



ESSENTIAL STANDARD & PERFECT  
for EXPATRIATE



## MEDICAL EXPENSES CORE PLAN (USD/EUR/GBP)

		<b>ESSENTIAL</b> up to 100 000	<b>STANDARD</b> up to 100 000	<b>PERFECT</b> up to 500 000
<b>Hospitalization</b>	Accommodation costs	100 %	100 %	100 %
	Intensive care (including operating room)	100 %	100 %	100 %
	Medical imaging	100 %	100 %	100 %
	Diagnostic and laboratory tests	100 %	100 %	100 %
	Medicines and drugs	100 %	100 %	100 %
	Blood and plasma	100 %	100 %	100 %
	Surgical appliances	100 %	100 %	100 %
	Rental of medical aids	100 %	100 %	100 %
	Physician fees	100 %	100 %	100 %
	Nursing care	100 %	100 %	100 %
<b>Outpatient Surgery</b>	Day care treatment	100 %	100 %	100 %
<b>Cancer treatment</b>		100 %	100 %	100 %
<b>AIDS/HIV</b>		N/A	80 %	100 %
<b>Organ transplant</b>		100 %	100 %	100 %
<b>Local ambulance benefit</b>		80 %	80 %	100 %
<b>Labour and maternity (after 10 months waiting period, except for insured person previously insured without interruption)</b>	Pregnancy			
	Prenatal and post-natal treatment	100 %	100 %	100 %
	Childbirth	up to 3 000	up to 3 000	up to 5 000
	Complications of Pregnancy			
	Birth allowance per child per insured woman	N/A	50	150
<b>Deductible one day-clinic (only)</b>		N/A	100	100

## MEDICAL EXPENSES OUT-PATIENT (USD/EUR/GBP)

	ESSENTIAL up to 100 000	STANDARD up to 100 000	PERFECT up to 500 000
<b>Deductible</b>	N/A	100 / year / person	100 / year / person 250 for PERFECT USA
Physician and specialist consultations	80% up to 3 000	80 %	100 %
Prescribed Medicines and Drugs	80% up to 3 000	80 %	100 %
Medical imaging	80% up to 3 000	80 %	100 %
Diagnostic and laboratory tests	80% up to 3 000	80 %	100 %
Prescribed medical aids and surgical appliances	80% up to 3 000	80 %	100 %
<b>Outpatient benefit</b>			
Mandatory vaccination	80% up to 3 000	80 %	100 %
Check up with medical reasons and prescriptions	80% up to 3 000	80 %	100 %
Voluntary preventive care and examinations	N/A	N/A	100 % up to 600
Prescribed preventive care and examinations	N/A	80 %	100 %
Hearing prosthesis	N/A	N/A	100 % up to 300
Complementary / alternative medicine	N/A	N/A	100 % up to 1 500
<b>Home Nursing</b>			
Outpatient care	N/A	80 %	100 %
Palliative care	N/A	80 % up to 500	100 % up to 3 000
<b>Mental and behavioral disorders per insured person and per policy period</b>	80 % up to 10 sessions linked to an accident during work period	80 % up to 10 sessions linked to an accident during work period	100 % up to 10 sessions linked to an accident during work period
<b>Cancer treatment</b>	80 %	80 %	100 %
<b>Leisure sports</b>		Covered except air sports, motor sports, competition	
<b>Professional water sports linked to the job (license)</b>		Covered	

## DENTAL CARE (USD/EUR/GBP)

	ESSENTIAL	STANDARD up to 600	PERFECT up to 3 000
<b>Routine dental treatment: dental examinations, tooth extractions, tooth cleaning, normal compound filling, root canal treatment, parodontal treatment, paradontosis treatment, gum treatment, and X-ray examination.</b>	N/A	80 %	100 %
<b>Major restorative dental treatment: removal of impacted, buried or unerupted teeth, removal of solid odontomes, and apicectomy.</b>	N/A	50 %	60 %
<b>Dental prosthesis: crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment and repairs required.</b>	N/A	50 %	60 %
<b>Orthodontic treatment in case of accident.</b>	N/A	N/A	50 %
<b>Accidental dental treatment</b>	100 % after accident	100 % up to 500/event	100 % /event

## VISION CARE (USD/EUR/GBP)

	ESSENTIAL	STANDARD up to 300	PERFECT up to 1 500
<b>Vision treatment: ophthalmic examinations and treatments, excluding any eye surgery.</b>	N/A	80 %	100 %
<b>Ophthalmic surgery: laser eye surgery, cataract surgery, glaucoma surgery, canaloplasty, refractive surgery, corneal surgery, vitreo-retinal surgery, eye muscle surgery and oculoplastic surgery.</b>	N/A	80 % in case of emergency	80 % per lifetime benefit
<b>Optical devices: medically necessary glasses, frames and contact lenses prescribed by an ophthalmic physician.</b>	N/A	80 %	80 %
<b>Accidental vision treatment</b>	100 % after accident	100 % up to 500/event	100 % /event

## ASSISTANCE REAL EXPENSES UP TO (USD/EUR/GBP)

	ESSENTIAL (Plus option)	STANDARD	PERFECT
Home repatriation	12500	12500	25000
Visit to an ill or hospitalised insured person abroad	2000	2000	2000
Repatriation of the mortal remains and funeral cost	12500	12500	25000
Emergency return (granted only once for the same relative) Amount per 12 consecutive months	1500	1500	1500
Ticket for the Return of the Insured Person or for a Colleague	1500	2500	2500
Personal belongings - deductible of 75 per event	3500	3500	3500
Medical advice over the phone	INCLUDED	INCLUDED	INCLUDED
Second opinion benefits	INCLUDED	INCLUDED	INCLUDED
Country guides	INCLUDED	INCLUDED	INCLUDED

## OPTIONAL BENEFITS REAL EXPENSES UP TO (USD/EUR)

	ESSENTIAL	STANDARD	PERFECT
Legal expenses (Individual subscription)	up to 15 000 see general terms	up to 15 000 see general terms	up to 15 000 see general terms
Legal assistance (Group subscription) (Deductible of 10% with a minimum of 250)	100 % up to 15 000	100 % up to 15 000	100 % up to 15 000
Third party liability (Bodily injury, Property damage) (Group subscription)	100 % up to 1 000 000 (Deductible of 300 per event)	100 % up to 1 000 000 (Deductible of 300 per event)	100 % up to 1 000 000 (Deductible of 300 per event)
Bail bond (Group subscription)	100 % up to 50 000	100 % up to 50 000	100 % up to 50 000
Loss of Life (after accident or illness or natural death)	% annual salary or lump sum up to 1 000 000	% annual salary or lump sum up to 1 000 000	% annual salary or lump sum up to 1 000 000
Permanent Total/Partial Disability (after accident or illness)	% annual salary or lump sum up to 1 000 000	% annual salary or lump sum up to 1 000 000	% annual salary or lump sum up to 1 000 000
Maternity leave (6 weeks before and 10 after childbirth)	N/A	up to 100 % annual salary	up to 100 % annual salary

For an INDIVIDUAL/FAMILY quotation  
contact your local/broker manager

or

email: [info@wycc-insurance.com](mailto:info@wycc-insurance.com)  
phone: +352 274 454

The healthcare plan can be extended after the insured's 65th birthday and at the latest until the last day of his/her 70th birthday insured person.

Unless otherwise described, these limits are applicable per insured person and per year.

Insured persons are: employees, spouses, dependents (children, adults after 18 years)

These benefits are available whatever the period (on duty, on leave, vacation...)

A waiting period of 6 months will be applicable for Optical Devices, Contact Lenses and Dental Prosthesis and Implants for all new individual subscription except members already covered by WYCC without discontinuity period.

This plan have has been designed by WYCC and the insurance company for the memberships of WCA.

Our brochures are the subject of the greatest attention. Nevertheless, there might be printing, date or price errors, etc. Should this eventuality happen, the final rates and amounts of cover applicable would be those confirmed at the subscription in the insurance certificate and appendices.



*Protect you everywhere all along your life*