

VDAW Scheme Plan	
The overall annual plan maximum per Insured Person per policy year (Subject to limits).	€ 200,000
Area of Cover (1)	Worldwide Excluding USA, Canada, Republic of Germany, China & Hong Kong
<b>In-Patient and Day-Patient Treatment (Pre-authorisation is required for all In-Patient treatment)</b>	
<b>In-Patient and Day-Patient Treatment</b> When it is medically necessary for <i>You</i> to stay in a hospital bed for one or more nights solely to receive treatment that is covered by <i>Your</i> plan. Including, but not limited to: accommodation, operating theatre and recovery room, diagnostic procedures, nursing care, drugs and medicine, physicians, specialists, surgeons and anaesthetics, surgical appliances, radiotherapy, chemotherapy and oncology.	Covered in full
<b>Out-Patient Treatment</b>	
<b>**Out-Patient Overall Combined Limit up to €3,000</b>	
Out-Patient Care Deductible (per occurrence of event)	€ 25
• Physician & paramedical fees	Covered in full**
• Prescribed drugs	Up to €1,000**
• X-ray, laboratory tests and treatment (MRI scans require pre-authorisation)	Covered in full**
<b>Physician Prescribed (Medically Necessary) Physiotherapy, Speech Therapy, Oculomotor Therapy and Occupational Therapy</b> We will pay Reasonable and Customary costs for a maximum of 12 sessions per condition per policy year. If further sessions are needed after the 12th session, a full medical report and further referral will be required and cover will be agreed by <i>Us</i> at the time. <i>We</i> reserve the right to decline cover after the 12th session. All treatment must be pre-authorized in advance by <i>Us</i> .	Covered in full**
<b>Maternity (12 month waiting period)</b>	
<b>Routine Pregnancy and Childbirth</b> Costs associated with normal pregnancy and childbirth, or any related treatments, providing the mother is covered and has been on the plan for at least 12 continuous months. This benefit also covers the costs of routine pre-natal and post-natal treatments and check ups for up to 30 days after birth. Any pregnancy that is a result of assisted conception 'including but not limited to' IVF treatment, will be excluded in full. All In-Patient treatment must be pre-authorized in advance by <i>Us</i> .	Up to €5,000 (Prenatal Care Examinations limited to €250 per Insurance Year, Midwifery at delivery is limited to €1,600 per pregnancy and is only valid as a claim if costs are not invoiced by a doctor at the same time).
<b>Complications of Pregnancy</b> Costs incurred in respect of emergency treatment required by <i>You</i> and/or the child(ren) born due to complications of pregnancy. Complications arising as a result of assisted conception, including, but not limited to, premature and/or multiple births are excluded from cover.	Up to €25,000
<b>Newborn Cover</b> In cases of premature birth, the costs of necessary treatment of newborn babies are covered, however premature birth as a result of assisted conception is excluded from cover.	Up to €25,000
<b>Dental Care (6 month waiting period - except for Emergency Dental Treatment)</b>	
<b>Emergency Dental Treatment</b> Reasonable and Customary charges for treatment necessary as a result of an extra-oral impact and received within 48 hours from the date and time of the accident/injury for the immediate relief of pain that <i>You</i> suffer as the direct result of an accident occurring during the period of cover.	Covered in full
<b>Restorative Dental Treatment</b> Reasonable and Customary charges for a Dentist to carry out the following specified procedures: <ul style="list-style-type: none"> <li>• Treatment for the relief of an infection, including prescribed antibiotics and temporary fillings.</li> <li>• Endodontic Treatment (including Root Canal Treatment).</li> </ul> <b>NOTE: Routine dental treatment is not covered and any reparative treatment must be prescribed by a Dentist.</b>	Covered in full
<b>Dental Crowns, Bridges, Dentures and Implants</b> Reasonable and Customary charges for necessary supplies and services of a physician for installation or replacement of: <ul style="list-style-type: none"> <li>• Fixed Bridgework.</li> <li>• Partial and full removable dentures.</li> <li>• Crowns, inlays, onlays.</li> <li>• Gold fillings (only to the extent that the tooth cannot be restored with amalgam, silicate acrylic or plastic).</li> <li>• Dental surgical implants.</li> </ul>	Up to €500 with a co-pay of 20%

Additional Benefits	
<p><b>Prescribed Medical Aids</b> Reasonable and Customary charges for prosthetic appliances prescribed by a physician or surgeon, such as orthopaedic braces, hearing aids and artificial devices replacing body parts, and other durable equipment (including crutches and wheelchairs) customarily and generally useful to a person only during an illness or injury and determined by Us to be medically necessary. <b>NOTE: 6 Month Waiting Period applies</b></p>	<p>Up to €1,000 (Repair of existing medical supplies is limited to €250 per Insurance Year)</p>
Special Cover and Travel Benefits	
<p><b>Road Ambulance and Transport</b> Costs will be paid in the event of an emergency accident or illness for <i>Your</i> transportation to or from a hospital provided that the transportation is medically necessary and that a qualified physician or paramedic has sanctioned the transportation.</p>	<p>Covered in full</p>

### Underwriting Terms

**Pre-existing Conditions** - Charges resulting directly or indirectly from or relating to a pre-existing condition\*; are excluded permanently from coverage under this insurance, while this policy is in effect.

\*Pre-existing condition is defined as an injury, illness, condition, or symptom: For which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable by You within the 5 years prior to your effective date.

### Important Notes

( 1 ) - Area of Cover excludes Republic of Germany and Home Country. Insurance cover 'abroad' refers to the territory/country that the Insured Person is travelling to or 'seconded' to by the employer for business purposes.

- Cover ceases at age 75.
- This policy is based on ANNUAL coverage and premium payments are paid monthly in advance. Any request for a midterm cancellation, will be treated as discretionary and subject to claims history. **No refund will apply for any member who has submitted a claim during the period on cover.**