



***What Plan do I need?**

We are aware that everybody is unique and therefore so are there needs. We have structured a plan that allows you to design your own level of care.

The policy is built around 4 key features:

- *In-patient*
- *Out Patient* - *Death Benefit*
- *Dental*

These revolve around the core feature, In-patient. You can elect this cover on its own or add out patient and then dental. There are variations on the level of care offered and the excesses available to help you work to a budget.

Please refer to our table of benefits to appreciate the extensive level of cover provided or contact one of our advisers to discuss matters further.



underwritten by
Allianz

Worldwide Coverage

Commercial document, not binding

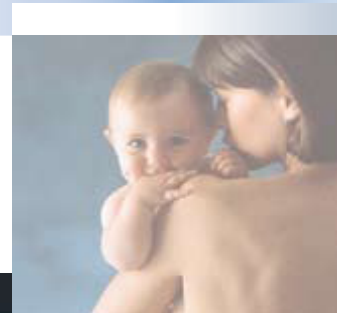
16 rue des Roses, Entrée par la rue des Lauriers - BP 265 - 98005 Monaco
Tél : +377 93 50 99 66 - Fax: +377 97 70 72 00

www.ericblairnet.com
e-mail : info@ericblairnet.com



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OPTIMUS MEDICAL INSURANCE PLAN



- **Lifetime Guaranteed Renewal**
- **Benefits Unchanged During Life Of Policy**
- **Tailor-made Coverage**



In-patient coverage	B0	B1	B2
Aggregate limit per year and per person	€ 350 000	€ 1 125 000	€ 2 250 000
A. In-patient (Hospital/Clinic) subject to prior approval :			
<ul style="list-style-type: none"> Stay Costs Prescribed medicine Prescribed material Theatre charges Anaesthesia charges Surgeon fees Anaesthetist fees Surgical appliances Diagnostic tests Physiotherapy Organ transplant Psychiatry and psychotherapy (max €5 000) (waiting period of 10 months) Costs of parent's accommodation staying with child under 18 years old 	Common room Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund NOT COVERED Full refund NOT COVERED NOT COVERED	Common room Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund NOT COVERED NOT COVERED € 700	Private room (sub-limit of €240/day) Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund € 700
B. Other expenses			
<ul style="list-style-type: none"> Day-care treatment Day-care surgery Nursing at home subject to prior approval Rehabilitation treatment Local ambulance Emergency treatment outside area of cover (trips not exceeding 6 weeks in aggregate) Medical evacuation subject to prior approval Cost for one person accompanying an evacuated or repatriated person CT, MRI & PET scans on in-patient or out-patient basis subject to prior acceptance Oncology subject to prior approval Routine maternity on in-patient basis subject to prior approval and 10 months waiting period Complications of pregnancy and childbirth subject to prior approval and 10 months waiting period Home delivery subject to prior approval Emergency out-patient treatment (if no out-patient plan option included in cover) Emergency dental treatment 	Full refund Full refund € 1 000 NOT COVERED Full refund Full refund Full refund NOT COVERED Full refund Full refund NOT COVERED € 750 NOT COVERED	Full refund Full refund € 2 500 € 1 000 Full refund Full refund Full refund NOT COVERED Full refund € 3 000 Full refund NOT COVERED € 750 NOT COVERED	Full refund Full refund € 3 000 € 3 000 Full refund Full refund € 2 300 Full refund Full refund € 5 000 Full refund € 1 000 lump sum € 750 NOT COVERED

N.B. All amounts shown above are to be considered as Limits of reimbursement. Following out-patient plans can only be subscribed as an option to an in-patient plan

Following out-patient plans can only be subscribed as an option to an IN-PATIENT plan

Out-patient coverage	GPS1	GPS2	GPS3
Aggregate limit per year and per person	Not applicable	Not applicable	€ 9 000
Excess per year and per person	€ 1 000	€ 500	Not applicable
Benefits			
<ul style="list-style-type: none"> Medical practitioner fees Prescription drugs Specialist fees Diagnostic tests X-Rays Vaccinations Chiropractic treatment Osteopathy Homeopathy Chinese herbal medicine Acupuncture Prescribed physiotherapy Speech therapy, Oculomotor and occupational therapy Routine health checks Infertility treatment 18 months waiting period Psychiatry & psychotherapy 18 months waiting period Prescribed medical aids Prescribed glasses & contact lenses 	Full refund Full refund Full refund Full refund Full refund Full refund € 2 500 aggregate limit € 2 500 aggregate limit 200€ every 2 years NOT COVERED NOT COVERED € 2 500 € 200	Full refund Full refund Full refund Full refund Full refund Full refund € 2 500 aggregate limit € 2 500 aggregate limit 200€ every 2 years NOT COVERED NOT COVERED € 2 500 € 200	Full refund Full refund Full refund Full refund Full refund Full refund Full refund Full refund € 375 Up to € 3 000 per treatment 20 visits € 2 500 € 200

N.B. All amounts shown above are to be considered as Limits of reimbursement.

Following out-patient plans can only be subscribed as an option to an OUT-PATIENT plan

Dental coverage	D1	D2
Aggregate limit per year and per person	€ 2 000	€ 5 000
Benefits		
<ul style="list-style-type: none"> Dental treatment Dental surgery Periodontics Orthodontic treatment and dentals prosthesis 10 months waiting period 	80% 80% 80% 50% (€300/tooth, € 1 500/year) Orthodontic for unders 16's maximum 2 years. Maximum € 1 000/year	80% 80% 80% 80% (€500/tooth, € 2 000/year) Orthodontic for unders 16's maximum 2 years. Maximum € 1 500/year
Zone A : Worldwide Zone B : Worldwide with limitation for Usa, Canada, Japan, Israel, Switzerland (see booklet for details)		
N.B. : This policy offers lifetime guaranteed renewal, as from inception (unless assured returns permanently to home country and core plan renewed) and cover on pre-existing conditions (if condition accepted by Insurers)		

Following welfare benefits can be subscribed depending on the health plan selected.

Death benefit	€ 100 000	€ 200 000

€ 100 000 capital: can only be chosen if B0 or B1 or B2 has been chosen
€ 200 000 capital: can only be chosen if B2 and GPS 1 or GPS 2 or GPS3 have been chosen