yourHealth

TABLE OF BENEFITS



your well-being at heart[®]

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US CLAIMS AND PROVIDER INFORMATION

To find a provider in the US, visit: www.welcometouhc.com/us1

Utilising the UHC Network ensures that preauthorisation procedures are followed. If using hospital or provider outside of UHC Network in the US you or your provider must follow pre-authorisation procedures and contact: +1 800 268 5041



DOWNLOAD

the yourHealth - Integra Global app



EXPAT ASSISTANCE PROGRAMME (EAP)

Connecting you to better health and well-being.

Professional counselling support and consultation available worldwide, day or night, 365 days a year.

The EAP benefit reflects our continuing commitment to your well-being and privacy. We encourage you to use the EAP anytime you need it.

CALL Call Morneau Shepell and identify yourself as part of Integra Global	Europe: 00 800 2685 2111 (freephone) US: 1 866 833 7690 (toll-free) Malaysia: 1 800 815 560 (freephone) South Korean: 00 800 226 0195 (freephone) Phillipines: 00 800 2685 2111 (freephone) Thailand: 001 800 2685 2111 (freephone) Indonesia: 001 803 018 0195 (freephone) Or call Canada and reverse the charges: 905 886 3605
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TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
Maximum lifetime plan benefit Annual maximum plan benefit	\$2,500,000 \$1,500,000	\$2,500,000 \$1,500,000
Maximum lifetime plan benefit Annual maximum plan benefit	€2,000,000 €1,250,000	€2,000,000 €1,250,000
Maximum lifetime plan benefit Annual maximum plan benefit	£1,500,000 £1,000,000	£1,500,000 £1,000,000
HOSPITALISATION BENEFITS		
Accommodation	Semi-private room	Semi-private room
Inpatient treatment, daypatient, operating theatre and recovery room, prescribed medicines, drugs and dressing for inpatient or daypatient treatment	100% 90% US/Canada	100% 90% US/Canada
Intensive care unit	100% 90% US/Canada	100% 90% US/Canada
Inpatient ancillary services including physical and occupational therapy as daypatient or inpatient	100% 90% US/Canada	100% 90% US/Canada
Surgeons' and anaesthetists' fees	100% 90% US/Canada	100% 90% US/Canada
Inpatient consultation by specialist	100% 90% US/Canada	100% 90% US/Canada
Emergency room	100% 90% US/Canada	100% 90% US/Canada
Pathology, radiology, and diagnostic tests	100% 90% US/Canada	100% 90% US/Canada
MRI, CT and PET scans	100% 90% US/Canada	100% 90% US/Canada
Private duty nursing (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000
Skilled nursing facility (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000
Home health care (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000
Hospice care services (Lifetime maximum)	\$10,000 €8,000 £6,500	\$10,000 €8,000 £6,500
Emergency dental treatment (as a result of accident)	100% 90% US/Canada	100% 90% US/Canada
Cancer treatment	100% 90% US/Canada	100% 90% US/Canada

TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
Child accompaniment	N/A	100%

If the insured person is a child under 16 who requires hospitalisation, we will pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel. Pre-approval is necessary.

MANAGED TRANSPLANT PROGRAMME

Organ transplants maximum lifetime	\$500,000 €400,000 £300,000	\$500,000 €400,000 £300,000
Tissue transplants (as part of the overall organ max.)	\$250,000 €200,000 £150,000	\$250,000 €200,000 £150,000

Transplant must be pre-certified and approved by us. Failure to comply will result in treatment not being covered by your policy. A 24-month waiting period applies for all transplants.

Surgery as outpatient	100% 90% US/Canada	100% 90% US/Canada
Developen office visits and specialist fees	90% 05/Canada 90%	90% US/Canada 90%
Physician office visits and specialist fees		90%
Diagnostic and therapeutic services (as outpatient, per visit)	90%	90%
Physical therapy (as outpatient, per visit)	90% \$75 €60 £50 policy year max 30 visits	90% \$75 €60 £50 policy year max 30 visits
Occupational therapy (as outpatient, per visit)	90% \$75 €60 £50 policy year max 30 visits	90% \$75 €60 £50 policy year max 30 visits
Chiropractic services Policy year maximum for chiropractic services Referral letter required from medical physician	90% \$750 €600 £500	90% \$750 €600 £500
Complementary medicine Including TCM, bonesetting, acupuncture, herbal medicine, homeopathy and osteopathy	90% \$500 €400 £350	90% \$500 €400 £350
PRESCRIPTION PROGRAMME		
In US (no deductible applies)	90% generic 80% brand	90% generic 80% brand
All other countries (deductible applies)	90%	90%
DENTAL		
Routine dental	N/A	N/A
Diagnostic and preventive dental	N/A	N/A
Dental plan option available	YES See dental options	YES See dental option

TABLE OF BENEFITS	YO	YOUR HEALTH	
	yourLife	yourFamily	
MATERNITY AND NEWBORN COVER			
Pregnancy, normal delivery	N/A	90% \$10,000 €7,500 £6,500	
Complications of pregnancy (including non-elective, medically necessary caesarean section)	N/A	90% \$12,000 €8,500 £8,000	

Routine nursery, included under Maternity Benefits as any other treatment including room and board, physician charges and circumcision for males prior to discharge. In the case of an elective caesarean section, which is not medically necessary, benefit will be paid at the cost of a normal delivery, up to the pregnancy, normal delivery limit.

New born cover	N/A	\$25,000 €20,000
		£15,000

Included in New Born Cover are premature births, congenital conditions and birth anomalies. New Born Cover is only available for a covered pregnancy. A 12-month waiting period applies for all maternity benefits.

WELLNESS AND ROUTINE SERVICES		
ADULTS Per policy year	\$500 €400 £300	\$500 €400 £300
Routine physical exams in connection with overall health and wellbeing	90%	90%
Pap smear	90%	90%
Mammograms: ages 35-39 one baseline exam; ages 40-49 one exam every one or two years for asymptomatic women, but no sooner than two years after baseline; age 50 and over one exam annually; any age whenever prescribed by a physician	90%	90%
Prostate cancer screening: one test per policy year for males age 50 or over	90%	90%
Immunisations and vaccinations	90%	90%
CHILD(REN)		
Maximum per policy year: birth to age 12 months	N/A	\$300 €275 £225

		£225
Maximum per policy year: 13 months and over	N/A	\$200 €150 £125
Routine medical exams and immunisations and vaccinations	N/A	100%
Child preventive care services	N/A	100%
Hearing tests	N/A	100%

Six-month waiting period applies to all Wellness Benefits, but waits are waived for policies that are paid annually. Deductible does not apply to Wellness Benefits. Overall Wellness Benefit maximums apply to all routine and Wellness Benefits for adults and children.

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TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
VISION CARE COVER	100%	100%
Maximum per 24-month period Six month waiting period applies to Vision Care Cover but waits are waived for policies that are paid annually. Not subject to deductible.	\$300 €275 £225	\$300 €275 £225

EMERGENCY EVACUATION, REPATRIATION AND AMBULANCE SERVICES

Medical evacuation and assistance	100%	100%
24/7 Emergency medical assistance hotline	YES	YES
Repatriation of mortal remains	100%	100%
Family emergency travel	N/A	N/A
Repatriation accompaniment	N/A	100% \$2,500 €1,750 £1,500
Repatriation family accompaniment	N/A	N/A

SAND (SECURITY AND NATURAL DISASTER)

Access to our specialist representatives who provide a 24/7 international emergency response in events such as security crises, political unrest and natural disasters. The services include assistance in arranging evacuation, contingency planning, remote medical abilities, crisis management and tracking services. Any costs incurred are the responsibility of the insured person, and must be paid by you to the service provider.

MEDICAL CONCIERGE SERVICES		
Best possible outcome programme	N/A	N/A

A dedicated diagnosis verification and treatment planning care management programme. In the event that you are diagnosed with a specified critical illness, the programme provides access to an appropriate specialist who will remotely review your medical reports to confirm your diagnosis and advise, in conjunction with your treating physician on your treatment options, to provide the best outcome.

Advanced health screening programme	N/A	N/A
Ages 40-50 one high level physical examination every three years	N/A	N/A
Ages 50+ one high level physical examination every three years	N/A	N/A
eHealth records account	YES	YES

TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
MENTAL HEALTH BENEFITS	90%	90%
Lifetime maximum for mental health benefits (inpatient and outpatient)	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000
Policy year mental illness, maximum 15 visits (outpatient treatment)	\$2,500 €2,000 £1,500 per policy year	\$2,500 €2,000 £1,500 per policy year
Lifetime mental illness, maximum per insured (in-hospital)	60 days	60 days
Lifetime maximum for mental health benefits (outpatient treatment)	80 visits	80 visits

Mental health benefits do not count towards out of pocket maximum.

EXPATRIATE ASSISTANCE PROGRAMME YES YES

Operated by Morneau Shepell, provides assistance with the following types of issues often faced by expatriates: how to cope with isolation and loneliness, adapt across cultures, identify and cope with culture shock, address the personal impact of the relocation, strengthen relationships, improve communication, work towards life goals, deal with stress, anxiety and depression, address alcohol and drug misuse, resolve marital and relationship difficulties, find solutions for work-related issues, access crisis and trauma support while on assignment, discover ways to improve your nutrition in your new environment, focus on your health with natural healing strategies.

ACCIDENTAL DEATH AND DISMEMBERMENT	N/A	N/A		
Also available as an optional benefit on all plans.				
HIV/AIDS TREATMENT	YES	YES		
Lifetime maximum	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000		
DURABLE MEDICAL EQUIPMENT	YES	YES		
Lifetime maximum	\$15,000 €12,000 £10,000	\$15,000 €12,000 £10,000		
CHRONIC CONDITIONS	YES	YES		

Chronic conditions are treated like any other condition under the policy.

TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
LIFE COVER (ADULTS ONLY)		
Lump sum in case of death (all causes)	\$5000 €5000 £5000	\$5000 €5000 £5000
DEDUCTIBLE OPTIONS		
Individual deductible Family deductible	YES NO	NO YES
Deductible options are:	\$200, \$500, \$1,000, \$5,000 €150, €400, €750, €4,000 £125, £300, £650, £3,000	
OUT OF POCKET MAXIMUM INDIVIDUAL	\$1,000 €750 £650	\$1,000 €750 £650

An out of pocket maximum is protection for you against high medical costs from your benefits which are listed at 90%. The 10% that you pay yourself is your out of pocket expenses. Once your out of pocket costs equal the maximum indicated, your benefits that were at 90% are switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

	\$3,000	\$3,000
OUT OF POCKET MAXIMUM	€2,250	€2,250
FAMILY	£2,000	£2,000

Functions just like the individual out of pocket except this is protection for the entire family. If the family out of pocket maximum is reached regardless of whether the individual out of pocket limit is reached the entire family under cover has their 90% benefits switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

GEOGRAPHICAL COVER REGION OPTIONS

Cover Region 1 - Worldwide including US and Canada and their territories.

For Cover Region 1 – please note that benefits listed above are only applicable when using our Preferred Provider Network. Benefits outside of network are reduced to 70% and co-insurance does not count toward out of pocket max.

Please note that Cover Region 1 is limited to 180 days in the US in any 12-month period.

Cover Region 2 - Worldwide but excluding US and Canada and their territories. Cover Region 2 - does not include any cover for US and Canada and their territories.

OPTIONAL BENEFITS PLAN	YO	YOUR HEALTH	
	yourLife	yourFamily	
DENTAL PLAN OPTION PLAN FEATURES			
Individual deductible	\$50 €40 £30	\$50 €40 £30	
Family deductible	\$150 €125 £100	\$150 €125 £100	
CLASS I EXPENSES No deductible applies Diagnostic - general preventive	100%	100%	
CLASS II EXPENSES Restorative (basic); endodontics; periodontics; prosthodontics - removable (maintenance); fixed bridge (maintenance); oral surgery	80%	80%	
CLASS III EXPENSES Restorative (major); endodontics; prosthodontics - removable (installation); fixed bridge (installation)	50%	50%	

Orthodontic and Class III services are available after six months of continuous enrollment in the Dental Plan. Orthodontic services are only available for children under 18 years of age.

Policy year maximum (per insured person)	\$1,500 €1,200 £1,000	\$1,500 €1,200 £1,000
Orthodontic lifetime maximum	\$1,500 €1,200 £1,000	\$1,500 €1,200 £1,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) OPTION

In the event of an accidental death or dismemberment of the primary insured the insurer pays a lump sum benefit equal to the principal sum subject to a maximum benefit multiplied by a percentage as shown below.

Loss of life	100%	100%
Loss of sight of both eyes	100%	100%
Loss of both hands or arms	100%	100%
Loss of both feet or both legs	100%	100%
Loss of one arm and one leg	100%	100%
Loss of sight of one eye	50%	50%
Loss of one foot or one leg	50%	50%
Loss of one hand or arm	50%	50%
Loss of one hand or arm	50%	50

N.B. Benefits cannot exceed two times annual salary. See rate sheet for benefit sums available.

Your health covered

We're Integra Global: a different breed of health plan provider. Smaller, more flexible. Intelligent and personal. We create tailored insurance plans for expats, and for others with unique insurance needs.

Our insurance partner

Your Integra Global health plan is underwritten by MGEN, SIREN number 775 685 399, regulated by the provisions of Tome Il of the French mutual insurance companies code - 3-7 square Max Hymans, 75748 PARIS Cedex 15

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