







Worldwide table of benefits

VfA-International	 Diamant	 Platin	 Gold	 Silber	 Bronze
Maximum limit, per policy year	2.000.000	1.000.000	750.000	500.000	500.000
Currency	€/£/\$	€/£/\$	€/£/\$	€/£/\$	€/£/\$

A. In-patient & Day-patient Benefit

					
1 Hospital accommodation – costs of a standard single en-suite room	✓	✓	✓	✓	✓
2 Nursing fees, medical expenses and ancillary charges	✓	✓	✓	✓	✓
3 Prescription drugs and dressings	✓	✓	✓	✓	✓
4 Operating theatre charges, surgical drugs and dressings	✓	✓	✓	✓	✓
5 Surgeon's, anaesthetist's and consultant's fees.	✓	✓	✓	✓	✓
6 Surgical appliances which form a permanent and integral part of the body, apart from neurostimulators and pacemakers as outlined in the exclusions.	✓	✓	✓	✓	✓
7 Organ transplant – surgical procedure in performing the following organ and/or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea transplants.	✓ up to 300,000	✓ up to 200,000	✓ up to 200,000	✓ up to 100,000	✗
8 Oral surgical procedures as specified in our definition	✓	✓	✓	✓	✓
9 Emergency dental treatment required to restore your oral health following a serious eligible accident that requires you being admitted to hospital. Please refer to the definition of emergency in-patient dental treatment.	✓	✓	✓	✓	✓
10 Diagnostic tests, including pathology and radiology	✓	✓	✓	✓	✓
11 MRI/CT/PET scans	✓	✓	✓	✓	✓

	D	P	G	S	B
12 Physician and therapist fees including physiotherapy during an in-patient stay	✓	✓	✓	✓	✓
13 Psychiatric treatment. 12 month waiting period applies.	✓ up to a maximum of 28 days	✓ up to 10,000 for a maximum of 28 days	✓ up to 5,000 for a maximum of 28 days	✓ up to 5,000 for a maximum of 28 days	✗
14 Accommodation for one parent staying with an insured child under 16	✓	✓	✓	✓	✓
15 In-patient cash benefit where treatment has been received and no charges have been made	✓ 100 per night up to a maximum of 50 nights	✓ 100 per night up to a maximum of 50 nights	✓ 100 per night up to a maximum of 50 nights	✓ 100 per night up to a maximum of 50 nights	✓ 100 per night up to a maximum of 50 nights

B. Additional Benefits

	D	P	G	S	B
1 Complications during childbirth – cover for the following conditions that arise during childbirth and that require a recognised obstetric procedures: Postpartum haemorrhage and retained placental membrane. Complications of childbirth are only payable where the cover also includes a routine maternity benefit. In this case, complications of childbirth shall also refer to medically necessary caesarean sections. 12 month waiting period applies	✓ up to 10,000	✓ up to 5,000	✓ up to 2,500	✓ up to 2,500	✗
2 Complications in pregnancy resulting from, abnormal presentation; ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes or hydatidiform mole that arise during the antenatal stages of pregnancy. 12 month waiting period applies	✓ up to 10,000	✓ up to 5,000	✓ up to 2,500	✓ up to 2,500	✗
3 Hormone replacement therapy	✓ up to 250	✓ up to 250	✓ up to 250	✓ up to 250	✗
4 Home nursing benefit. Immediately following or instead of an in-patient stay	✓ up to 3,500	✓ up to 2,000	✓ up to 1,500	✓ up to 1,500	✗
5 Lokaler Krankentransport	✓	✓	✓	✓	✓

C. Out-patient Benefit

	D	P	G	S	B
1 Medical practitioners, specialist and consultants fees, prescribed medicines, drugs and dressings	✓	✓ up to 5,000	✓ up to 2,500	✓ up to 1,500	✓ up to 1,000 when following an in-patient surgical procedure for up to 90 days.
2 Diagnostic tests, including pathology and radiology	✓	✓ up to 5,000	✓ up to 2,500	✓ up to 1,500	✓ up to 1,000 when following an in-patient surgical procedure for up to 90 days.
3 Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, specialist or consultant. Physiotherapy is initially restricted to six sessions per condition, after which the treatment must be reviewed by the referring medical practitioner. Should further sessions be required, a progress report must be submitted to us, which indicates the medical necessity for any further treatment.	✓	✓ sublimited to 1000	✓ sublimited to 500	✓ sublimited to 500	✓ up to 1,000 when following an in-patient surgical procedure for up to 90 days.
4 Chiropractic, osteopathic, homeopathic, chinese herbal medicine and acupuncture.	✓	✓ sublimited to 1000	✓ sublimited to 500	✓ sublimited to 500	✓ up to 1,000 when following an in-patient surgical procedure for up to 90 days.
5 Psychiatric treatment.* 12 month waiting period applies	✓ up to 2,000	✓ sublimited to 1,000	✓ sublimited to 500	✓ sublimited to 500	✗
6 Routine health checks, including vaccinations*	✓ up to 300	✓ sublimited to 200	✓ sublimited to 200	✓ sublimited to 100	✗
7 MRI/CT/PET scans	✓	✓	✓	✓	✓
8 Out-patient surgery	✓	✓	✓	✓	✓

D. Cancer benefit

	D	P	G	S	B
1 Oncology tests, drugs, consultant's fees including cover for chemotherapy and radiotherapy, when the treatment is aimed to cure the cancer	✓	✓	✓	✓	✓

	D	P	G	S	B
2 Treatment on an in-patient, day-patient or out-patient basis that maintains, monitors and provides relief of symptoms of cancer that is diagnosed as a chronic medical condition	✓ within the limits specified in section E2	✓ within the limits specified in section E2	✓ within the limits specified in section E2	✓ within the limits specified in section E2	✗
3 Palliative treatment and end stage medical care of cancer that has been diagnosed as terminal	✓ within the limits specified in section F1	✓ within the limits specified in section F1	✓ within the limits specified in section F1	✓ within the limits specified in section F1	✗

E. Chronic medical conditions benefit

	D	P	G	S	B
1 Treatment of an acute episode of a chronic medical condition where you have become medically unstable	✓ within the limits specified in section A and C	✓ within the limits specified in section A and C	✓ within the limits specified in section A and C	✓ within the limits specified in section A and C	✓ within the limits specified in section A and C
2 Treatment that maintains, monitors and provides relief of symptoms, including palliative treatment of a chronic medical condition on an in-patient, day-patient or out-patient basis	✓ up to a lifetime limit of 50,000	✓ up to a lifetime limit of 40,000	✓ up to a lifetime limit of 30,000	✓ up to a lifetime limit of 20,000	✗

F. Terminal illness benefit

	D	P	G	S	B
1 Palliative treatment and end stage medical care of a diagnosed terminal illness	✓ up to a lifetime limit of 50,000	✓ up to a lifetime limit of 40,000	✓ up to a lifetime limit of 30,000	✓ up to a lifetime limit of 20,000	✗

G. Dental out-patient benefit

	D	P	G	S	B
1 Routine dental treatment - one annual check-up, including one annual scale and polish	✓ up to 75% of 3,000	✓ up to 75% of 1,000	✓ up to 75% of 500	✗	✗
2 Diagnostic tests such as x-rays	✓ up to 75% of 3,000	✓ up to 75% of 1,000	✓ up to 75% of 500	✗	✗
3 Clinically necessary dental treatment to restore your teeth and oral health, such as fillings, gum treatment, crowns, bridges, inlays and extractions.	✓ up to 75% of 3,000	✓ up to 75% of 1,000	✓ up to 75% of 500	✗	✗

	D	P	G	S	B
4 Emergency out-patient dental treatment – treatment received for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per policy period, and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment	✓ up to 75% of 3,000	✓ up to 75% of 1,000	✓ up to 75% of 500	✗	✗
5 Dental surgery to include extraction of teeth and root canal surgery	✓ up to 75% of 3,000	✓ up to 75% of 1,000	✓ up to 75% of 500	✗	✗
6 Orthodontic treatment for an insured person 6 under 18 years of age only. 12 month waiting period applies.	✓ up to 75% of 3,000	✓ up to 75% of 1,000	✓ up to 75% of 500	✗	✗

H. Medical evacuation & repatriation benefit


	D	P	G	S	B
1 Medical evacuation when an insured person is placed on a critical list or in our opinion, adequate treatment is not available locally or if adequately screened blood is unavailable in the event of an emergency. If a medical evacuation is eligible, we will evacuate the insured person to the nearest appropriate medical centre (which may or may not be located in the insured person's home country) or we will, where appropriate, endeavour to locate and transport screened blood and sterile transfusion equipment. The medical evacuation will be carried out in the most economical way having regard to the medical condition.	✓	✓	✓	✓	✓ when an in-patient or day-patient admission is needed
2 Accommodation after a medical evacuation if you are unable to travel after discharge – If medical necessity prevents the insured member from undertaking the evacuation or transportation following discharge from an in-patient episode of care, we will cover the reasonable cost of hotel accommodation up to a maximum of 7 days, comprising of a private room with en-suite facilities. We do not cover costs for hotel suites, 4 or 5 star hotel accommodation. Hotel accommodation for an accompanying person is not covered.	✓	✓	✓	✓	✓ when an in-patient or day-patient admission is needed
3 Economy class return airfare to country of residence – Following completion of treatment, we will cover the cost of the return trip, at economy rates, for the evacuated insured person to return to his/her principal country of residence. The return journey must be made within one month after the eligible treatment has been completed.	✓	✓	✓	✓	✓ when an in-patient or day-patient admission is needed

	D	P	G	S	B
4 Where an insured person has been evacuated to the nearest appropriate medical centre for ongoing treatment, we will agree to cover the reasonable cost of hotel accommodation comprising of a private room with en-suite facilities. The cost of such accommodation must be more economical than successive transportation costs to/from the nearest appropriate medical centre and the principal country of residence.	✓	✓	✓	✓	✓ when an in-patient or day-patient admission is needed
5 Economy travelling expenses of a companion – We will cover the economy class travel, accommodation and economy class return airfare expenses for pre-authorised costs of a close business companion or the insured person's dependants having to accompany the insured person for an emergency medical evacuation, this benefit will only apply when the insured person is evacuated when placed on a critical list.	✓	✓	✓	✓	✓ when an in-patient or day-patient admission is needed
6 Repatriation of mortal remains – the transportation costs of the deceased's mortal remains from the principal country of residence to the country of burial. Covered expenses include, but are not limited to, expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered in the event that this is required for legal purposes. Costs incurred by any accompanying persons are not covered. All covered expenses in connection with the repatriation of mortal remains must be pre-authorised by us.	✓	✓	✓	✓	✓

I. Compassionate emergency visit benefit






	D	P	G	S	B
1 Costs incurred by an insured person for an economy class return airfare from the principle country of residence to visit a close family member, up to the age of 70 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person, per policy year.	✓	✓	✓	✓	✓

J. Maternity Benefit

 Only available to Female members who are aged between 18 and 44. Cover only becomes available for treatment received 11 months after the Policy inception.

					
1 Any medically necessary costs incurred during a routine, non-complicated pregnancy or childbirth, including hospital charges, specialist fees, the mother's pre and post-natal care and midwife fees. We will only provide cover for one 2D ultrasound scan in each trimester.	 up to 7,500	 up to 5,000	 up to 2,500		
2 New born care after a covered pregnancy – we will provide cover for reasonable routine accommodation charges of your newborn. We will also provide cover for necessary examinations before discharge to include: • a physical examination • Vitamin K • Hepatitis B vaccine • BCG vaccine • blood tests for PKU, congenital hypothyroidism and G6PD	 up to 7,500	 up to 5,000	 up to 2,500		
3 Medically necessary c-sections	 within the limits specified in section B1	 within the limits specified in section B1	 within the limits specified in section B1		
4 Birth defects and congenital abnormalities	 up to 20,000	 up to 15,000	 up to 10,000		
5 New born accommodation when staying in hospital with the mother up to 10 nights					

K. Emergency Medical Cover (Outside Of Area)

					
1 Cover for emergency medical treatment 1 outside your area of cover	✓ up to 50,000	✓ up to 40,000 for a maximum of 60 days	✓ up to 30,000 for a maximum of 30 days	✗	✗



Please note: All limits above are per Policy year unless otherwise specified.