



Your health means the world to us

# Global Choice

Benefit Schedule

GENERALI GLOBAL HEALTH

This benefit schedule should be read in conjunction with the member guide and your certificate of insurance, which will highlight the plans purchased and any optional benefits provided. All defined terms are highlighted in bold type and are described in the member guide.

1. Core Plan

Territorial Limit Options	Worldwide Excl USA/ Worldwide Incl USA			Definitions
<b>Overall Annual Maximum</b>	\$1,000,000 /€875,000 /£650,000	\$3,000,000 /€2,625,000 /£2,000,000	\$4,500,000 /€4,000,000 /£3,000,000	This is the overall maximum <b>benefit limit</b> of <b>your policy</b> and applies per <b>insured person</b> , per <b>period of cover</b> .
<b>Reimbursement</b>	100%	100%	100%	Unless specifically noted to the contrary, <b>treatment</b> is reimbursed 100% up to <b>reasonable and customary charges</b> . Where <b>USA cover</b> has been purchased, any <b>treatment</b> undertaken outside of the network will be subject to 20% <b>co-insurance</b> .
<b>Core Plan</b>	<b>Select</b>	<b>Classic</b>	<b>Premier</b>	<b>We</b> will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub limits.
<b>Hospital charges</b>	in full	in full	in full	Charges for <b>in-patient</b> or <b>day-patient treatment</b> made by a <b>hospital</b> including charges for <b>room and board</b> , intensive care unit (ICU) or high dependency unit (HDU) costs, <b>diagnostic tests</b> , operating theatre charges, surgeon and anaesthetist charges, <b>medical practitioner/specialist fees</b> , costs of a <b>qualified nurse</b> and <b>drugs and dressings</b> as prescribed by a <b>medical practitioner</b> or <b>specialist</b> , <b>durable medical equipment</b> .
<b>Rehabilitation and therapies</b> 🏠	in full up to 60 days	in full up to 90 days	in full up to 180 days	<b>Rehabilitation</b> undertaken in a <b>hospital</b> as an <b>in-patient</b> or in a recognised <b>rehabilitation</b> unit and under the direction of a <b>specialist</b> , including <b>room and board</b> and therapies such as physical therapy, occupational therapy and speech therapy.
<b>Organ transplant</b> 🏠	in full	in full	in full	<b>Treatment</b> for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the <b>insured person</b> as a recipient, carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with world health organisation (WHO) guidelines. Medical costs associated with the donor as an <b>in-patient</b> or <b>day-patient</b> but excluding the cost of donor search.
<b>Acute chronic episodes</b>	in full	in full	in full	<b>Acute</b> flair up of a <b>chronic medical condition</b> , providing active <b>treatment</b> as an <b>in-patient</b> or <b>day-patient</b> stay in order to stabilise the condition for the period of admission only.
<b>Reconstructive surgery</b>	in full	in full	in full	Surgery required as a result of an <b>accident</b> or illness which occurred during the <b>period of cover</b> and is undertaken within 12 months of the <b>accident/illness</b> occurring to restore natural function or appearance, subject to the <b>cover</b> being in force.
<b>Parent accommodation</b>	in full	in full	in full	The cost of one parent staying in <b>hospital</b> overnight with an <b>insured person</b> under 18 years old while the child is admitted and is receiving <b>treatment</b> as an <b>in-patient</b> .
<b>Child accommodation</b>	in full	in full	in full	<b>Room and board</b> costs relating to a <b>new born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>insured person</b> ) while she is receiving <b>treatment</b> as an <b>in-patient</b> in a <b>hospital</b> .

Territorial Limit Options	Worldwide Excl USA/ Worldwide Incl USA			Definitions
<b>Overall Annual Maximum</b>	\$1,000,000 /€875,000 /£650,000	\$3,000,000 /€2,625,000 /£2,000,000	\$4,500,000 /€4,000,000 /£3,000,000	This is the overall maximum <b>benefit limit</b> of <b>your policy</b> and applies per <b>insured person</b> , per <b>period of cover</b> .
<b>Core Plan</b>	<b>Select</b>	<b>Classic</b>	<b>Premier</b>	<b>We</b> will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub limits.
<b>Pregnancy related medical conditions</b>	in full	in full	in full	<b>In-patient treatment</b> of a <b>medical condition</b> which arises during the antenatal stages of <b>pregnancy</b> , or during childbirth. We would consider <b>treatment</b> of the following: ectopic <b>pregnancy</b> , stillbirth, abnormal cell growth in the womb (hydatidiform mole), retained placenta or placenta praevia, pre-eclampsia or eclampsia and/or toxemia, <b>pregnancy</b> related diabetes, post partum haemorrhage, miscarriage requiring immediate surgical <b>treatment</b> , failure to progress in labour, <b>pregnancy</b> related vitamin and mineral deficiency.  The cost of <b>emergency</b> caesarean section.  This does not include <b>medically necessary</b> caesarean section costs due to a previously elective caesarean section.
<b>New born care</b>	no cover	\$100,000/€87,000/ £65,000	in full	<b>New born</b> care for 30 days after birth. For full <b>cover</b> and <b>benefits</b> to apply to a <b>new born</b> from birth, they need to be enrolled into the <b>policy</b> as a <b>dependant</b> within 30 days from their date of birth. Enrolment after 30 days may be subject to eligibility restrictions as noted in the member guide.
<b>Psychiatric treatment and psychotherapy ☎</b>	in full up to 30 days	in full up to 60 days	in full up to 90 days	<b>Medically necessary in-patient treatment</b> of a recognised <b>mental health disorder</b> in a recognised psychiatric unit of a <b>hospital</b> . All <b>treatment</b> must be administered under the direct supervision of a consultant psychiatrist.
<b>Congenital disorders</b>	no cover	\$100,000 /€87,500/ £65,000	in full	<b>In-patient treatment</b> of a <b>congenital disorder</b> requiring <b>acute</b> care or surgical intervention to cure the <b>medical condition</b> .
<b>Prosthesis</b>	no cover	\$5,000 /€4,350/ £3,250	in full	<b>We</b> pay for the initial <b>prosthesis</b> needed as part of <b>your treatment</b> and which is required at the time of <b>your</b> surgical procedure. <b>We</b> do not pay for any replacement <b>prosthesis</b> including any replacement devices required in relation to a <b>pre-existing condition</b> .
<b>Home nursing ☎</b>	in full up to 30 days	in full up to 60 days	in full up to 180 days	<b>We</b> pay for <b>home nursing</b> following discharge from a <b>hospital</b> as consequence of eligible <b>in-patient treatment</b> . <b>We</b> pay if the <b>home nursing</b> : - is required only to provide medical care - is necessary, meaning that without it <b>you</b> would have to stay in <b>hospital</b> - starts immediately following discharge from <b>hospital</b> - is provided by a <b>qualified nurse</b> - is recommended or prescribed by <b>your specialist</b> .

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Territorial Limit Options	Worldwide Excl USA/ Worldwide Incl USA			Definitions
<b>Overall Annual Maximum</b>	\$1,000,000 /€875,000 /£650,000	\$3,000,000 /€2,625,000 /£2,000,000	\$4,500,000 /€4,000,000 /£3,000,000	This is the overall maximum <b>benefit limit</b> of <b>your policy</b> and applies per <b>insured person</b> , per <b>period of cover</b> .
<b>Core Plan</b>	<b>Select</b>	<b>Classic</b>	<b>Premier</b>	<b>We</b> will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub limits.
<b>Hospice care</b>	no cover	\$10,000 /€8,750 £6,500	in full	<b>Treatment</b> following the diagnosis that <b>your medical condition</b> is <b>terminal</b> , we pay for <b>your palliative treatment</b> , social and spiritual care and <b>hospital</b> or hospice accommodation, nursing care and <b>drugs and dressings</b> .
<b>In-patient emergency dental treatment</b>	no cover	\$2,000 /€1,750/ £1,300	in full	This means <b>emergency dental treatment</b> required to sound, natural teeth following an <b>accident</b> which necessitates <b>your</b> admission to <b>hospital</b> for at least one night.
<b>Hospital cash</b>	\$200/€175/£130	\$250/€225/£165	\$300/€265/£200	The payment of a defined cash <b>benefit</b> for each night an <b>insured person</b> receives <b>in-patient treatment</b> and the <b>treatment</b> would ordinarily have been eligible <b>treatment</b> under this <b>policy</b> and was received free of charge.
<b>Ambulatory services</b>	in full	in full	in full	<b>We</b> will pay for in-country ambulatory transportation by road or, if <b>medically necessary</b> , air ambulance to the nearest suitable <b>hospital</b> where services are available to provide <b>treatment</b> for <b>your</b> eligible <b>accident</b> or <b>medical condition</b> , as well as a clinical escort where deemed <b>medically necessary</b> to accompany <b>you</b> .
<b>Emergency assistance and evacuation and repatriation services ☎</b>	in full	in full	in full	Costs of an <b>insured person</b> in the event of <b>emergency treatment</b> not being readily available in the country of incident to be transported by the most appropriate means to the nearest appropriate medical facility or to the country of <b>your</b> choice (if, in the opinion of the treating <b>specialist</b> and <b>us</b> that <b>you</b> are in the appropriate medical position to be able to undertake the journey), for the purpose of admission to <b>hospital</b> as an <b>in-patient</b> or <b>day-patient</b> . <b>We</b> will pay the reasonable expenses for: <ul style="list-style-type: none"> <li>- the most medically appropriate air transportation costs including a locally-accompanying person who is required to travel as an escort where <b>medically necessary</b>.</li> <li>- local travel costs to and from medical appointments when <b>treatment</b> is being received as a <b>day-patient</b>.</li> <li>- travel costs to enable a locally-accompanying person to visit the <b>insured person</b> in <b>hospital</b> following admission as an <b>in-patient</b>.</li> <li>- standard hotel accommodation immediately pre and post-<b>hospital</b> admission periods provided that the <b>insured person</b> is under the care of a <b>specialist</b> for a period of up to seven days post discharge from <b>hospital</b>.</li> <li>- an economy class airfare ticket to return the <b>insured person</b> and a locally-accompanying person who has travelled as an escort to the site where the <b>emergency</b> initially arose or to the that person's <b>country of residence</b>.</li> <li>- the cost of incidental expenses related to the <b>emergency</b> including, companion/child transport and accommodation, child care and pet care.</li> </ul> This <b>benefit</b> does not extend to include air/sea rescue or mountain rescue services.

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<b>Overall Annual Maximum</b>	\$1,000,000 /€875,000 /£650,000	\$3,000,000 /€2,625,000 /£2,000,000	\$4,500,000 /€4,000,000 /£3,000,000	This is the overall maximum <b>benefit limit</b> of <b>your policy</b> and applies per <b>insured person</b> , per <b>period of cover</b> .
<b>Core Plan</b>	<b>Select</b>	<b>Classic</b>	<b>Premier</b>	<b>We</b> will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub limits.
<b>Compassionate travel</b> 📞	no cover	1 economy class ticket	2 economy class tickets	<b>We</b> will pay for an economy return flight for a <b>you</b> , together with any minors (under the age of 16), to travel from <b>your country of residence</b> to visit an <b>immediate family member</b> that has been placed on the critical list.
<b>Repatriation of mortal remains</b> 📞	\$13,000 /\$11,000/ £8,500	\$13,000 /\$11,000/ £8,500	\$13,000 /\$11,000/ £8,500	Transportation of mortal remains following death of an <b>insured person</b> whilst outside of their country of nationality. The costs of a local burial in the country where the death occurred, other than the <b>insured person's</b> home country, cremation costs in the country where the death occurred and transportation of the urn to the deceased's <b>country of residence</b> or home country.
<b>Emergency cover outside area of coverage</b>	\$30,000 /€26,500/ £20,000	\$45,000/€40,000/ £30,000	\$60,000/€52,500/ £40,000	<b>Emergency</b> care for any <b>accident</b> or <b>medical condition</b> which has developed whilst travelling and are not <b>pre-existing conditions</b> outside of <b>your geographical area</b> until <b>you</b> are stable for transfer, or up to the <b>benefit limit</b> specified, whichever is the lesser amount.
<b>Emergency out-patient care</b>	no cover	\$1,000/€875/£650	\$1,000/€875/£650	<b>We</b> will pay for minor <b>emergency treatment</b> at an <b>accident</b> and <b>emergency</b> unit or <b>emergency</b> room of a <b>hospital</b> .
<b>Out-patient surgery</b>	in full	in full	in full	<b>Treatment</b> costs for a surgical procedure performed in an <b>out-patient</b> surgery, <b>hospital out-patient</b> department or clinic.
<b>CT/MRI/PET Scans</b>	in full	in full	in full	The costs of radiology including CT, MRI or PET scan (or combination of these scans) when recommended by <b>your specialist</b> and undertaken as an <b>in-patient, day-patient</b> or <b>out-patient</b> .
<b>Cancer care</b> 📞	in full	in full	in full	<b>Treatment</b> given for diagnosed <b>cancer</b> received as an <b>in-patient, day-patient</b> or <b>out-patient</b> . Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination.
<b>Renal dialysis</b> 📞	no cover	in full	in full	<b>Treatment</b> of renal failure, including renal dialysis as an <b>in-patient, day-patient</b> or <b>out-patient</b> . This includes pre and post-operative renal dialysis and as part of intensive care and for on-going maintenance while waiting for a kidney transplant for a limit of up to two years.

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2. Out-Patient Benefits

Territorial Limit Options	Worldwide Excl USA/Worldwide Incl USA			Definitions
<b>Overall Annual Maximum</b>	\$1,000,000 /€875,000 /£650,000	\$3,000,000 /€2,625,000 /£2,000,00	\$4,500,000 /€4,000,000 /£3,000,000	This is the overall maximum <b>benefit limit</b> of <b>your policy</b> and applies per <b>insured person</b> , per <b>period of cover</b> .
<b>Out-Patient Benefits</b>	<b>Advance</b>	<b>Elite</b>	<b>Prestige</b>	<b>We</b> will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub limits.
<b>Overall Out-Patient Benefit Limit</b>	\$5,000/€4,350 /£3,250	in full	in full	
<b>Out-patient consultations</b>	in full within <b>out-patient</b> limit	in full	in full	<b>Medical practitioner</b> and <b>specialist</b> fees including consultations to assess the symptoms of <b>your medical condition</b> .
<b>Diagnostic tests</b>	in full within <b>out-patient</b> limit	in full	in full	The costs of <b>diagnostic tests</b> used to diagnose or assess the symptoms of <b>your medical condition</b> .
<b>Chronic condition management</b>	in full within <b>out-patient</b> limit	in full	in full	Management of <b>chronic medical conditions</b> requiring on-going or long-term monitoring through consultations with a <b>medical practitioner</b> or <b>specialist</b> including examinations, check-ups and the prescribing of <b>drugs and dressings</b> .
<b>Physiotherapy</b>	10 sessions	20 sessions	30 sessions	<b>We</b> will pay for <b>physiotherapy</b> costs under the direction of a registered <b>physiotherapist</b> , following referral by a <b>medical practitioner</b> or <b>specialist</b> , and where the <b>treatment</b> is of short duration to relieve pain or restore function.
<b>Drugs and dressings</b>	in full within <b>out-patient</b> limit	in full	in full	The cost of <b>drugs and dressings</b> prescribed by <b>your medical practitioner</b> or <b>specialist</b> that will only be used for the <b>treatment</b> of a <b>medical condition</b> or injury.
<b>HIV/AIDS</b>	no cover	\$10,000/€8,750/ £6,500	\$20,000/€17,500/ £13,000	Costs which arise from, or are in any way related to Human Immuno Deficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any variations thereof. Expenses are limited to pre and post-diagnosis consultations, routine check-ups and <b>drugs and dressings</b> . The <b>benefit</b> is only available after three years of continuous membership.
<b>Vaccinations</b>	no cover	\$500/€435 /£325	in full	<b>Vaccinations</b> including <b>vaccinations</b> to aid the prevention of <b>cancer</b> , such as the human papilloma virus (HPV) vaccination and where such vaccines have completed clinical trials and are approved for use in the country where <b>treatment</b> is taking place.
<b>Durable medical equipment</b>	\$500/€435/ £325	\$1,500/€1,300/ £975	\$5,000/€4,350/ £3,250	<b>We</b> will pay towards the costs of any <b>durable medical equipment</b> used in the course of <b>treatment</b> of an <b>accident</b> or <b>medical condition</b> or while undertaking nursing at home where <b>medically necessary</b> and where recommended by a <b>medical practitioner</b> or <b>specialist</b> .
<b>Complementary treatment</b>	\$1,000/€875/ £650	\$2,500/€2,200/ £1,625	\$5,000/€4,350/ £3,250	<b>Complementary treatment</b> provided as an <b>out-patient</b> in respect of an eligible <b>medical condition</b> .
<b>Dietician/Nutritionist</b>	no cover	no cover	\$500/€435/ £325	The cost of a dietician or nutritionist consultation for the purpose of undertaking a dietary control regime related to the control of weight or the management and control of an eligible <b>medical condition</b> when referred by a <b>medical practitioner</b> or <b>specialist</b> .
<b>Speech therapy</b>	no cover	\$1,300/€1,100/ £850	in full	Speech therapy as part of a <b>treatment</b> programme for a <b>medical condition</b> and when referred by a <b>medical practitioner</b> or <b>specialist</b> .
<b>Hearing aids</b>	no cover	no cover	1 per lifetime (50% <b>co-insurance</b> )	The costs of one set of hearing aids as a consequence of a diagnosed <b>medical condition</b> significantly impairing the <b>insured person's</b> ability to hear.
<b>Hormone replacement therapy (early onset)</b>	no cover	in full	in full	<b>Treatment</b> of the menopause as a consequence of a hysterectomy or due to early onset. For the purposes of this <b>benefit</b> , early onset shall mean where initial onset, by whatever cause, takes place in a women under the age of 40.
<b>Psychiatric treatment and psychotherapy</b>	no cover	\$2,500/€2,200/ £1,625	\$5,000/€4,350/ £3,250	Consultation and associated costs for psychiatry, psychology or psychotherapy as a consequence of a defined <b>mental health disorder</b> , provided the overall <b>treatment</b> is under the referral of a practicing registered psychiatrist licensed to practice as such in the country where the <b>treatment</b> is taking place.

### 3. Optional Modular Benefits

Optional Modular Benefits				Definitions
<b>Wellness</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	
<b>Routine check-ups</b>	\$500/€435/£325	\$1,000/€875/£650	\$1,500/€1,300/£975	Full health screenings including cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests.
<b>Wellness/screening tests</b>				<b>Cancer</b> screenings including mammogram, pap test, prostate <b>cancer</b> screening or colon <b>cancer</b> screening at intervals recommended in the country where the <b>treatment</b> is undertaken.
<b>Well-baby checks</b>				Well-baby checks, effective from 24 hours after birth and up until the child's second birthday and as recommended by a <b>medical practitioner</b> or <b>specialist</b> , including physical examinations, measurements, screenings, evaluations and blood tests as is recommended in the country where the <b>treatment</b> is undertaken.
<b>Fertility</b>				<b>Definitions</b>
<b>Fertility treatment</b>	\$25,000/€22,000/£16,250 per lifetime			<p><b>Diagnostic tests</b> for the diagnosis and <b>treatment</b> of infertility including approved surgeries, other therapeutic procedures and any ovulation induction induced via certain oral or injectable infertility medication, artificial insemination including advanced reproductive technology (ART) procedures and in vitro fertilisation (IVF) with embryo transfer. <b>You</b> must be an <b>insured person</b> for at least 12 months prior to incurring costs, with fertility <b>treatment</b> being undertaken directly to <b>you</b>.</p> <p>We will not pay for the cost of:</p> <ul style="list-style-type: none"> <li>- any <b>treatment</b> for complications of birth (for both mother and child) from in vitro fertilisation (IVF) or any other form of assisted reproduction</li> <li>- any infertility services when the infertility is caused or related to voluntary sterilisation</li> <li>- any donor charges and services</li> <li>- any cryopreservation of donor eggs and sperm</li> <li>- any experimental, investigational or unproven infertility procedures or therapies</li> </ul>
<b>Vision</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Definitions</b>
<b>Annual eye test</b>	in full	in full	in full	One eye test each <b>period of cover</b> , which includes the cost of <b>your</b> consultation and sight/vision testing.
<b>Glasses and contact lenses</b>	no cover	\$250/€225/£165	\$500/€435/£325	The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an ophthalmologist or optician to correct a sight/vision problem, such as short or long sight to a maximum of one pair per <b>insured person</b> per <b>period of cover</b> . The cost of frames only if <b>you</b> have been prescribed spectacle lenses, and where confirmation of the prescription/purchase of lenses is provided to a maximum of one pair per <b>insured person</b> for every two <b>periods of cover</b> . The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.



Optional Modular Benefits				Definitions
<b>Maternity</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	
<b>Pregnancy and childbirth</b>	\$10,000/€8,750/ £6,500	\$20,000/€17,500/ £13,000	in full	<b>Medically necessary</b> costs incurred during normal <b>pregnancy</b> and childbirth: Childbirth costs, including pre and post-natal check-ups up to six weeks following birth, scans and delivery costs for a natural birth, <b>home birth</b> or non-emergency caesarean section and <b>medically necessary</b> caesarean section costs due to previous elective caesarean section. Complications of <b>pregnancy</b> as a result of fertility treatment and artificial insemination (IVF) will be limited to this <b>benefit</b> if this option is purchased. Well-baby examinations and paediatrician costs for the first examination/check-up of a <b>new born</b> baby, if the examination is made within 24 hours of delivery.
<b>Dental</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Definitions</b>	
<b>Routine</b>	\$500/€435/ £325	\$1,000/€875/£650	Routine dental <b>treatment</b> which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative <b>treatment</b> including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal <b>treatment</b> . A <b>co-insurance</b> of 20% applies to this <b>benefit</b> .	
	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>	
<b>Routine and restorative</b>	\$1,000/€875/ £650	\$2,500/€2,200/ £1,650	\$5,000/€4,350/ £3,250	Routine dental <b>treatment</b> which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative <b>treatment</b> including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal <b>treatment</b> . Major restorative <b>treatment</b> defined as the removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where <b>medically necessary</b> rather than for cosmetic purposes compared with other <b>treatment</b> options available. A <b>co-insurance</b> of 20% applies to this <b>benefit</b> .
	<b>Option 6</b>	<b>Option 7</b>		
<b>Routine, restorative and orthodontic</b>	\$2,500/€2,200/ £1,650	\$5,000/€4,350/£3,250	Routine dental <b>treatment</b> which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative <b>treatment</b> including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal <b>treatment</b> . Major restorative <b>treatment</b> defined as the removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where <b>medically necessary</b> rather than for cosmetic purposes compared with other <b>treatment</b> options available. Orthodontic <b>treatment</b> covering the fees and associated costs of a <b>dental practitioner</b> carrying out orthodontic <b>treatment</b> on any <b>insured person</b> up to and including 18 years of age. A <b>co-insurance</b> of 20% applies to routine dental and major restorative dental <b>benefits</b> . A 50% <b>co-insurance</b> applies to orthodontic <b>treatment</b> .	

☎ Requires pre-authorisation

## Global Choice

International health protection that flexes around you.

This product is underwritten by Assicurazioni Generali S.p.A., Hong Kong Branch, 5/F Generali Tower, 8 Queen's Road East, Hong Kong, in association with Generali Global Health, a division of Assicurazioni Generali S.P.A. UK Branch, 100 Leaman Street, London E1 8AJ United Kingdom.

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