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Benefits and Premiums

Benefits

	OLLOWING BENEFITS ARE COVERED UP TO A MAXIMUM EGATE LIMIT OF £1,000,000 PER INSURED PERSON PER YEAR	International	International Plus	Executive International
н	Hospital Services: • Accommodation and meal charges • All inpatient medical treatment costs • All inpatient Physician fees • All inpatient Surgeon/Anaesthetist fees • All intensive care unit charges	Full Refund	Full Refund	Full Refund
	Parental Accommodation: Where an insured child up to the age of 17 is in hospital	Full Refund	Full Refund	Full Refund
£	Hospital Cash Benefit: When inpatient treatment is provided free of charge (max 30 days per Certificate period)	£250 per night	£250 per night	£250 per night
*	Daycare Surgery	Full Refund	Full Refund	Full Refund
	Local Road Ambulance Service	Full Refund	Full Refund	Full Refund
X,	Emergency Medical Evacuation	Full Refund	Full Refund	Full Refund
4	Repatriation or Local Burial: Only applies outside your home country	Full Refund up to £7,500	Full Refund up to £7,500	Full Refund up to £7,500
	Home Nursing: Nursing at Home up to 26 weeks	Full Refund	Full Refund	Full Refund
111	Accident and Emergency Room Services	Full Refund	Full Refund	Full Refund
<u></u>	Oncology, Chemotherapy and Radiotherapy	Full Refund	Full Refund	Full Refund
(+)	MRI and CT Scans	Full Refund	Full Refund	Full Refund
(3)	Organ Transplantation Surgery	Not Covered	Not Covered	Up to £100,000
Ħ	Dental Treatment following Accident	Full Refund	Full Refund	Full Refund
O	Rehabilitation Care	£100,000 lifetime limit	£100,000 lifetime limit	£100,000 lifetime limit
IIIII	Routine Dental Treatment	Not Covered	Not Covered	Up to £1,000 20% co-insurance
	Newborn Care	Up to £5,000 20% co-insurance	Up to £5,000 20% co-insurance	Up to £5,000 20% co-insurance
	Outpatient Services: • General Practicioner fees • X-rays, Diagnostic and Pathology tests • Physiotherapy • Specialist and Consultants fees • Complementary Therapies • Prescription Drugs	Not Covered	Up to £3,000 £25 excess per claim*†	Full Refund £25 excess per claim
(A)	Maternity Care Normal pregnancy	Not Covered	Not Covered	Up to £5,000 20% co-insurance
	Complicated pregnancy	Not Covered	Not Covered	Up to £10,000 20% co-insurance
W	Wellness Benefit	Not Covered	Not Covered	Up to £500 20% co-insurance

PLEASE REFER TO THE PLAN RULES FOR A DETAILED DESCRIPTION OF THE ABOVE BENEFITS

^{*} Course of treatment per diagnosed medical condition.

Annual Premium Rates

ALL PREMIUMS SHOWN ARE PAYABLE IN £ STERLING. THESE PREMIUM RATES ARE VALID FROM 1ST JULY 2005

Age	International		International Plus		Executive International	
	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2
Child	380	825	457	1,042	554	1,263
18-25	577	1,358	715	1,775	867	2,152
26-29	683	1,619	859	2,122	1,042	2,572
30-34	747	1,762	929	2,309	1,126	2,798
35-39	863	2,037	1,079	2,666	1,308	3,232
40-44	962	2,255	1,197	2,937	1,451	3,560
45-49	1,105	2,594	1,375	3,351	1,666	4,062
50-54	1,483	3,472	1,835	4,488	2,223	5,441
55-59	1,889	4,416	2,332	5,712	2,827	6,924
60-64	2,417	5,635	2,987	7,277	3,619	8,821
65-69	3,688	8,639	4,577	11,212	5,548	13,591
70-74	5,006	11,676	6,221	15,269	7,540	18,509
75-79	5,957	13,900	7,401	18,189	8,971	22,047
80+	7,253	17,009	8,976	21,934	10,881	26,601

Area 1 Worldwide excluding USA, Canada and Caribbean

Area 2 Worldwide

If you wish to pay your premium in US dollars or euros please visit our website www.medicare.co.uk or telephone: +44 (0)207 816 2033 for the current agreed exchange rate