

# XN Global Solutions

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Plan Comparison | Group

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Geographical Area of Coverage	The Planholder can choose the Area of coverage based on their Country of Residency as follows:				
	<b>Worldwide including USA Elective Treatment</b>				
	<b>Worldwide excluding USA</b>				
	<b>Africa Area of Coverage Restriction</b> For Insured Persons residing in Africa, the Geographic Area of Coverage for elective Treatment will be restricted to: Africa, India, Pakistan, Sri Lanka, Bangladesh, Jordan, Lebanon, Mainland China and the Philippines.				
	<b>Asia Area of Coverage Restriction</b> For Insured Persons residing in Armenia, Azerbaijan, Brunei, Cambodia, Georgia, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Malaysia, Myanmar, Mongolia, the Philippines, Tajikistan, Thailand, Timor-Leste (East Timor) Turkey, Turkmenistan, Uzbekistan and Vietnam, the Asia Area of Coverage Restriction for elective Treatment will include all named countries and Singapore.				
	<b>Indian Sub-Continent Area of Coverage Restriction</b> For insured Persons residing in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka, the Indian Sub-Continent Area of Coverage Restriction for elective Treatment will include all named countries and Singapore.				
	Any Treatment received outside the Geographic Area is limited to the Emergency outside Area of Coverage Treatment Benefit.				
	Base	Elevation	Ascent	Summit	Apex
Annual maximum Policy aggregate limit	USD \$ / EURO €3,000,000	USD \$ / EURO €3,500,000	USD \$ / EURO €4,000,000	USD \$ / EURO €4,500,000	USD \$ / EURO €5,000,000
Hospital Charges, Medical Practitioners and Specialist fees					
(i) Hospital charges for In and Day-Patient Treatment.	(i) Full Refund	(i) Full Refund	(i) Full Refund	(i) Full Refund	(i) Full Refund
(ii) Ancillary Charges and Durable Medical Equipment	(ii) Up to USD \$ / EURO €1,500 per Medical Condition, per Period of Cover	(ii) Up to USD \$ / EURO €1,500 per Medical Condition, per Period of Cover	(ii) Up to USD \$ / EURO €2,000 per Medical Condition, per Period of Cover	(ii) Up to USD \$ / EURO €2,500 per Medical Condition, per Period of Cover	(ii) Up to USD \$ / EURO €3,000 per Medical Condition, per Period of Cover
Diagnostic Tests	Full Refund				

# Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
<b>External Prosthesis</b>	Up to USD \$ / EURO €1,000 per Insured Person, per Period of Cover	Up to USD \$ / EURO €2,500 per Insured Person, per Period of Cover	Up to USD \$ / EURO €2,500 per Insured Person, per Period of Cover	Up to USD \$ / EURO €5,000 per Insured Person, per Period of Cover	Up to USD \$ / EURO €5,000 per Insured Person, per Period of Cover
<b>Routine Management of Chronic Conditions</b>	No Cover	Full Refund subject to overall Out-Patient Benefit limit of USD \$ / EURO €5,000	Full Refund	Full Refund	Full Refund
<b>Emergency Road Ambulance</b>	Full Refund				
<b>Parent Accommodation</b>	Full Refund				
<b>Renal Failure and Dialysis</b>	Full Refund				
<b>Organ Transplant</b>					
(i) <b>Surgical Procedures and Treatment</b>	(i) Full Refund	(i) Full Refund	(i) Full Refund	(i) Full Refund	(i) Full Refund
(ii) <b>Donor Medical Costs</b>	(ii) Up to USD \$ / EURO €50,000	(ii) Up to USD \$ / EURO €50,000	(ii) Up to USD \$ / EURO €50,000	(ii) Up to USD \$ / EURO €50,000	(ii) Up to USD \$ / EURO €50,000
<b>Stem Cell Treatment including harvesting immediately prior to Treatment.</b>	Not Covered	Not Covered	USD \$ / EURO €50,000 Lifetime Benefit limit	USD \$ / EURO €75,000 Lifetime Benefit limit	USD \$ / EURO €100,000 Lifetime Benefit limit
<b>Cancer Treatment</b>	Full Refund				
<b>Complications of Pregnancy</b> Waiting Period: Twelve (12) months from the Start Date or Entry Date, whichever is the latter is excluded.	Full Refund				
<b>Newborn Cover</b>	Up to USD \$ / EURO €50,000 Lifetime Benefit limit	Up to USD \$ / EURO €75,000 Lifetime Benefit limit	Up to USD \$ / EURO €100,000 Lifetime Benefit limit	Up to USD \$ / EURO €150,000 Lifetime Benefit limit	Up to USD \$ / EURO €200,000 Lifetime Benefit limit
<b>Hospital Accommodation for Newborn Infant Accompanying Their Mother</b>	Full Refund				
<b>Congenital Disorders</b>	Up to USD \$ / EURO €50,000 Lifetime Benefit limit	Up to USD \$ / EURO €75,000 Lifetime Benefit limit	Up to USD \$ / EURO €100,000 Lifetime Benefit limit	Up to USD \$ / EURO €150,000 Lifetime Benefit limit	Up to USD \$ / EURO €200,000 Lifetime Benefit limit

# Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
<b>Reconstructive Surgery</b>	Full Refund				
<b>Rehabilitation</b>	Full Refund up to 30 days per Medical Condition	Full Refund up to 60 days per Medical Condition	Full Refund up to 90 days per Medical Condition	Full Refund up to 120 days per Medical Condition	Full Refund up to 180 days per Medical Condition
<b>In-Patient Emergency Dental Treatment</b>	Full Refund				
<b>In-Patient Psychiatric Treatment</b>	Full Refund up to 30 days	Full Refund up to 30 days	Full Refund up to 45 days	Full Refund up to 60 days	Full Refund up to 60 days
<b>Terminal Illness</b>	Up to USD \$ / EURO €50,000 Lifetime Benefit limit	Up to USD \$ / EURO €75,000 Lifetime Benefit limit	Up to USD \$ / EURO €100,000 Lifetime Benefit limit	Up to USD \$ / EURO €125,000 Lifetime Benefit limit	Up to USD \$ / EURO €150,000 Lifetime Benefit limit
<b>Emergency outside Area of Coverage Treatment</b> (i) Accident and Injuries (ii) Illness (iii) Out-Patient Treatment	(i) Full Refund (ii) Up to USD \$ / EURO €50,000 (iii) USD \$ / EURO €500				
<b>Evacuation and Repatriation</b> (i) Transportation costs (ii) Reasonable travel costs to and from appointments (iii) Reasonable transport costs for local accompanying person (iv) Reasonable cost for Non-Hospital Accommodation costs (v) Repatriation to Country of Nationality or Country of Residency following Treatment.	(i) Full Refund (ii) Full Refund (iii) Full Refund (iv) Up to USD \$ / EURO €200 per day up to USD \$ / EURO €5,000 per person (v) Full Refund. Economy class air ticket for the Insured Person plus local accompanying person				

# Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
<b>Mortal Remains</b> (i) Transportation of Body or Ashes of Insured Member to Country of Nationality or Country of Residency (ii) Burial or Cremation Costs at the Place of Death.  Mortal Remains Benefit only applies following an Eligible Evacuation event.	(i) Full Refund  (ii) Up to USD \$ / EURO €5,000	(i) Full Refund  (ii) Up to USD \$ / EURO €7,500	(i) Full Refund  (ii) Up to USD \$ / EURO €10,000	(i) Full Refund  (ii) Up to USD \$ / EURO €15,000	(i) Full Refund  (ii) Up to USD \$ / EURO €20,000
<b>Hospital Cash Benefit</b>	Up to USD \$ / EURO €250 per night, max 30 days	Up to USD \$ / EURO €300 per night, max 30 days	Up to USD \$ / EURO €350 per night, max 30 days	Up to USD \$ / EURO €400 per night, max 30 days	Up to USD \$ / EURO €500 per night, max 30 days
<b>Out-Patient Treatment</b>	Pre- and post-operative up to 15 days before or after In-Patient Treatment	Full Refund subject to overall Out-Patient aggregate limit of USD \$ / EURO €5,000	Full Refund	Full Refund	Full Refund
<b>Prescription Medication</b>	Pre- and post-operative up to 15 days before or after In-Patient Treatment	Full Refund subject to overall Out-Patient aggregate limit of USD \$ / EURO €5,000	Full Refund	Full Refund	Full Refund
<b>Hormone Replacement Therapy</b>	No Cover	No Cover	Up to USD \$ / EURO €250 per Period of Cover	Up to USD \$ / EURO €500 per Period of Cover	Up to USD \$ / EURO €750 per Period of Cover
<b>Day-Patient and Out-Patient Surgery</b>	Full Refund				
<b>Out-Patient Psychiatric Treatment</b>	No Cover	No Cover	Up to USD \$ / EURO €5,000 per Period of Cover including cover for psychologists and psychotherapists	Up to USD \$ / EURO €7,500 per Period of Cover including cover for psychologists and psychotherapists	Up to USD \$ / EURO €10,000 Period of Cover including cover for psychologists and psychotherapists

# Plan Comparison | Group

	Base		Elevation		Ascent	Summit	Apex
<b>Out-Patient Behavioral or Development Disorders</b>	No Cover		No Cover		No Cover	Up to USD \$ / EURO €1,000	Up to USD \$ / EURO €1,500
<b>Travel Vaccinations</b>	No Cover		No Cover		Up to USD \$ / EURO €250 per Period of Cover	Up to USD \$ / EURO €500 per Period of Cover	Up to USD \$ / EURO €1,000 per Period of Cover
<b>Wellness</b>							
(i) <b>Adult Preventative Screening and Child Screening</b>	(i)	No Cover	(i)	No Cover	(i) Up to USD \$ / EURO €250	(i) Up to USD \$ / EURO €500	(i) Full Refund
(ii) <b>Medical Check-Ups and Vaccinations</b>	(ii)	No Cover	(ii)	No Cover	(ii) No Cover	(ii) Up to USD \$ / EURO €750	(ii) Up to USD \$ / EURO €1,000
<b>Out-Patient Physiotherapy and Alternative Therapies</b>							
(i) Consultations and Treatment by a registered Physiotherapist, osteopaths, chiropodist, podiatrist, chiropractor, homeopath, dietician, and acupuncturist.	(i)	No Cover	(i)	Full Refund subject to overall Out-Patient aggregate limit and maximum 10 sessions	(i) Full Refund	(i) Full Refund	(i) Full Refund
(ii) Out-Patient Treatment and medication administered and prescribed by a recognised Traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.	(ii)	No Cover	(ii)	USD \$ / EURO €250 per Period of Cover	(ii) USD \$ / EURO €500	(ii) USD \$ / EURO €750	(ii) USD \$ / EURO €1000
<b>Nursing Care at Home</b>	Full refund up to 30 days		Full refund up to 60 days		Full refund up to 90 days	Full refund up to 120 days	Full refund up to 180 days
<b>HIV/AIDS</b> Waiting Period: Thirty-six (36) months from the Start Date or Entry Date, whichever is the latter is excluded.	Up to USD \$ / EURO €50,000		Up to USD \$ / EURO €50,000		Up to USD \$ / EURO €50,000	Up to USD \$ / EURO €100,000	Full Refund
<b>Dental Treatment</b> (i) Routine Dental Treatment (ii) Major Restorative Dental Treatment  Waiting Period: Nine (9) months from the Start Date or Entry Date, whichever is the latter is excluded.	No Cover		No Cover		(i) Up to USD \$ / EURO €500 and (ii) USD \$ / EURO €1,000 subject to 20% Co-Insurance	(i) Up to USD \$ / EURO €1,000 and (ii) USD \$ / EURO €2,000 subject to 20% Co-Insurance. This Benefit includes orthodontics subject to 50% Co-Insurance	(i) Up to USD \$ / EURO €1,500 and (ii) USD \$ / EURO €3,000 subject to 20% Co-Insurance. This Benefit includes orthodontics subject to 50% Co-Insurance

# Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
<b>Routine Maternity</b> <b>Waiting Period: Twelve (12) months from the Start Date or Entry Date, whichever is the latter is excluded.</b>	No Cover	No Cover	No Cover	Up to USD \$ / EURO €10,000	Up to USD \$ / EURO €15,000
<b>Optical</b>	No Cover	No Cover	No Cover	Up to USD \$ / EURO €250	Up to USD \$ / EURO €500
<b>Laser Eye Surgery</b> <b>Waiting Period: Twelve (12) months from the Start Date or Entry Date, whichever is the latter is excluded.</b>	No Cover	No Cover	No Cover	No Cover	Up to USD \$ / EURO €2,500 Lifetime Benefit
<b>IVF / Fertility Treatment</b> <b>Waiting Period: Twenty-four (24) months from the Start Date or Entry Date, whichever is the latter is excluded.</b>	No Cover	No Cover	No Cover	No Cover	Up to USD \$ / EURO €10,000 per Lifetime Benefit, USD \$ / EURO €2,500 per attempt and 25% Co-Insurance.

# Plan Comparison | Group

Benefit		Base	Elevation	Ascent	Summit	Apex
Evacuation Plus		Optional Benefit				
Non-Emergency Evacuation		Optional Benefit (Up to USD \$ / EURO €2,000)				
High-Cost Provider Restriction		Optional Benefit (Only available for residents of Hong Kong, Mainland China and Singapore)				
Semi-Private Room Restriction		Optional Benefit (Only available for residents of Hong Kong, Mainland China and Singapore)				
Additional Group Optional Benefits	Medical History Disregarded*	Optional Benefit for Compulsory Groups of 10+ Employees				
	Removal of Dental Treatment Co-Insurance	Not Available	Optional Benefit for Compulsory Groups of 3+ Employees	Optional Benefit for Compulsory Groups of 3+ Employees	Optional Benefit for Compulsory Groups of 3+ Employees	Optional Benefit for Compulsory Groups of 3+ Employees
	Dental Treatment Benefit	Not Available	(i) Optional Benefit; For Compulsory Groups of 5+ Employees. USD \$ / EURO €250 Routine Dental Treatment and (ii) USD \$ / EURO €750 Major Restorative Dental Treatment.  No orthodontic cover under this Optional Benefit.	Included	Included	Included
	Routine Maternity Benefit	Not Available	Optional Benefit; USD \$ / EURO €3,000 or USD \$ / EURO €5,000 with or without Co-Insurance. For Compulsory Groups of 5+ Employees	Optional Benefit; USD \$ / EURO €3,000 or USD \$ / EURO €5,000 with or without Co-Insurance. For Compulsory Groups of 5+ Employees	Included	Included



# Plan Comparison | Group

Waiting Periods	Base	Elevation	Ascent	Summit	Apex
Complications of Pregnancy	12 months				
HIV/AIDS	36 months				
Dental Treatment	No Cover / Not Applicable	No Cover / Not Applicable	9 months	9 months	9 months
Routine Maternity	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	12 months	12 months
Laser Eye Surgery	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	12 months
IVF / Fertility Treatment	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	24 months

\*If **Medical History Disregarded** is chosen by the Group Planholder, the Waiting Periods will continue to apply to the HIV/AIDS and IVF / Fertility Treatment Benefits. Should these Benefits be included within the Benefits of Your Group Policy, any other Waiting Periods will be waived.

If a Group Planholder has sub-categories, the Waiting Periods will be waived if Medical History Disregarded is chosen and this will apply irrespective of how many group members are within each sub-category.

# Plan Comparison | Group

Benefit	Base	Elevation	Ascent	Summit	Apex
<b>Out-Patient Co-Insurance</b>	Not Available	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$ / EURO €2,000, USD \$ / EURO €4000 and USD \$ / EURO €6,000 respectively	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$ / EURO €2,000, USD \$ / EURO €4000 and USD \$ / EURO €6,000 respectively	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$ / EURO €2,000, USD \$ / EURO €4000 and USD \$ / EURO €6,000 respectively	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$ / EURO €2,000, USD \$ / EURO €4000 and USD \$ / EURO €6,000 respectively
<b>Deductible</b>	Deductibles of: Nil, USD \$ / EURO €1,000, USD \$ / EURO €2,000, USD \$ / EURO €5,000, USD \$ / EURO €10,000, USD \$ / EURO €15,000, and USD \$ / EURO €20,000 (Applicable to all Treatment types)				
<b>Out-Patient Per Visit Excess</b>	Not Available	Nil, USD \$ / EURO €15, USD \$ / EURO €25 and USD \$ / EURO €50	Nil, USD \$ / EURO €15, USD \$ / EURO €25 and USD \$ / EURO €50	Nil, USD \$ / EURO €15, USD \$ / EURO €25 and USD \$ / EURO €50	Nil, USD \$ / EURO €15, USD \$ / EURO €25 and USD \$ / EURO €50