

## INSURANCE POLICY SCHEDULE

### BENEFITS

A/A	DESCRIPTION OF HEALTH CARE BENEFITS	PERCENTAGE/ COVERAGE AMOUNT	TOTAL ANNUAL LIMIT	REMARKS/ LIMITS
1	The medical expenses which are incurred by the insured member and his/her dependents (provided they are insured under the scheme) are covered for treatment within a hospital or clinic, 24hours a day. Maximum payable amount in any insured year per incident due to accident or sickness per insured member in Cyprus and abroad. Apart from USA and Canada (emergency incidents are covered in USA and Canada).	95%	€500.000,00 / Member	
2	<p>Cover is provided for Day care or other medical expenses in Cyprus or abroad that do not require hospitalization. Including Emergency (First Aid) Room visits/diagnostic examinations/medications. Cover is also provided for Surgical Operations, recovery from illness and accident, doctors' fees, chemotherapy/radiotherapy, treatment, medicines, diagnostic examinations with and/or without hospitalization (e.g. MRI, Ultrasound, PET Scan, etc.) physiotherapy etc., sanitary costs and surgical necessities. It is clarified that Gastroscopy and Colonoscopy expenses are included.</p> <p>The following dental surgeries are covered below:</p> <ol style="list-style-type: none"> <li>(1) Wisdom teeth/tooth surgery</li> <li>(2) Surgical extraction of an implanted root</li> <li>(3) Surgical removal of a cyst on the gums</li> </ol>	90%	€3.000,00 / Member	



3	<u>In-Hospital Expenses</u>			
	(a) Maximum amount for daily room & board in hospital or clinic in Cyprus	90%		Cyprus €200,00
	(a) Maximum amount for daily room & board in hospital or clinic abroad	90%		Abroad €400,00
	(c) Room and Board in intensive care in Cyprus	90%		€500,00
	(d) Room and Board in intensive abroad	90%		€1000,00

A/A	DESCRIPTION OF HEALTH CARE BENEFITS	PERCENTAGE/ COVERAGE AMOUNT	TOTAL ANNUAL LIMIT	REMARKS/ LIMITS
(e)	<p>The medical expenses, which, are incurred by the Insured Member and his/her dependents (if they are insured under the scheme) due to Accident or Sickness, are covered with a maximum payable amount in any insured year per insured member</p> <p>In-Hospital Treatment or other Medical Expenses in Cyprus and Abroad (including air ambulance expenses, surgery expenses, repeated surgeries, pre-operative examinations / laboratory tests including tests for Sexually Transmitted Diseases, and including Covid-19 test, which will be performed with a Doctor's referral as an Out-patient within 30 working days prior to hospitalization, consumables, e.g. screws, platinum, etc., recovery from illness and accident, doctors' fees, chemotherapy / radiotherapy, treatment, medicines, diagnostic examinations during hospitalization, physiotherapy, etc., sanitary costs and surgical necessities). Also, preventive surgeries / treatments are covered.</p>	95%	€500.000,00/ Member	
(f)	<p>Physiotherapy due to accident or sickness</p> <p>With Doctor's recommendation in Cyprus and abroad, due to Accident and Sickness.</p>	90%	€500,00	



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4	<u>Maternity</u>			
	(a) Normal delivery	100%	€1.500,00	
	(b) Caesarian section	100%	€2.000,00	
	(c) Miscarriage	100%	€500,00	
	(d) Complications of pregnancy	90%	€1.000,00	
	Stay in a Hospital or Clinic due to complications, after Doctor's recommendation.			

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5	<u>Other Expenses</u>			
	(a) Ambulance expenses within Cyprus in case of emergency treatment	100%	€500,00	
	(b) Ambulance expenses abroad in case of emergency treatment	100%	€1.000,00	
	(c) International Emergency Medical Assistance (benefits that include transportation and repatriation service which is available 24 hours a day, 365 days a year and is worldwide).	100%	€500.000,00	
6	Cover is provided for expenses for an adult relative who will travel and stay in the same hospital with a member child under the age of 18. The cost is covered by the child benefit and includes accommodation and travel expenses.	80%		€500,00
7	<u>Daily Hospital Income</u>			
	Daily Hospital Income for a maximum period of 30 days, provided that the treatment takes place in GESY hospital / clinic.	€100/day/ member		Payment within 30 days per insured year



MEMBERS' MEDICAL BENEFITS

ADDITIONAL OPTIONAL COVER

A/A	DESCRIPTION OF HEALTH CARE BENEFITS	PERCENTAGE/ COVERAGE AMOUNT	TOTAL ANNUAL LIMIT	REMARKS/ LIMITS
1	<p><u>Diagnostic examinations</u></p> <p>(a) Preventive General Examinations – Without Doctor's recommendation (Diagnostic Examinations)</p> <p>I. Laboratory examinations and/or Urinalysis</p> <p>II. Electrocardiogram/Echo Doppler/Stress Test</p> <p>III. Pap Test &amp; Ultrasound/Mammography &amp; breast ultrasound/MRI breast</p> <p>IV. Osteoporosis examination</p> <p>V. PSA (Prostatic Specific Antigen)</p> <p>VI. Thyroid blood test and ultrasound</p> <p>VII. Colonoscopy</p> <p>VIII. Gastroscopy</p>	80%	€500,00/Member	No need for the Doctor to complete the claim form.
2	<p><u>Vaccinations</u></p> <p>Vaccination per year per insured member</p> <p>(any type of vaccination)</p>	80%	€300,00/Member	
3	<p><u>Doctor's Visits</u></p> <p>Maximum payable amount for each doctor's visit</p> <p>For each member's visit in Cyprus and abroad (Diseases, Consultation, Diagnosis)</p>	80%	€200,00/Member	
4	<p><u>Medicines</u></p> <p>Medicines which are only described by medical practitioner and necessary for curing the specific sickness or accident</p> <p>Coverage of medicines expenses with a pharmacy receipt and a doctor's prescription or in relation to previous incidents (continuation of treatment) which is registered as a pharmaceutical product in Cyprus or in the European Union.</p>	80%	€200,00/Μέλος	All co-payments from GESY are covered. All the respective receipts will be submitted by the insured members twice a year.



**ADDITIONAL OPTIONAL COVER**

A/A	DESCRIPTION OF HEALTH CARE BENEFITS	PERCENTAGE/ COVERAGE AMOUNT	TOTAL ANNUAL LIMIT	REMARKS/ LIMITS
5	<p><u>Dental treatment</u></p> <p>(α) General Dental Care (treatment of gingivitis, cleaning / fluoridation, periodontitis, etc.).</p> <p>(β) Extraction, Filling, Denervation, X-ray (including Panoramic).</p> <p>(γ) Porcelain crown or bridge or implant.</p> <p>(δ) Orthodontic treatment or other treatment related to orthodontics.</p> <p>(ε) Accidental injury to teeth.</p>	90%	€150,00/Member	
6	<p><u>Optical expenses</u></p> <p>Coverage of any visit / treatment / diagnostic examinations.</p>	80%	€200,00	
7	<p>Maximum Annual Cover for medical expenses, per case, per member, in America and Canada</p>	95%	€50.000,00	

