



# Cyprus Choice

Table of Benefits



**COSMOS**  
insurance

Always by your side.



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### Pre-authorisation required





If you do not seek pre-authorisation for these services you may be liable to pay a contribution towards the cost of eligible services and 100% of the cost for services you were not eligible for.

## 01 / Core Plan



This Table of Benefit outlines all the options available to policyholders when choosing Cyprus Choice cover. You should read the Table of Benefits in conjunction with the Member Guide and Certificate of Insurance. You will only be covered for the options that appear on your Certificate of Insurance. All terms written in bold are defined in the Member Guide.

Geographical area options	Worldwide excl. USA		Worldwide incl. USA		Cyprus, Europe & Israel
Benefits	Basic	Select	Classic	Premier	Definitions
Reimbursement	100%	100%	100%	100%	Unless specifically noted to the contrary, <b>treatment</b> is reimbursed 100% up to <b>reasonable and customary charges</b> after the payment of any applicable <b>deductibles</b> . Where USA <b>cover</b> has been purchased, any <b>treatment</b> undertaken within the USA will be subject to 20% <b>co-insurance</b> , unless you receive a pre-authorization prior to your <b>hospitalization</b> .
Annual Maximum	€75,000	€125,000	€1,000,000	€2,000,000	This is the overall maximum <b>benefit limit</b> of <b>your policy</b> and applies per <b>insured person</b> , per <b>period of cover</b> . <b>We</b> will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub-limits.
Mandatory Deductible	€50	€50	€50	€50	The amount that each <b>insured person</b> must pay per period of <b>cover</b> before the policy will pay for eligible <b>claims</b> . Is applied per period of <b>cover</b> on in <b>hospital</b> and out of <b>hospital claims</b> . The <b>deductible</b> is not applicable to <b>claims</b> in relation to any of the optional modules of Vision, Dental and Maternity
Hospital charges					
Room and board	in full (semi private room)	in full (semi private room)	in full (standard private room)	in full (standard private room)	Charges for <b>in-patient</b> or <b>day-patient room and board</b> when a stay in <b>hospital</b> is <b>medically necessary</b> , the length of stay is judged <b>medically necessary</b> and <b>treatment</b> is managed by a <b>specialist</b> . If the <b>treatment</b> charges are determined by the choice of room, <b>we</b> will pay the <b>treatment</b> costs appropriate for that room type.
Hospital cash (Up to 30 nights)	€75	€150	€150	€200	The payment of a defined cash <b>benefit</b> for each night <b>you</b> receive <b>in-patient care</b> and the <b>treatment</b> received would ordinarily have been eligible <b>treatment</b> under this <b>policy</b> and was received free of charge (excluding maternity).
Parent accommodation	in full	in full	in full	in full	<b>We</b> will pay for the cost of one parent staying in a <b>hospital</b> overnight with an <b>insured person</b> under 18 years while such <b>insured person</b> is admitted and is receiving <b>in-patient care</b> .
Operating theatre, drugs and dressings & internal appliances	in full	in full	in full	in full	The costs of the operating theatre, the recovery room, internal <b>appliances</b> integral to the surgical procedure, <b>drugs and dressings</b> used in the operating or recovery room and <b>drugs and dressings</b> and <b>durable medical equipment</b> used during <b>your hospital</b> stay.
Intensive & high dependency care	in full	in full	in full	in full	<b>Medically necessary</b> costs for the use of an intensive care unit (ICU) or high dependency unit (HDU).
Surgery costs, surgeons' and anaesthetists' fees	in full	in full	in full	in full	The costs of <b>medically necessary treatment</b> required immediately before, during, and after the surgery. These include the surgeons' and anaesthetist's fees.
Physician and nurse fees	in full	in full	in full	in full	The cost of consultation fees associated with a <b>medical practitioner/specialist</b> or <b>qualified nurse</b> for the period of <b>your in-patient</b> or <b>day-patient</b> stay.
Diagnostic tests	in full	in full	in full	in full	The costs of <b>medically necessary diagnostic tests</b> including but not limited to pathology, radiology and electrocardiograms (ECG), when <b>you</b> are referred by <b>your medical practitioner/specialist</b> in order to diagnose or assess the symptoms of <b>your medical condition</b> during an <b>in-patient</b> or <b>day-patient</b> stay.

## 01 / Core Plan /continued

Benefits	Basic	Select	Classic	Premier	Definitions
<b>Hospital charges (continued)</b>					
Post Hospital Expenses	€500	€1,000	€2,000	€3,000	<b>Medically necessary</b> post <b>hospital</b> discharge expenses for follow up <b>outpatient consultations</b> , wound changes, <b>diagnostic tests</b> , <b>prescribed drugs and dressing</b> , <b>physiotherapies</b> , <b>Durable Medical Equipment</b> associated specifically with your <b>medical condition</b> for which <b>in-patient</b> or <b>day-patient</b> stay occurred.
CT/MRI/PET Scans	in full	in full	in full	in full	The costs of radiology including CT, MRI or PET scan (or combination of these scans) when recommended by <b>your specialist</b> and undertaken in the form of <b>day-patient treatment</b> or <b>out-patient</b> department (OPD) <b>treatment</b> .
External prosthesis	€500	€1,000	€2,000	in full	<b>We</b> will pay for the initial prosthesis needed as part of <b>your treatment</b> and which is required at the time of <b>your surgical procedure</b> . <b>We</b> do not pay for any replacement <b>prosthesis</b> including any replacement devices required in relation to a <b>pre-existing condition</b> .
Home modifications	€1,500	€2,000	€2,500	€3,000	<b>We</b> will pay the costs of alterations performed in the home of the <b>insured person</b> who, as a result of an <b>accident</b> or <b>illness</b> which was covered under the <b>policy</b> , has suffered a bodily injury which has permanently immobilized the <b>insured person</b> in a wheelchair.
<b>Operations, surgeries and treatments</b>					
Reconstructive/remedial surgery	in full	in full	in full	in full	Surgery required as a result of an <b>accident</b> , <b>illness</b> or surgery which occurred during the <b>period of cover</b> and is undertaken within 12 months of the <b>accident/illness/surgery</b> occurring to restore natural function or appearance, subject to the <b>cover</b> being in force. <b>Cover</b> includes one reconstructive/remedial surgery per <b>medical condition</b> unless <b>medically necessary</b> to perform multiple surgeries.
Accidental dental treatment	€150	€250	€500	€1,000	<b>Emergency</b> dental <b>treatment</b> required for damage to sound, natural teeth following an <b>accident</b> . <b>You</b> must contact <b>us</b> within 48 hours of the <b>accident</b> and seek <b>treatment</b> within 7 days of the <b>accident</b> . If <b>treatment</b> continues for longer than one year from the date of the <b>accident</b> , <b>your</b> case may be reassessed by <b>us</b> .
Cancer treatment 	in full	in full	in full	in full	<b>In-patient</b> , <b>day-patient</b> or <b>out-patient treatment</b> given for a diagnosed <b>cancer</b> condition. This includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination as well as any prescribed <b>drugs and dressings</b> required to treat the <b>medical condition</b> .
Transplant services 	in full	in full	in full	in full	<b>Treatment</b> for and in relation to life-sustaining human organ, tissue and cell transplants including but not limited to kidney, pancreas, liver, heart, lung, bone marrow and cornea, in respect of the <b>insured person</b> as a recipient. The transplant shall be carried out in internationally accredited institutions by accredited surgeons and where the organ, tissue or cell procurement is in accordance with World Health Organisation (WHO) guidelines. <b>We</b> will only pay for medical costs associated with the donor as an <b>in-patient</b> or <b>day-patient</b> when services are rendered in the same network facility where the transplant occurs and where the donation does not lead to a loss of the donor's life. Costs associated for the donor search or procurement of the organ, tissue or cell are excluded. <b>Cover</b> includes the cost of anti-rejection medication (immunotherapy). The specific type and length of <b>treatment</b> will be determined by the type of transplant and underlying <b>medical condition</b> .
Renal dialysis 	no cover	no cover	€5,000	€10,000	<b>Treatment</b> of kidney failure requiring regular dialysis received in the form of <b>in-patient care</b> , <b>day-patient treatment</b> or <b>out-patient treatment</b> . This includes pre and post-operative renal dialysis and as part of intensive care and for on-going maintenance while waiting for a kidney transplant.
Psychiatric treatment and psychotherapy 	in full (15 days)	in full (15 days)	in full (30 days)	in full (30 days)	<b>We</b> will pay for <b>in-patient care</b> which is a <b>medically necessary treatment</b> of a recognised mental health disorder in a recognised psychiatric unit of a <b>hospital</b> . All <b>treatment</b> must be administered under the direct supervision of a consultant psychiatrist.

## 01 / Core Plan /continued




Benefits	Basic	Select	Classic	Premier	Definitions
<b>Operations, surgeries and treatments (continued)</b>					
Emergency cover outside geographical area of coverage	€10,000	€25,000	€40,000	€70,000	<b>Emergency</b> care for any <b>accident</b> or <b>medical condition</b> which has developed whilst travelling and are not <b>pre-existing conditions</b> outside of the <b>geographical area</b> of the <b>policy</b> until <b>you</b> are stable for transfer, or up to the <b>benefit</b> limit specified, whichever is the lesser amount.
Acute phases of chronic conditions	in full	in full	in full	in full	<b>We</b> will pay for acute flair up of a <b>chronic condition</b> which will entail providing active <b>treatment</b> towards <b>in-patient</b> care or <b>day-patient treatment</b> in order to stabilise the condition for the period of admission only.
Emergency out-patient care	no cover	€500	€1,000	€1,000	<b>We</b> will pay for <b>emergency treatment</b> at an <b>accident</b> and emergency unit or emergency room of a <b>hospital</b> .
Out-patient surgery	no cover	in full	in full	in full	<b>Treatment</b> costs for a <b>surgical procedure</b> performed as an <b>out-patient</b> .
<b>Rehabilitation and palliative care following discharge from hospital</b>					
Home nursing 	no cover	in full (30 days)	in full (30 days)	in full (30 days)	<b>We</b> will pay for home nursing following discharge from a <b>hospital</b> as consequence of eligible <b>in-patient</b> care. <b>We</b> pay if the home nursing: <ul style="list-style-type: none"> <li>• is required only to provide medical care</li> <li>• is necessary, meaning that without it <b>you</b> would have to stay in <b>hospital</b></li> <li>• starts immediately following discharge from <b>hospital</b></li> <li>• is provided by a <b>qualified nurse</b></li> <li>• is recommended or prescribed by <b>your specialist</b>.</li> </ul>
Palliative care / hospice fees	no cover	no cover	€5,000	€10,000	<b>Treatment</b> following the diagnosis that <b>your medical condition</b> is <b>terminal</b> and <b>you</b> will no longer receive <b>treatment</b> that will result in a recovery. <b>We</b> pay for <b>your</b> palliative <b>treatment</b> , social, psychological and spiritual care and <b>hospital</b> or hospice accommodation, nursing care and prescribed <b>drugs and dressings</b> .
Rehabilitation services 	in full (30 days)	in full (30 days)	in full (60 days)	in full (90 days)	<b>Rehabilitation</b> undertaken in a <b>hospital</b> as an <b>in-patient</b> or in a recognised <b>rehabilitation</b> unit and under the direction of a <b>specialist</b> , including <b>room and board</b> , physical therapy, occupational therapy, dietitian and speech therapy. <b>Treatment</b> must begin within 30 days after the end of <b>your treatment</b> in <b>hospital</b> for a <b>medical condition</b> which is covered by <b>your policy</b> and arose as a result of the <b>medical condition</b> which required hospitalisation, or as a result of the <b>treatment</b> for that <b>medical condition</b> . <b>We</b> do not pay <b>room and board</b> for <b>rehabilitation</b> when the <b>treatment</b> given is solely <b>physiotherapy</b> .
<b>Complications in pregnancy and other post-birth benefits (12 months waiting period)</b>					
Pregnancy-related medical conditions	€4,000	€4,000	€4,000	€4,000	<b>In-patient treatment</b> of a <b>medical condition</b> which arises during the antenatal stages of pregnancy or during childbirth. <b>We</b> would consider <b>treatment</b> including, but not limited to: ectopic pregnancy, stillbirth, abnormal cell growth in the womb (hydatidform mole), retained placenta or placenta praevia, placenta abruption, pre-eclampsia or eclampsia and/or toxemia, pregnancy related diabetes, post-partum haemorrhage, miscarriage requiring immediate surgical <b>treatment</b> , failure to progress in labour, pregnancy related vitamin and mineral deficiency and cholestasis of pregnancy. <b>We</b> will <b>cover</b> the cost of <b>emergency</b> caesarean section, where it is <b>medically necessary</b> due to non-progression in labour. Where <b>we</b> are not satisfied that the caesarean section was <b>medically necessary</b> , <b>we</b> will only <b>cover</b> up to <b>your</b> maternity <b>benefit limit</b> , where purchased. <b>We</b> do not cover caesarean section costs due to a previously elective caesarean section.



## 01 / Core Plan /continued

Benefits	Basic	Select	Classic	Premier	Definitions
<b>Complications in pregnancy and other post-birth benefits (12 months waiting period) (continued)</b>					
<b>New born care</b> 📞	no cover	no cover	€50,000	€100,000	<p>We will pay for <b>treatment</b> of any eligible <b>medical conditions</b> (including a <b>congenital disorders</b>) that manifest themselves within 30 days after birth.</p> <ol style="list-style-type: none"> <li>This cover will be funded from the mother's <b>new born care benefit</b>, for the first 30 days from birth, or until their <b>benefit limit</b> is reached, whichever occurs first. This <b>cover</b> is on condition that the mother's <b>policy</b> includes <b>new born care benefit</b> and the <b>newborn</b> will be added within the first 30 days as a <b>dependant</b>.</li> <li>From 31 days after birth, or after the mothers <b>new born care benefit limit</b> has been reached, any eligible <b>medical conditions</b> that manifested themselves in the first 30 days from birth will be covered under the <b>new born care benefit</b> applicable under the <b>dependant</b> child's <b>policy</b> and up to the <b>benefit limit</b> specified. No further cover for any eligible <b>medical condition</b> manifesting itself within the first 30 days of birth will be provided other than under this <b>benefit limit</b>.</li> </ol> <p><b>Please note:</b></p> <ol style="list-style-type: none"> <li>The <b>new born</b> must be enrolled on the <b>policy</b> as a <b>dependant</b> within the first 30 days. If the <b>new born</b> is enrolled after 30 days from his/her date of birth, they may be subject to eligibility restrictions, including exclusion of any <b>pre-existing condition</b>.</li> <li>In the event of multiple births, the <b>new born care benefit limit</b> shown on the mother's <b>policy</b> is the maximum aggregate amount that can be claimed for, regardless of the number of babies born. Thereafter each eligible <b>dependant</b> baby will be covered by the applicable <b>benefits</b> available on their own <b>policy</b>.</li> </ol>
<b>Child accommodation</b>	in full	in full	in full	in full	<b>Room and board</b> costs relating to a <b>new born</b> (up to 16 weeks old) to accompany its mother (being an <b>insured person</b> ) while she is receiving <b>treatment</b> as an <b>in-patient</b> in a <b>hospital</b> .
<b>Evacuation and repatriation services</b>					
<b>Medical evacuation</b> 📞	no cover	in full (nearest country)	in full (nearest country)	in full (nearest country)	Costs of an <b>insured person</b> , in the event of <b>emergency treatment</b> not being readily available in the region or country of incident, to be transported by the most medically appropriate means to the nearest appropriate medical facility or, where Premier cover has been purchased, to the country of <b>your</b> choice within <b>your geographical area</b> (if, in the opinion of <b>your medical practitioner/specialist</b> and <b>us</b> that <b>you</b> are in the appropriate medical position to be able to undertake the journey), for the purpose of admission to <b>hospital</b> as an <b>in-patient</b> or <b>day-patient</b> .
<b>Medical repatriation</b> 📞	no cover	in full	in full	in full	<p>We will pay the reasonable expenses for:</p> <ul style="list-style-type: none"> <li>the most medically appropriate transportation costs for the <b>insured person</b>.</li> <li>local travel costs to and from medical appointments when <b>treatment</b> is being received as a <b>day-patient</b>.</li> <li>standard hotel room in a 4* hotel or equivalent, to be determined by <b>us</b>, for the <b>insured person</b> immediately pre- and post-<b>hospital</b> admission periods provided that the <b>insured person</b> is under the care of a specialist for a period of up to seven days post discharge from hospital.</li> <li>an economy class airfare ticket to return the <b>insured person</b> to the site where the <b>emergency</b> initially arose or to the that person's <b>country of residence</b>.</li> </ul> <p>Medical repatriation does not extend to include air/sea rescue or mountain rescue services. Only available within the <b>geographical area</b> of your <b>policy</b>.</p>

## 01 / Core Plan /continued

Benefits	Basic	Select	Classic	Premier	Definitions
Evacuation and repatriation services (continued)					
Accompanying person expenses 	no cover	in full	in full	in full	Reasonable costs for an <b>immediate family member</b> to accompany <b>you</b> during a medical evacuation if there is a reasonable need, which would include physical assistance during transportation, <b>you</b> do not have a medical escort or the reason for evacuation relates to a serious, <b>acute</b> illness and only where the <b>treatment</b> received is on an <b>in-patient</b> or <b>day-patient</b> basis. Reasonable costs include: <ul style="list-style-type: none"> <li>• 1 economy return flight (even if the <b>insured person</b> is travelling in another class for medical reasons). Or, where the accompanying person is providing <b>medically necessary</b> assistance to the <b>insured person</b> during transportation, <b>we</b> will <b>cover</b> the costs of the accompanying person's travel on the <b>medically necessary</b> transport</li> <li>• Reasonable living expenses</li> <li>• Reasonable costs for travel to and from <b>hospital</b></li> <li>• Standard hotel room in a 4* hotel or equivalent, to be determined by <b>us</b></li> </ul> This <b>benefit</b> will only be paid once per <b>medical condition</b> and must be pre-authorised by <b>us</b> .
Incidental Expenses 	no cover	in full	in full	in full	The cost of incidental expenses related to the <b>emergency</b> including: <ul style="list-style-type: none"> <li>• 1 economy return flight and accommodation for a child in the event of an evacuation, provided they are under the age of 18 and they would otherwise be left without a parent or guardian</li> <li>• Reasonable child care and pet care, where the child or pets remain in the <b>country of residence</b>.</li> </ul>
Repatriation of mortal remains 	in full	in full	in full	in full	Reasonable costs for the transportation of <b>your</b> mortal remains following <b>your</b> death whilst outside of <b>your</b> home country. The costs of a local burial in the country where the death occurred, other than <b>your</b> home country, cremation costs in the country where the death occurred and transportation of the urn to <b>your country of residence</b> or home country. Where a local burial or cremation is chosen, costs will be covered to the same cost of repatriation to home country. <b>We</b> do not pay for the cost of burial caskets, or the transportation costs for someone to collect or accompany <b>your</b> mortal remains.
Compassionate travel 	no cover	in full	in full	in full	An economy return flight for <b>you</b> , together with any minors (under the age of 18), to travel from <b>your country of residence</b> to visit an <b>immediate family member</b> who is in a High-Dependency Unit, Intensive Care Unit or facing a life-threatening illness or injury in <b>your</b> home country. <b>We</b> will <b>cover</b> one visit per <b>medical condition</b> only. <b>We</b> will not <b>cover</b> any living expenses associated with the visit.
Local road ambulance	in full	in full	in full	in full	<b>We</b> will pay for in-country ambulatory transportation by road or, if <b>medically necessary</b> , air ambulance to the nearest suitable <b>hospital</b> or other place of <b>treatment</b> where services are available to provide <b>treatment</b> for <b>your</b> eligible <b>accident</b> or <b>medical condition</b> , as well as a clinical escort where deemed <b>medically necessary</b> to accompany <b>you</b> . <b>We</b> do not pay for mountain/air/sea rescue services.
Local air ambulance					
Non-emergency travel	no cover	no cover	no cover	1 economy class journey	<b>We</b> <b>cover</b> 1 economy return flight to the nearest centre of excellence to treat <b>your medical condition</b> when the <b>treatment</b> is not available in <b>your country of residence</b> , the <b>treatment</b> is elective, on an <b>in-patient</b> or <b>day-patient</b> basis, <b>you</b> are fit to travel as judged by a <b>medical practitioner/specialist</b> and the cost of the <b>treatment</b> is covered under <b>your</b> policy. <b>We</b> will not pay for living expenses before or after the <b>treatment</b> or for the cost of an accompanying person. <b>We</b> require a note from <b>your medical practitioner</b> to confirm the <b>treatment</b> is not available in <b>your country of residence</b> , or is not available to an acceptable medical standard.





## 02 / Out-patient Plan

**Note:** Out-patient cover is optional. You can only choose an Out-patient option at the same level or less than your Core cover.

Out-patient plans	Basic	Select	Classic	Premier	Definitions
<b>Overall Out-patient benefit limit</b>	<b>€500</b>	<b>€1,500</b>	<b>€3,000</b>	<b>€5,000</b>	We will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub-limits.
<b>Consultations and scans</b>					
<b>Out-patient consultations</b>	€25 in Cyprus/€50 Abroad within out-patient limit	€50 in Cyprus/€100 Abroad within out-patient limit	in full within out-patient limit	in full within out-patient limit	<b>Out-patient medical practitioner/specialist or qualified nurse</b> fees including consultations to: <ul style="list-style-type: none"> <li>• assess the symptoms of <b>your medical condition</b></li> <li>• arrange or receive <b>treatment</b></li> <li>• follow-up on <b>treatment</b> already received</li> <li>• prescribe <b>drugs and dressings</b></li> </ul>
<b>Routine chronic condition management</b>	80% within out-patient limit	80% within out-patient limit	80% within out-patient limit	80% within out-patient limit	Management of <b>chronic conditions</b> requiring ongoing or long-term monitoring through consultations with a <b>medical practitioner/specialist</b> including examinations, check-ups and the prescribing of <b>drugs and dressings</b> . Prescriptions for <b>drugs and dressings</b> that exceed the <b>period of cover</b> will only be covered for the duration of the remaining <b>period of cover</b> .
<b>Diagnostic tests</b>	in full within out-patient limit	in full within out-patient limit	in full within out-patient limit	in full within out-patient limit	The costs of diagnostic tests used to diagnose or assess the symptoms of <b>your medical condition</b> when ordered by <b>your medical practitioner/specialist</b> .
<b>Medicines and medical equipment</b>					
<b>Prescribed drugs and dressings</b>	in full within out-patient limit	in full within out-patient limit	in full within out-patient limit	in full within out-patient limit	The cost of <b>drugs and dressings</b> prescribed by <b>your medical practitioner/specialist</b> and will only be used for the <b>treatment</b> of a <b>medical condition</b> or injury. Prescriptions for <b>drugs and dressings</b> that exceed the <b>period of cover</b> will only be covered for the duration of the remaining <b>period of cover</b> . <b>Drugs and dressings</b> does not include prescriptions which can be purchased over-the-counter.
<b>Durable medical equipment</b>	no cover	€150	€250	€500	The cost to rent, or at our discretion to purchase, any <b>durable medical equipment</b> that is ordered by a <b>medical Practitioner/specialist</b> to be used in the course of <b>treatment</b> for an <b>accident</b> or <b>medical condition</b> , or while undertaking nursing at home where <b>medically necessary</b> and where recommended by a <b>medical practitioner/specialist</b> .
<b>Specialist and alternative treatments</b>					
<b>Physiotherapy</b>	€150	€500	€1,000	in full within out-patient limit	We will pay for <b>physiotherapy</b> costs under the direction of a registered <b>physiotherapist</b> , where the <b>treatment</b> is of short duration to relieve pain or restore function. If <b>you</b> are not referred by a <b>medical practitioner/specialist</b> , <b>you</b> will need to gain <b>pre-authorisation</b> after ten <b>physiotherapy</b> sessions (unless <b>we</b> agree otherwise).
<b>Complementary treatment</b>	no cover	€500	€500	€1,000	<b>Complementary treatment</b> provided as an <b>out-patient</b> in respect of an eligible <b>medical condition</b> . The practitioner must be appropriately qualified and registered to practice in the country where the <b>treatment</b> is received.
<b>Speech therapy</b>	no cover	no cover	no cover	€1,000	Speech therapy as part of a <b>treatment</b> program for a <b>medical condition</b> and when referred by a <b>medical practitioner/specialist</b> .

## 02 / Out-patient Plan /continued

Out-patient plans	Basic	Select	Classic	Premier	Definitions
<b>Overall Out-patient benefit limit</b>	<b>€500</b>	<b>€1,500</b>	<b>€3,000</b>	<b>€5,000</b>	We will pay for the cost of <b>benefits</b> allowable under the <b>policy</b> subject to the overall annual maximum and any specified sub-limits.
<b>Prevention and wellbeing (6 months waiting period)</b>					
<b>Vaccinations</b>	no cover	€100	€200	€300	<b>Vaccinations</b> must have completed clinical trials and be approved for use in the country where <b>treatment</b> is taking place. The cost for the visit and administration of the <b>vaccination</b> is included.
<b>Annual health assessment</b>	no cover	€250	€250	€500	<b>We</b> will pay for one health assessment <b>per period of cover</b> to assess <b>your</b> state of health where it is provided by a recognised <b>medical practitioner/specialist</b> or <b>qualified nurse</b> . The actual tests <b>you</b> have will depend on the health screening offered by <b>your</b> provider but may include routine tests such as blood sugar and cholesterol tests, a blood pressure test and a kidney function test. It may also include specific screening tests, such as mammogram, pap test, colon <b>cancer</b> screening, or prostate <b>cancer</b> screening.
<b>Well-baby checks</b>					Well-baby checks, undertaken 6 months after birth and up until the child's second birthday and as recommended by a <b>medical practitioner/specialist</b> , including physical examinations, measurements, screenings, evaluations and blood tests as is recommended in the country where the <b>treatment</b> is undertaken.
<b>Sick Leave Benefit due to illness or accident</b>					
<b>Convalescence Cash Benefit</b>	no cover	no cover	€100 each full week for to maximum of 2 weeks	€100 each full week up to maximum of 4 weeks	A cash <b>benefit</b> following discharge from <b>hospital</b> admission after a minimum <b>in-patient</b> stay of 5 nights, you are confined to home for a period of recuperation. Maximum <b>benefit</b> period four (4) weeks.



## 03 / Optional Benefits

These add-on packages give you the option to increase your level of cover in the areas that are important to you.


Optional Benefits				Definitions
Vision and Dental	Waiting Period	Option 1	Option 2	
<b>Glasses and contact lenses</b>	6 months	€250		The costs of spectacle lenses and contact lenses which are prescribed by an ophthalmologist or optician due to sight/vision change to correct the sight/vision problem, such as short or long sight to a maximum of one pair per <b>insured person per period of cover</b> . The cost of frames, only if <b>you</b> have been prescribed new spectacle lenses due to sight/vision change, and where confirmation of the prescription/purchase of lenses is provided, to a maximum of one pair per <b>insured person</b> for every two <b>periods of cover</b> . The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.
<b>Laser eye surgery</b>	18 months	€1,000		<b>Treatment or surgery</b> to correct eyesight, such as laser <b>treatment</b> , refractive keratotomy (RK) and photorefractive keratotomy (PRK). Limited to once per eye per lifetime up to the limit specified to the Table of Benefits. It must be undertaken by a recognised <b>specialist</b> , registered in the country where the <b>treatment</b> is undertaken.
<b>Routine dental</b>	6 months	€550	€1,000	Routine dental <b>treatment</b> which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative <b>treatment</b> including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal <b>treatment</b> . Costs of <b>medically necessary drugs and dressings</b> required as part of the eligible dental <b>treatment</b> . A co-insurance of 20% applies to this <b>benefit</b> .
<b>Restorative dental</b>	12 months	no cover		Major restorative <b>treatment</b> defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where <b>medically necessary</b> rather than for cosmetic purposes compared with other <b>treatment</b> options available. Costs of <b>medically necessary drugs and dressings</b> required as part of the eligible dental <b>treatment</b> . A <b>co-insurance</b> of 20% applies to this <b>benefit</b> .

## 03 / Optional Benefits /continued

Optional Benefits				Definitions
Vision, Dental and Maternity	Waiting Period	Option 1	Option 2	
Glasses and contact lenses	6 months	€250		The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an ophthalmologist or optician to correct a sight/vision problem, such as short or long sight to a maximum of one pair per <b>insured person</b> per <b>period of cover</b> . The cost of frames, only if <b>you</b> have been prescribed new spectacle lenses due to sight/vision change, and where confirmation of the prescription/purchase of lenses is provided. New spectacle lenses to a maximum of one pair per <b>insured person</b> for every two <b>periods of cover</b> . The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.
Laser eye surgery	18 months	€1,000		<b>Treatment or surgery</b> to correct eyesight, such as laser <b>treatment</b> , refractive keratotomy (RK) and photorefractive keratotomy (PRK). Limited to once per eye per lifetime up to the limit specified in the Table of Benefits. It must be undertaken by a recognised <b>specialist</b> , registered in the country where the <b>treatment</b> is undertaken.
Routine dental	6 months	€550	€1,000	Routine dental <b>treatment</b> which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative <b>treatment</b> including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal <b>treatment</b> . Costs of <b>medically necessary drugs and dressings</b> required as part of the eligible dental <b>treatment</b> . A <b>co-insurance</b> of 20% applies to this <b>benefit</b> .
Restorative dental	12 months	no cover		Major restorative <b>treatment</b> defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where <b>medically necessary</b> rather than for cosmetic purposes compared with other <b>treatment</b> options available. Costs of <b>medically necessary drugs and dressings</b> required as part of the eligible dental <b>treatment</b> . A <b>co-insurance</b> of 20% applies to this <b>benefit</b> .
Natural childbirth	12 months	€4,000		<b>Medically necessary</b> costs incurred during normal pregnancy and childbirth including scans and delivery costs in a <b>hospital</b> or at home. Complications of pregnancy as a result of fertility <b>treatment</b> and artificial insemination (IVF) will be limited to this <b>benefit</b> if this option is purchased. Non- <b>emergency</b> caesarean section and <b>medically necessary</b> caesarean section costs due to previous elective caesarean section.
C-section				
Pre-and post-natal check ups				Pre and post-natal check-ups up to six weeks following birth for a mother, being an <b>insured person</b> , prior to and following childbirth.
Paediatrician costs				Well-baby examinations and paediatrician costs for the first examination/check-up of a <b>new born baby</b> , if the examination is made within 24 hours of delivery.

## 04 / Health Advice Services

The below service is included within **your** plans and there is no limit on its use.

Service	Service Description
<b>Second medical Opinion*</b> 	We provide <b>you</b> with complimentary access to an independent second medical opinion service. This service gives <b>you</b> access to medical <b>specialists</b> , identified and authorized by <b>us</b> , who can provide an independent and confidential review of <b>your</b> medical case when <b>you</b> are in doubt about <b>your</b> diagnosis, worried that <b>your</b> medication isn't working, or want to know if there are other <b>treatment</b> options.

\* Pre- authorisation required for this service. If **you** do not seek pre-authorization we will not be liable to reimburse any costs **you** incur for seeking a second medical opinion.

## 05 / Deductibles and Co-insurances

This page outlines the contribution you may need to make towards the cost of your treatment. Please refer to your certificate of insurance to identify which contributions apply to your policy.

Contribution Type	Contribution amount	Definitions
<b>Deductibles</b>	Cyprus Choice comes with a mandatory deductible per insured member per period of cover of €50. However, there are several deductible options as presented below that reduce the annual premium.  Deductible options: <ul style="list-style-type: none"> <li>• €85/€150/€300/€500/€1,000/€2,000</li> </ul> Check your Certificate of Insurance to see which applies to your policy.	The annual amount that each <b>insured person</b> must pay each <b>period of cover</b> before the <b>policy</b> will pay certain <b>benefits</b> . <b>Deductible</b> amounts applicable will be indicated in <b>your certificate of insurance</b> .
<b>Co-insurances</b>	The following <b>co-insurances</b> apply to all Cyprus Choice <b>policies</b> : <ul style="list-style-type: none"> <li>• 20% routine and restorative dental</li> <li>• 20% for any <b>treatment</b> undertaken in USA and <b>you</b> don't have pre-authorization from <b>us</b> prior to <b>your treatment</b>.</li> </ul> The following <b>co-insurances</b> are optional: <ul style="list-style-type: none"> <li>• 80% reimbursement on in-patient (Core benefits)</li> <li>• 20% co-insurance on out-patient (out-patient benefits).</li> </ul>	<b>Co-insurance</b> is the amount that <b>you</b> must contribute towards each <b>treatment</b> undertaken. <b>Co-insurance</b> may apply to specific <b>benefits</b> , or across multiple <b>benefits</b> . If the optional <b>co-insurances</b> has been selected, this will be indicated in <b>your certificate of insurance</b> .







**Information provided in accordance with Regulation no. 20 of the “INSURANCE AND REINSURANCE SERVICES AND OTHER RELATED ISSUES REGULATIONS OF 2016” issued under the “INSURANCE AND REINSURANCE SERVICES AND OTHER RELATED ISSUES LAW OF 2016 [38 (I)2016]”.**

Underwritten by Cosmos Insurance Company Public Ltd. is a Cyprus based Published Limited Company, registered Head Office in Nicosia, Republic of Cyprus, with registration number HE 16361, regulated by the Superintendent of Insurance (the head of the Insurance Companies Control Service in Cyprus), authorised to transact insurance business by the Superintendent of Insurance with license No71.

**Particulars of the Insurance Company**

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**Company Registration Number:** HE 16361

**Legal Form:** Public Limited Company

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