

**INTERNATIONAL HEALTHCARE PLAN**  
TABLE OF BENEFITS  
**PANTAENIUS YACHT CREW BASIC PLAN / 0312**

Treatment guarantee (pre-authorization) may be required for some benefits as indicated by a '1' or a '2' in the table(s) below. Please refer to Notes section for further details. All benefit and deductible amounts are per person per year, unless otherwise indicated.

| <b>Core Plan</b>  | <b>Pantaenius Basic</b> |
|---|-------------------------|
| Maximum plan benefit €  | <b>€750.000</b>         |
| Maximum plan benefit £ GBP  | <b>£500.000</b>         |
| Maximum plan benefit US\$   | <b>\$937.500</b>        |
| <b>In-patient benefits<sup>1</sup> - please refer to notes for Treatment Guarantee</b>  |                         |
| Hospital accommodation <sup>1</sup>   | Semi-private room       |
| Prescription drugs and materials <sup>1</sup><br>(in-patient and day-care treatment only)   | Full refund             |
| Surgical fees, including anaesthesia and theatre charges <sup>1</sup>   | Full refund             |
| Physician and therapist fees <sup>1</sup><br>(in-patient and day-care treatment only)   | Full refund             |
| Surgical appliances and prostheses <sup>1</sup>   | Full refund             |
| Diagnostic tests <sup>1</sup><br>(in-patient and day-care treatment only)   | Full refund             |
| Psychiatry and psychotherapy <sup>1</sup><br>(in-patient and day-care treatment only)   | Full refund             |
| Accommodation costs for one parent staying in hospital with an insured child under 18 <sup>1</sup>  | Full refund             |
| <b>Other benefits - please refer to notes for Treatment Guarantee</b>   |                         |
| Day-care treatment <sup>2</sup>   | Full refund             |
| Out-patient surgery <sup>2</sup>  | Full refund             |
| Local ambulance   | €450/£300/\$565         |
| Medical evacuation <sup>2</sup>   | Full refund             |
| <ul style="list-style-type: none"> <li>• Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre<sup>2</sup></li> <li>• Where ongoing treatment is required, we will cover hotel accommodation costs<sup>2</sup></li> <li>• Evacuation in the event of unavailability of adequately screened blood<sup>2</sup></li> </ul> |                         |
| <ul style="list-style-type: none"> <li>• If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs<sup>2</sup></li> </ul>  | Max. 7 days             |
| Expenses for one person accompanying an evacuated person <sup>2</sup>   | €3.000/£2.000/\$3.750   |
| Travel costs of insured family members in the event of an evacuation <sup>2</sup>   | €2,000/£1,660/\$2,800   |
| Repatriation of mortal remains <sup>2</sup>   | €10.000/£6.500/\$12.500 |
| Travel costs of insured family members in the event of the repatriation of mortal remains <sup>2</sup>  | €2,000/£1,660/\$2,800   |
| CT scans<br>(in-patient and out-patient treatment)  | Full refund             |
| MRI, PET and CT-PET scans <sup>2</sup><br>(in-patient and out-patient treatment)  | Full refund             |
| Oncology <sup>2</sup><br>(in-patient, day-care and out-patient treatment)   | Full refund             |

Emergency out-patient dental treatment

80% refund  
Max. €500/£350/\$625

**Out-patient Plan**

Maximum plan benefit

Out-patient Plan Deductible

**Pantaenius Basic**

€1.500/£1.000/\$1.875

€300/£200/\$375

**Out-patient benefits**

Medical practitioner fees and prescription drugs

80% refund

Max.

€600\*/£400\*/\$750\*

Specialist fees

Full refund

Diagnostic tests

Full refund

**\* This benefit amount is payable in addition to the maximum plan benefit amount.**

## NOTES

### Area of Cover

The agreed Area of cover is shown in the Insurance Certificate.

### Treatment Guarantee/Pre-authorisation

Treatment Guarantee/Pre-authorisation is a process whereby we guarantee cover for certain treatment and costs, as indicated in the Table of Benefits with a **1** or a **2**. If Treatment Guarantee is not obtained for the benefits listed with a **1**, we reserve the right to decline your claim. If the treatment is subsequently proven to be medically necessary, we will only pay **80%** of the eligible benefit, and for those listed with a **2**, we will only pay **50%** of the eligible benefit. For further details please refer to the "How to Claim" Section of our Individual Benefit Guide, or simply contact our Helpline.

### Chronic Conditions

Chronic conditions are covered within the terms of your policy.

### Pre-existing Conditions

Pre-existing conditions (including any pre-existing Chronic Conditions) are covered within the terms of your policy.

### Waiting Periods

There are no waiting periods to qualify for covered benefits.

### Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Year, under that particular plan. Some benefits also have a **specific benefit limit**, for example 'Routine Maternity'. Specific benefit limits may be provided on a "per Insurance Year" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit, if one applies to your plan(s). The currency is determined by the agreed currency for premium payment. All limits are per member, per insurance year, unless otherwise stated in your Table of Benefits.

### Termination of Cover

The insurance coverage ends at the same date the employment contract of the member is terminated.

### Policy Terms and Conditions

The Table of Benefits provides an outline of the cover we offer under your policy. Please note that cover is subject to our standard policy definitions, limitations and exclusions. These are detailed in our Individual Benefit Guide, which is issued to members upon policy inception. A copy of our Individual Benefit Guide can be obtained via [www.pantaenius.at](http://www.pantaenius.at).

### Emergency

Emergency constitutes the onset of a sudden and unforeseen medical condition that requires urgent medical assistance. Only treatment commencing within 24 hours of the emergency event will be covered.

### Race Crew

Contrary to No. 19 of the General Conditions, professional yachting sports are covered. However, cover does not apply to crew members who participate in major races, such as, but not limited to, the America's Cup and the Volvo Ocean Race, on vessels that were specifically built and constructed in order to take part in these races.