

	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>
<b>DOCTOR'S VISIT</b>			
Office Visit	\$1,000	\$1,600	\$2,000
No. Of Visits Per Disability	Unlimited	Unlimited	Unlimited
Home Visit (Emergency Only)	\$1,000	\$1,600	\$2,000
No. Of Visits Per Disability	Unlimited	Unlimited	Unlimited
Specialist Consultation On Referral	\$1,500	\$2,200	\$3,500
No. Of Visits Per Disability	Unlimited	Unlimited	Unlimited
Specialist Consultation With No Referral	\$1,000	\$1,600	\$2,000
No. Of Visits Per Disability	2	2	2
Direct Access Paediatric Visit (To Age 13)	\$1,000	\$2,000	\$3,500
No. Of Visits Per Disability	2	2	2
Direct Access Gynaecologist/Urologist	\$2,000	\$2,200	\$3,500
No. Of Visits Per Year	1	1	1
Routine Medical (1 Per Policy Year)	\$1,000	\$1,600	\$2,000
Wellness/Preventative-(To Include: Pap Smears, Mammograms, PSA)	\$6,000	\$6,000	\$6,000
No. Of Visits Per Year	1	1	1
Psychiatric Care	\$1,000	\$2,000	\$3,500
- 1st 4 Visits	\$1,000	\$1,000	\$2,000
- Next 20 Visits			
Psychological Disorders	\$1,500	\$2,200	\$3,500
No. Of Visits Per Year	20	20	20
Ophthalmologist	\$1,500	\$2,200	\$3,500
No. Of Visits Per Year	1	1	1
Dietician (On Referral/Reimbursement Only)	\$1,000	\$2,200	\$3,500
No. Of Visits Per Year	2	2	2

# HEALTH INSURANCE BENEFITS

Podiatrist (On Referral/Reimbursement Only)	\$1,000	\$2,200	\$3,500
No. Of Visits Per Year	2	2	2
Chiropractor (On Referral/Reimbursement Only)	\$1,000	\$2,200	\$3,500
No. Of Visits Per Year	2	2	2
<b>DIAGNOSTIC PROCEDURES</b>			
Laboratory & X-Ray, Ultra-Sound: Annual Limit Per Member	80% up to \$5,000 + MM	80% up to \$7,000 + MM	80% up to \$15,000 + MM
Ct Scan, MRI & Other Specialized Tests	80% of Cost	80% of Cost	80% of Cost
<b>PRESCRIPTION DRUGS (NO CONTINUOUS SWIPE)</b>			
Annual Limit Per Member	80% up to \$20,000	80% up to \$25,000	80% up to \$30,000
Drug Reimbursement On The Following Basis:	<b>Generic Drugs - 80% of Cost, Brand Name Drugs 50% of Cost</b>	<b>Generic Drugs - 80% of Cost, Brand Name Drugs 50% of Cost</b>	<b>Generic Drugs - 80% of Cost, Brand Name Drugs 50% of Cost</b>
<b>HOSPITALISATION</b>			
Hospital R & B (Semi-Private Room)	80% up to \$2,000	80% up to \$2,500	80% up to \$3,500
No. Of Days Per Disability	180+MM	<i>Unlimited</i>	Unlimited
Public Hospital Ward	100% up to \$1,000	100% up to \$1,000	100% up to \$1,000
Hospital Miscellaneous	80% up to \$20,000+MM	80% up to \$25,000+MM	80% up to \$35,000+MM
Emergency Accident And Outpatient	80% up to \$10,000+MM	80% up to \$12,500+MM	80% up to \$17,500+MM
In Hospital Doctor's Visit (Non-Surgical)	\$1,000	\$1,400	\$3,000
No. Of Days Per Disability	Unlimited	Unlimited	Unlimited
Private Nursing (Per 8 Hour Shift)	\$800	\$1,600	\$2,000
Intensive Care (Per Day)	80% of UCR up to \$30,000	80% of UCR up to \$30,000	80% of UCR up to \$30,000
No. Of Days Per Annum	30	30	30
<b>SURGERY</b>			
Maximum Surgeon's Fee	80% of UCR up to \$30,000 + MM	80% of UCR up to \$30,000 + MM	80% of UCR up to \$30,000 + MM

# HEALTH INSURANCE BENEFITS

Maximum Assistant Surgeon's Fee	33% of UCR up to \$9,000 + MM	33% of UCR up to \$30,000 + MM	33% of UCR up to \$30,000 + MM
Maximum Anesthetist's Fee	40% of UCR up to \$12,000 + MM	25% of UCR up to \$30,000 + MM	25% of UCR up to \$30,000 + MM
Root Canal	80% of UCR	80% of UCR	80% of UCR
Permanent Crowning As A Result Of Root Canal	2 per year @ 80% of UCR	2 per year @ 80% of UCR	2 per year @ 80% of UCR
<b>MATERNITY - IN LIEU OF ALL OTHER BENEFITS</b>			
Normal Delivery:			
- In- Hospital Expenses	N/A	\$15,000	\$15,500
- Other Expenses Including Pre & Post Natal Care	N/A	\$15,000	\$15,500
Caesarean Section:			
- In- Hospital Expenses	N/A	\$15,000	\$15,500
- Other Expenses Including Pre & Post Natal Care	N/A	\$45,000	\$47,500
Miscarriage	N/A	\$15,000	\$15,000
<b>MISCELLANEOUS</b>			
Physiotherapy	N/A	\$1,200	\$3,000
No. Of Visits Per Disability	N/A	Unlimited	Unlimited
Speech Therapy	80% of UCR (Covered Under MM)	\$2,000	\$3,000
No. Of Visits Per Disability	N/A	Unlimited	Unlimited
Occupational Therapy - Reimbursement Only	N/A	\$1,200	\$3,000
No. Of Visits Per Year	N/A	10	10
Autism & Developmental Disorders - Per Contract Year	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>
Immunization (To Age 13) - Per Contract Year	80% of cost up to <b>\$2,000</b>	80% of cost up to <b>\$3,000</b>	80% of cost up to <b>\$4,000</b>
HPV Vaccine (Ages 12-26 Years) - Reimbursement Only	80% of cost up to \$5,000	80% of cost up to \$5,000	80% of cost up to \$5,000
Tubal Ligation / Vasectomy	80% of cost up to \$5,000	80% of cost up to \$5,000	80% of cost up to \$10,000

# HEALTH INSURANCE BENEFITS

Radiotherapy	80% of Cost	80% of Cost	80% of Cost
Chemotherapy	80% of Cost	80% of Cost	80% of Cost
Renal Dialysis	80% of Cost	80% of Cost	80% of Cost
Hearing Aid - Each Ear - Once Every 3 Years	80% of cost to \$24,000	80% of cost to \$24,000	80% of cost to \$24,000
Local Ambulance	80% of UCR	80% of UCR	80% of UCR
Supplemental Accident	\$3,000	\$3,000	\$3,000
Annual School Medicals- Dependents Under 18 Years Only	\$1,500	\$2,200	\$3,500
No. Of Visits Per Year	1	1	1
<b>ANNUAL MAJOR MEDICAL MAXIMUM</b>	<b>\$1,500,000</b>	<b>\$3,000,000</b>	<b>\$6,000,000</b>
Local Deductible	\$3,000	\$4,000	\$6,000
Room & Board - Local	N/A	N/A	N/A
Overseas Emergency	N/A	N/A	N/A
Overseas Non - Emergency Care	<i>Preauthorization Required</i>		
Deductible - Overseas (Non - Emergency)	N/A	US\$1,000	US\$1,000
Daily Room & Board Maximum	N/A	US\$100	US\$100
Other Medical Expenses	N/A	80% of UCR	80% of UCR
Air Transportation	N/A	N/A	N/A
<b>DENTAL</b>	80% of cost up to \$10,000	80% of cost up to \$10,000	80% of cost up to \$15,000
<b>OPTICAL</b>		80% of cost up to \$10,000	80% of cost up to \$15,000
Virgin Pulse	YES	YES	YES