

SCHEDULE OF BENEFITS

Section A) Medical and Repatriation Expenses €2,500,000

Insurers will pay reasonable costs relating to in-patient treatment. Out-patient expenses are only covered following an injury or following an illness which necessitated admission to hospital. To qualify for this benefit all treatment should be pre-authorised by the designated Help-Line Medical Advisors.

All repatriation expenses must be pre-authorised by the designated Help-Line Medical Advisors. Insurers have the right to repatriate at their own discretion subject to conformation that the insured person is deemed fit to travel.

Section B	Accidental death	€10,000
	Accidental loss of two or more limbs	€10,000
	Accidental loss of sight in both eyes	€10,000
	Accidental loss of one limb	€5,000
	Accidental loss of one eye	€5,000

The maximum benefit payable under Section B) in respect of any one insured person shall not exceed €10,000.

DEFINITIONS

Accident / accidental: a sudden, unexpected or unforeseen event caused by external violent and visible means resulting in bodily injury.

Bodily Injury: an identifiable physical injury which is caused by an accident and solely and independently of any other cause occasions the insured person's death or disablement within the period of insurance.

Loss of limb: (a) the loss by permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle, or (b) the total and irrecoverable loss of use of hand, arm or leg.

Insured person: the person named above in Personal Details.

Physician: is a legally licensed medical practitioner recognised by Irish law and who, in rendering such treatment, is practising within the scope of his/her licensing and training.

Hospital: is any institution which is legally licensed as a medical or surgical hospital in Ireland and whose main activities are not those of a spa, hydroclinic, sanatorium, nursing home, or home for the aged. It must be under constant supervision of a resident Physician.

Admission to Hospital: is where a person is formally admitted to Hospital through the signing of an admission sheet by an appropriately qualified medical officer or appropriately qualified casualty officer of the Hospital.

Hospital services: include all medical treatment, excluding Organ Transplantation. Hospital Services include reasonable and customary charges, in the area where treatment is provided, for Hospital accommodation up to the cost of a single-bedded room, meal charges, all Hospital medical facilities, and all medical treatment and medical services ordered by a Physician. Where intensive care unit accommodation as well as radiotherapy, chemotherapy and computerised tomography is medically required the reasonable and customary charges will also be met.

Outpatient Services: are medical treatments provided to the insured Person when the Insured Person is not a registered inpatient in a Hospital, or any other facility for medical care and are restricted to post operative or those following an emergency.

Organ Transplantation: is the cost of transplantation of organs.

Dental Treatment following Accident: is emergency treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident and for which a consultation is provided within 48 hours and dental treatment for the immediate relief of pain following an Accident.

Repatriation: is the expense of preparation and the transportation of the Insured Person to his/her country of Residence. The Medical Advisors must only make such arrangements.

EVENTS THAT ARE NOT COVERED

The following treatment, conditions, activities, items and their related expenses are excluded from the insurance and the Insurers shall not be liable for:-

1. Treatment by a family member.
2. Auto therapy including prescription drugs or any treatment that is not scientifically recognised.
3. Diagnosis or counselling directly or indirectly arising out of or consequent upon or contributed to by AIDS/HIV/ARC or venereal disease.
4. Attempts at suicide, whether successful or not, or any self inflicted injury.
5. Persons over 60 years of age.
6. Routine medical examinations (including vaccinations, the issue of medical certificates and attestations, and examinations as to suitability for travel or employment). Routine eye, ear and dental examinations, including the cost of spectacles, contact lenses and hearing aids.
7. Any criminal act, including resultant imprisonment.
8. Elective cosmetic or aesthetic surgery and associated costs.
9. Costs incurred arising out of pregnancy, childbirth, miscarriage, and abortion or related complications.
10. Birth defects or congenital illnesses.
11. Costs for acquisition and implantation of artificial heart and mono or bi-ventricular devices.
12. Any dental treatment except as a result of an accident to sound and natural teeth. This shall continue to exclude however, damage to crowns and bridges.
13. Treatment for any condition caused or aggravated by any psychiatric illness or any mental or nervous disorder.
14. Outpatient services other than those specified under Schedule of benefits - Section A.
15. Prostheses, corrective devices and medical appliances, which are not surgically required.
16. Transplantation of organs.
17. Expenses incurred in cryopreservation or implantation or reimplantation of living cells whether autologous or provided by a donor.
18. Expenses incurred for any condition where the insured person was under the influence of alcohol or drugs unless prescribed by a physician.
19. The first €100 of each and every claim in respect of medical expenses.
20. Treatment which is experimental, or is not established or customary, excessive or med-

21. Any occupation, sport, pastime or activity in which materially greater risk may be incurred. Hazardous Activities shall be deemed to be, but not limited to, winter sports, skin diving involving the aid of breathing apparatus, rock climbing or mountaineering normally involving the use of ropes or guides, potholing, hang gliding, parachuting, hunting on horseback, or driving or riding in any kind of race, manual work, aeronautics or aviation other than as a fare paying passenger in a duly licensed passenger carrying aircraft and driving or riding on motor cycles or motor scooters other than mopeds unless he/she is properly licensed so to do in Ireland.
22. Any expenses arising out of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection or military power or usurped power.
23. Radioactive contamination.
24. Any medical condition (including chronic or recurring conditions) in respect of which you had suffered or sought treatment or advice for the previous 24 months prior to commencement of this insurance certificate
25. Costs in respect of treatment which can reasonably wait until the Insured Person has returned to his/her home country.
26. Costs for which no receipts are provided.
27. Physiotherapy, homeopathy, osteopathy or chiropractic treatment unless post injury. Any such treatment that is insured is limited to a maximum of 5 sessions and must be carried out by an appropriately qualified practitioner. A further 5 sessions may be allowable by underwriters at their discretion, provided such additional sessions are deemed necessary by another appropriately qualified practitioner.
28. Costs of medical treatment incurred outside Ireland.

CONDITIONS

1. The insured person must supply at his/her own expense, all information and evidence including medical certificates required by the insurer. The insurer reserves the right to require the insured person to undergo an independent medical examination at the expense of the insurer.
2. If the insured person should become ill or injured the insurers have the right to return him/her to their Country of Residence at any time during the Period of Insurance. The insurers will do this if the physician will do this if the physician treating you and the designated Help-Line Medical Advisor's physician agree that he/she can safely return home.
3. Any fraud, mis-statement or concealment in the statements made by the insured person when arranging this insurance or when making a claim shall render all cover null and void and any claim payments shall be forfeited.
4. To make a claim the insured person should contact the designated Help-Line Medical Advisors within 30 days of any event covered by this insurance. They will explain the claims procedure and send any appropriate forms to completion.
5. In the event of a medical emergency the insured person should contact the designated Help-Line medical Advisors immediately any serious accident or illness in Ireland requires in-patient hospitalisation or before any arrangements are made for repatriation. They are available 24 hours a day and will try to solve the problem in the most practicable way to minimise the inconvenience. The insured person should have the following ready:-

- The Assistance Card
- Full details of the problem
- A contact telephone number

IMPORTANT: Failure to consult the designated Help-Line Medical Advisors and follow their instruction could jeopardise entitlement to benefit or compensation.

WHO TO CONTACT

HELP-LINE MEDICAL ADVISORS	INSURANCE BROKERS
ACE Rescue	O'Driscoll O'Neil Ltd.
Telephone: + 44 1444 44208	17/18 Herbert Place
	Dublin 2, Ireland
	Tel: + 353 1 639 5800
	Fax: +353 1 639 5850

To be contacted in the event of all Claims and all medical emergencies To be contacted for insurance cover queries

COMPLAINTS PROCEDURE

If the insured person has an enquiry or complaint to make they should first write to the managing Director of the designated Help-Line Medical Advisors. Should the insured person be dissatisfied with the reply they may forward complaints to the Business Development Manager - Accident & Health Department. Making a complaint will not affect an insured person's rights in law. The address is:-

Business Development Manager
Accident & Health Department
Level 1, 4 Custom House Plaza
IFSC, Dublin 4
Tel: 01 636 9100
Fax: 01 613 6950

Should the insured person remain dissatisfied, they may then contact the Insurance Ombudsman.

The Insurance Ombudsman
77 Merrion Square, Dublin 2
Telephone: (01) 662 0899

This is a summary of cover only. The master policy may be inspected by arrangement with