 Weeks \$50,000 \$6,000 +Full Refund See below †\$2,000 †\$2,000 (first 14 days) \$10,000 \$1,000 +Full Refund +Full Refund \$30,000

This insurance is only available to residents of Asia. + Full Refund up to policy limit, # Single bedded room only, †12 months waiting period and 25% co-insurance applies.

[&]quot;A deductible of US\$100 per aliment claim per policy year applies to out-patient services. "Treatment in USA and Canada (25% co-insurance applies on all treatment costs)

a) Room and Board per day benefit limit - Pearl Plan - US\$100, Sapphire Plan - US\$125 (b) Intensive Care per day benefit limit - Pearl Plan - US\$180, Sapphire Plan - US\$250.

To be read in conjunction with IPH terms and conditions. Information correct at time of print. In the event of any conflict between the English and other language versions, the English version shall prevail.