



WCA
Worldwide Crew Association

and

SOMECASSUR
YACHT and CREW INSURANCE
Since 1971

on behalf of

HEALTHCARE PLAN WORLDWIDE 7/7 – 24/24

THE HEALTHCARE PLAN CAN BE EXTENDED AFTER THE INSURED'S 65TH BIRTHDAY AND AT THE LATEST UNTIL THE LAST DAY OF HIS/HER 70H BIRTHDAY INSURED PERSON.

UNLESS OTHERWISE DESCRIBED, THESE AMOUNTS ARE APPLICABLE PER INSURED PERSON AND PER YEAR

MEDICAL EXPENSES (USD/EUR/GBP)		STANDARD MLC S UP TO 100 000	PERFECT S UP TO 500 000
DEDUCTIBLE OR CO-PAYMENT IN OUT-PATIENT CARE AND ONE-DAY-CLINIC		0	0
DEDUCTIBLE HOSPITALIZATION (MINIMUM ONE DAY)		0	0
HOSPITALIZATION		100%	100%
OUTPATIENT SURGERY		100%	100%
EMERGENCY DENTAL BENEFIT	ACCIDENTAL	100% UP TO 500	100%
EMERGENCY VISION BENEFIT	ACCIDENTAL	100% UP TO 500	100%
OUTPATIENT BENEFIT	PHYSICIAN AND SPECIALIST CONSULTATIONS, PRESCRIBED MEDICINES AND DRUGS, MEDICAL IMAGING, DIAGNOSTIC AND LABORATORY TESTS, PRESCRIBED MEDICAL AIDS AND SURGICAL APPLIANCES	80%	100%
	PREVENTIVE CARE AND EXAMINATIONS	NC	100% UP TO 600
	HEARING PROSTHESIS	NC	100% UP TO 300
	COMPLEMENTARY / ALTERNATIVE MEDICINE	NC	100% UP TO 1 500
LOCAL AMBULANCE BENEFIT		80%	100%
PRIVATE NURSING BENEFIT	INPATIENT IN HOSPITAL	80%	100%
	PALLIATIVE CARE	80% UP TO 500	100% UP TO 3 000
LABOUR AND MATERNITY (AFTER 10 MONTHS WAITING PERIOD) *	PREGNANCY, LABOUR, TREATMENT BEFORE AND AFTER BIRTH COMPLICATIONS OF PREGNANCY	100% UP TO 1 000	100% UP TO 3 000
MENTAL AND BEHAVIORAL DISORDERS LINKED TO AN ACCIDENT DURING WORK PERIOD (PERIOD ON LEAVE NOT COVERED)	OUTPATIENT TREATMENT PER INSURED PERSON AND PER POLICY PERIOD	80% UP TO 10 SESSIONS	100% UP TO 10 SESSIONS
AIDS/HIV BENEFIT		80%	100%

* WE WAIVE THIS WAITING PERIOD FOR INSURED PERSON PREVIOUSLY INSURED WITHOUT INTERRUPTION



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DENTAL CARE (USD/EUR/GBP)	STANDARD MLC S UP TO 600	PERFECT S UP TO 3 000
ROUTINE DENTAL TREATMENT = DENTAL EXAMINATIONS, TOOTH EXTRACTIONS, TOOTH CLEANING, NORMAL COMPOUND FILLING, ROOT CANAL TREATMENT, PARADENTAL TREATMENT, PARADONTOSIS TREATMENT, GUM TREATMENT, AND X-RAY EXAMINATION.	80%	100%
MAJOR RESTORATIVE DENTAL TREATMENT = REMOVAL OF IMPACTED, BURIED OR UNERUPTED TEETH, REMOVAL OF SOLID ODONTOMES, AND APICECTOMY	50%	60%
DENTAL PROSTHESIS = CROWNS, INLAYS, ONLAYS, ADHESIVE RECONSTRUCTIONS/RESTORATIONS, BRIDGES, DENTURES AND IMPLANTS AS WELL AS ALL NECESSARY AND ANCILLARY TREATMENT AND REPAIRS REQUIRED	50%	60%
ORTHODONTIC TREATMENT IN CASE OF ACCIDENT	NC	50%
VISION CARE (USD/EUR/GBP)	STANDARD MLC S UP TO 300	PERFECT S UP TO 1 500
VISION TREATMENT = OPHTHALMIC EXAMINATIONS AND TREATMENTS, EXCLUDING ANY EYE SURGERY	80%	80%
OPHTHALMIC SURGERY = LASER EYE SURGERY, CATARACT SURGERY, GLAUCOMA SURGERY, CANALOPLASTY, REFRACTIVE SURGERY, CORNEAL SURGERY, VITREO-RETINAL SURGERY, EYE MUSCLE SURGERY AND OCULOPLASTIC SURGERY	80% IN CASE OF EMERGENCY	80% / LIFETIME BENEFIT
OPTICAL DEVICES = MEDICALLY NECESSARY GLASSES, FRAMES AND CONTACT LENSES PRESCRIBED BY AN OPHTHALMIC PHYSICIAN	80%	80%
ASSISTANCE (USD/EUR/GBP) – REAL EXPENSES UP TO	STANDARD MLC S	PERFECT S
PERSONAL BELONGINGS - DEDUCTIBLE OF 75 PER EVENT	3 500	3 500
HOME REPATRIATION	12 500	25 000
MEDICAL EVACUATION FROM THE SHIP TO THE COAST	12 500	25 000
MEDICAL EVACUATION	5 000	10 000
VISIT TO AN ILL OR HOSPITALISED INSURED PERSON ABROAD	2 000	2 000
REPATRIATION OF THE MORTAL REMAINS AND FUNERAL COST	12 500	25 000
EMERGENCY RETURN (GRANTED ONLY ONCE FOR THE SAME RELATIVE) AMOUNT PER 12 CONSECUTIVE MONTHS	1 500	1 500
TICKET FOR THE RETURN OF THE INSURED PERSON OR FOR A COLLEAGUE	2 500	2 500
MEDICAL ADVICE OVER THE PHONE	INCLUDED	INCLUDED
SECOND OPINION BENEFITS	INCLUDED	INCLUDED
COUNTRY GUIDES	INCLUDED	INCLUDED