



Plan Platine Hospital, Plan Platine France & Plan Platine Global

Benefits Schedule and Premium Table – January 2009

(including tax at current rate)

Exclusive
HEALTHCARE INSURANCE

...the helping hand

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BENEFITS	Platine Hospital	Platine France	Platine Global
1. Hospital Charges including: i) Medical Practitioner or Specialist fees as an In-Patient or Day Patient ii) Diagnostic and surgical procedures as an In-Patient or Day Patient including scans, pathology, X-rays, oncology iii) Surgeons' and Anaesthetists' fees iv) Theatre fees and nursing by a Qualified Nurse v) Daily food charge and bottled water vi) Prescribed Drugs and Dressings vii) Standard Private Room (maximum 30 days per Medical Condition) viii) Physiotherapy where referred by a Specialist (maximum 30 days per Medical Condition)	Up to 300% of the Tarif de Convention Full Refund Up to 300% of the Tarif de Convention Full Refund Full Refund Full Refund Full Refund Up to €50 per day Full Refund	Up to 300% of the Tarif de Convention Full Refund Up to 300% of the Tarif de Convention Full Refund Full Refund Full Refund Full Refund Up to €50 per day Full Refund	Full Refund Full Refund Full Refund Full Refund Full Refund Full Refund Full Refund Up to €100 per day Full Refund
2. Parent Accommodation Standard private Hospital accommodation in respect of a parent or legal guardian staying with an Insured Person who is under 12 years of age and is admitted as an In-Patient in a Hospital .	Full Refund	Full Refund	Full Refund
3. Transportation The cost of emergency transport necessarily incurred to and from Hospitals for Medical Conditions covered by this Policy .	Full Refund	Full Refund	Full Refund
4. Home Nursing Nursing care given outside a Hospital which is immediately received subsequent to Treatment as an In-patient or Day Patient on the referral of a Specialist . This must be provided by a Qualified Nurse (maximum 30 days per Medical Condition).	Up to €120 per day	Up to €120 per day	Up to €120 per day
5. Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an event covered by this Policy .	Full Refund	Full Refund	Full Refund
6. Out-Patient charges including: i) Medical Practitioner or Specialist fees as an Out-Patient including home visits ii) Diagnostic and surgical procedures as an Out-Patient including scans, pathology, X-rays, oncology iii) Prescribed Drugs and Dressings iv) Physiotherapy where referred by a Specialist (maximum 30 days per Medical Condition)	Prior to admission to Hospital and for maximum 90 days after discharge up to €1,600	Up to 300% of the Tarif de Convention Full Refund Full Refund Full Refund	Full Refund Full Refund Full Refund Full Refund
7. Alternative Medicines Limited to Acupuncture, Homeopathy, Chiropractic and Osteopathy on referral of a Specialist .	Not Covered	Up to €400 per Period of Cover	Up to €400 per Period of Cover
8. Cash Benefits Where Hospital accommodation and all Treatment costs are provided in a State or charitable institution and no claim is submitted under this Policy , providing that the condition suffered would be eligible for Benefit (for the first 30 complete days).	€120 per day	€120 per day	€120 per day
9. Routine Pregnancy and Childbirth	Not Covered	Not Covered	Up to €1,600 per Period of Cover after 24 months' cover
10. Complications of Pregnancy and Childbirth	Not Covered	Not Covered	Up to €50,000 per Period of Cover after 24 months' cover
11. Evacuation/Repatriation Reasonable travel, accommodation and repatriation expenses of the Insured Person (including one other person necessarily having to travel and/or remain with and/or escort the Insured Person) in the event of Treatment being necessarily undertaken in the Country of Residence or nearest country with suitable facilities on the certified instructions of a Medical Practitioner or Specialist and with the prior approval of the Insurers .	Not Covered	Not Covered	Full Refund
12. Mortal Remains Cover The cost of preparation and transportation of the remains of the Insured Person from the place of death to the Country of Residence , or the preparation and local burial/cremation of the mortal remains of the Insured Person when death occurs outside the Country of Residence .	Not Covered	Not Covered	Up to €4,000

DENTAL BENEFITS	Platine Hospital	Platine France	Platine Global
1. Routine Dental Treatment given by a Dental Practitioner and received at a dental surgery.	Not Covered	Not Covered	Up to €800
2. Accidental Damage to Teeth Treatment received in an Emergency Room in a Hospital within 7 days of incurring Accidental damage caused to sound, natural teeth when given by a Medical or Dental Practitioner .	Full Refund	Full Refund	Full Refund

ADDITIONAL BENEFITS	Platine Hospital	Platine France	Platine Global
Personal Accident (refer to Policy Wording for full details).	Not Covered	Not Covered	Up to €80,000

TERRITORIAL LIMITS

PLATINE HOSPITAL AND PLATINE FRANCE: restricted to France only.

PLATINE GLOBAL: Europe plus 90 days' Worldwide (excluding USA/Canada).

MAXIMUM SUMS INSURED

PLATINE HOSPITAL AND PLATINE FRANCE: €80,000 per Insured Person per Policy Year.

PLATINE GLOBAL: €400,000 per Insured Person per Policy Year.

ALL PREMIUMS ARE PER PERSON

PLATINE HOSPITAL			
AGE	ANNUAL PREMIUM	INSTALMENT DEPOSIT	PLAN MONTHLY
0-17	€327.00	€89.94	€29.98
18-20	€354.00	€97.35	€32.45
21-24	€603.00	€165.84	€55.28
25-29	€652.00	€179.31	€59.77
30-34	€729.00	€200.49	€66.83
35-39	€797.00	€219.18	€73.06
40-44	€854.00	€234.84	€78.28
45-49	€891.00	€245.04	€81.68
50-54	€1100.00	€302.49	€100.83
55-59	€1293.00	€355.59	€118.53
60-64	€1711.00	€470.52	€156.84
65-69	€2286.00	€628.65	€209.55
70-74	€2917.00	€802.17	€267.39
75+*	€3645.00	€1002.39	€334.13

Excess: €120 per claim in respect of Benefit 6 only.

*for existing clients only

PLATINE FRANCE			
AGE	ANNUAL PREMIUM	INSTALMENT DEPOSIT	PLAN MONTHLY
0-17	€435.00	€119.64	€39.88
18-20	€471.00	€129.54	€43.18
21-24	€804.00	€221.10	€73.70
25-29	€869.00	€238.98	€79.66
30-34	€972.00	€267.30	€89.10
35-39	€1061.00	€291.78	€97.26
40-44	€1139.00	€313.23	€104.41
45-49	€1188.00	€326.70	€108.90
50-54	€1467.00	€403.44	€134.48
55-59	€1723.00	€473.82	€157.94
60-64	€2283.00	€627.84	€209.28
65-69	€2856.00	€785.40	€261.80
70-74	€3647.00	€1002.93	€334.31
75+*	€4557.00	€417.73	€1253.19

Excess: €120 per claim.

*for existing clients only

PLATINE GLOBAL			
AGE	ANNUAL PREMIUM	INSTALMENT DEPOSIT	PLAN MONTHLY
0-17	€590.00	€162.24	€54.08
18-20	€632.00	€173.79	€57.93
21-24	€1138.00	€312.96	€104.32
25-29	€1222.00	€336.06	€112.02
30-34	€1417.00	€389.67	€129.89
35-39	€1458.00	€400.95	€133.65
40-44	€1551.00	€426.54	€142.18
45-49	€1938.00	€532.95	€177.65
50-54	€2420.00	€665.49	€221.83
55-59	€2800.00	€770.01	€256.67
60-64	€3793.00	€1043.07	€347.69
65-69	€4853.00	€1334.58	€444.86
70-74	€6177.00	€1698.69	€566.23
75+*	€7821.00	€2150.79	€716.93

Excess: €120 per claim.

*for existing clients only

VOLUNTARY EXCESS OPTIONS (PER CLAIM)	
Add/deduct as appropriate from above Premiums	
NIL	Add 25% (available for Plans Platine Hospital/Platine France ONLY)
€240	Deduct 10%
€400	Deduct 15%
€800	Deduct 25% (20% if aged over 69 years)
€1,600	Deduct 30% (25% if aged over 69 years)

Residents of Department Nos. 06, 75, 78, 83 and 92 need to add 8.5% to the above premiums. Where the Monthly Instalment Plan is chosen, a deposit is payable followed by nine monthly payments by Direct Debit commencing in the fourth month. The above premiums include Insurance Premium Tax.