

SCHEDULE OF BENEFITS

COMPREHENSIVE MAJOR MEDICAL

Maximum Benefit	
Benefit Period	
Calendar Year Deductible	
Deductible per Family	
Co-Insurance Factor Percentage	
Pre-existing condition maximum 1st 24 months	
Daily Hospital Room and Board Limit Applicable - Locally	
Applicable - Overseas	
Intensive Care - Locally	
Intensive Care - Overseas	
Miscellaneous Hospital Expense	
Surgical Benefit	
Surgical Maximum	
Anaesthesia	
Doctors Visits	
Office/Home/Hospital	
Maximum No. of visits per Calendar Year	
Specialists Consultation Expense (no referral for Gynaecologist and Pediatrician)	
Office/ Home/ Hospital	
Maximum No. of visits per Calendar Year	
Diagnostic Expense	
Prescribed Drugs	
Emergency Accident	

OPTION 2

	MEMBERS UP TO AGE 60	RETIREES TO AGE 99
	500,000.00	400,000.00
		NO Annual Maximum
	3 years	Lifetime
	300	1000
	3	3
	80%-20%	70%-30%
	1,000.00	1,000.00
	700	700
	4,000.00	4,000.00
	2,500.00	2,500.00
	4,000.00	4,000.00
	75% of UCR	75% of UCR
	75% of R&C charges	75% of R&C charges
	25% of Surgical R&C	25% of Surgical R&C
	80% up to	80% up to
	300	300
	25	25
	80% up to	80% up to
	400	400
	25	25
	75%	75%
	Deductible \$50.00	Deductible \$100.00
	75%	75%
	80% up to \$1,000.00	80% up to \$1,000.00

Home Nursing Care	80% up to	80% up to
Maximum per day	250	250
Maximum No. of days per disability	30	30
Physiotherapy Expense Benefit	80% up to	80% up to
Maximum per visit	150	150
Maximum No. of Visits per Calendar Year	20	20
Psychiatric Care Benefit	80% up to	80% up to
Maximum per Visit	300	300
Maximum No. Of treatments per Calendar Year	20	20
Psychologist Out of Hospital Benefit	80% up to	80% up to
Maximum per Visit	200	200
Maximum No. Of treatments per Calendar Year	20	20
Maternity (10 months qualification period)	100% up to	N/A
Normal Delivery	4000.00	
Caesarean Section/extra-uterine pregnancy	Payable as Surgery	
Miscarriage / D&C	3000.00	
Pre natal (included in maternity maximum)	3000.00	
Preventative Care Expense (3 months waiting period)	100% up to \$1,200.00	100% up to \$1,200.00
Annual Pap Smear		
Annual Mammogram for females over 35 years		
Annual PSA Test		
Annual Glaucoma Test		
Annual Lipid Profile		
Annual Medical Exam		
Annual CA125 Test for Ovarian Cancer		
Vaccinations for children up to 5 years		
Immunization		
Airfare Benefit	80% up to	80% up to
Maximum per Trip	4,000.00	4,000.00
No. of Trips per Calendar Year	2	2
Air Ambulance	100% up to	100% up to
Maximum per Calendar Year	US\$18,000.00	US\$18,000.00
No. of Trips per Calendar Year	1	1
Vision Care Expense (3 months waiting period)		
Calendar Year Deductible	200.00	200.00

Co-Insurance Factor Percentage	75%	50%
Maximum per Calendar Year	2,000.00	1,250.00
Dental Expense Benefit (3 months waiting period)		
Calendar Year Deductible	200.00	200.00
Co-Insurance Factor Percentage	75%	50%
Maximum per Calendar Year	3,000.00	3,000.00
Internal Plan Limits - Lifetime Maximum		
Repatriation	80% up to	80% up to
Mental and Nervous Disorders	20,000.00	20,000.00
AIDS/ HIV	25,000.00	25,000.00
Artificial Limbs, Tissue Transplants	50,000.00	50,000.00
	50% of Major Medical	50% of Major Medical