




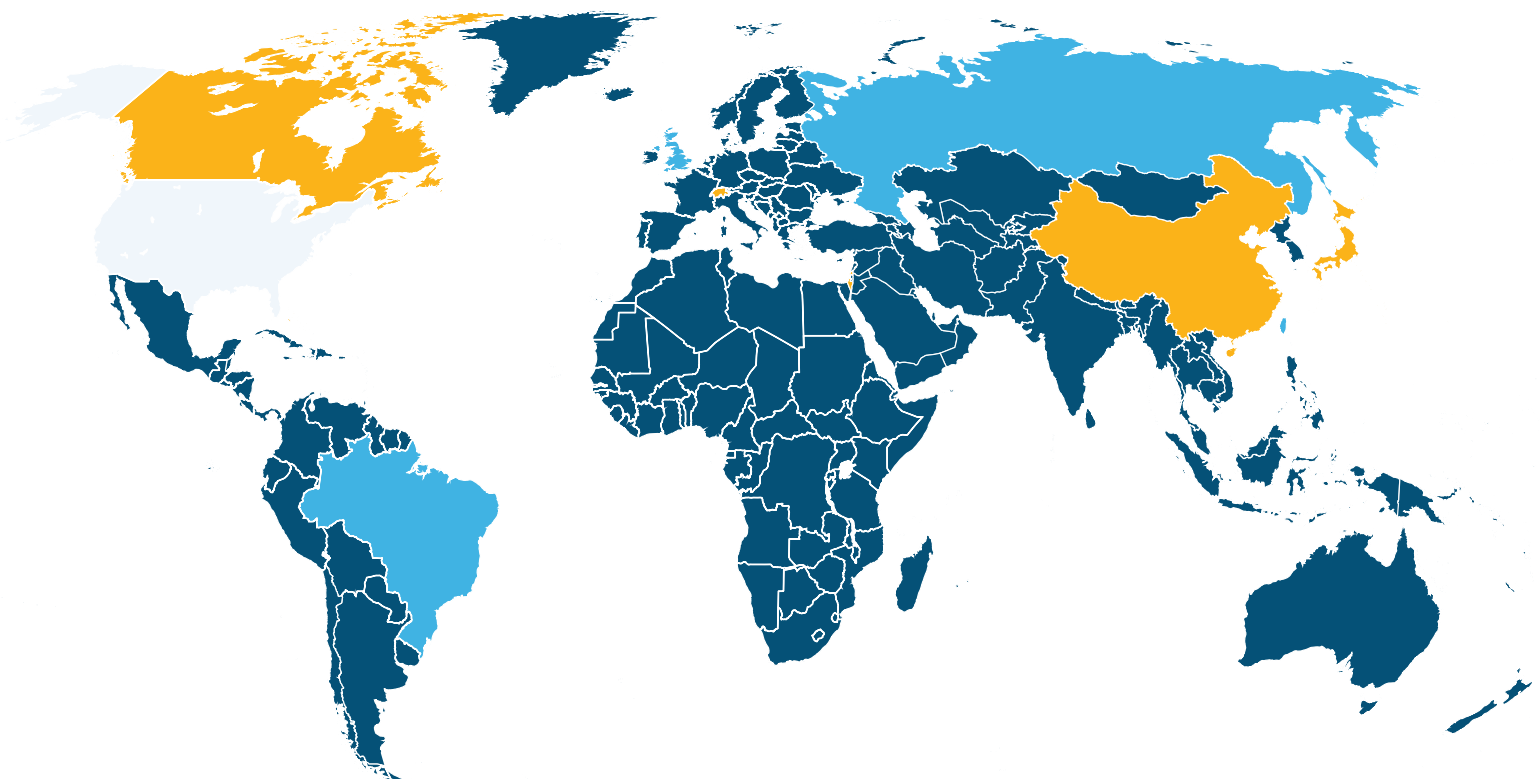
	Premier Plan	Pro 1 Plan	Pro 2 Plan
INPATIENT BENEFITS			
Overall Annual Limit per person	\$100,000	\$300,000	\$500,000
Standard private room	Paid in full	Paid in full	Paid in full
Parent accommodation with an insured child under 18	\$20 per day (30 days max)	\$30 per day (30 days max)	\$30 per day (30 days max)
Day care treatment	Paid in full	Paid in full	Paid in full
Nursing Care	Paid in full	Paid in full	Paid in full
Operating room, medicine & surgical dressing	Paid in full	Paid in full	Paid in full
Prescription drugs and materials	Paid in full	Paid in full	Paid in full
MRI, PET & CT-PET Scans	Paid in full	Paid in full	Paid in full
Intensive care, coronary care, dependency unit	Paid in full	Paid in full	Paid in full
Surgical fees including anesthesia	Paid in full	Paid in full	Paid in full
Reconstructive surgery following accident/eligible medical condition	Paid in full	Paid in full	Paid in full
Specialist's consultations fees	Paid in full	Paid in full	Paid in full
Diagnostic Test - Pathology Xrays	Paid in full	Paid in full	Paid in full
Organ and bone marrow transplant services	Paid in full	Paid in full	Paid in full
Prosthetic implants & appliances	Paid in full	Paid in full	Paid in full
Rehabilitation	Paid in full for 30 days per medical condition	Paid in full for 30 days per medical condition	Paid in full for 30 days per medical condition
Emergency dental treatment following an accident	Paid in full	Paid in full	Paid in full
Local road ambulance service	Paid in full	Paid in full	Paid in full
Pre-operative consultation & diagnostic procedure	Up to \$500 per year (within 30 days from the admission & post hospitalization)	Up to \$500 per year (within 30 days from the admission & post hospitalization)	Up to \$500 per year (within 30 days from the admission & post hospitalization)
Cancer treatment (in & out patient)	Paid in full	Paid in full	Paid in full
IEMA - International Emergency Medical Assistance	Paid in full	Paid in full	Paid in full
 Complications of pregnancy and delivery from natural conception (10 months waiting period)	Paid in full	Paid in full	Paid in full
OUTPATIENT BENEFITS			
Annual limit for out-patient benefits	\$2,000	\$3,000	\$5,000
General Practitioner fees Specialist fees Prescribed Medicine Minor Surgery Lab tests, X-rays, Diagnostic & Pathology tests	\$200 per visit	Paid in full	Paid in full
Vaccinations	Up to \$30 per year	Up to \$50 per year	Up to \$100 per year
Chiropractic, osteopathy, homeopathy, acupuncture treatment, traditional Chinese medicine	Up to \$100 per year	Up to \$200 per year	Up to \$500 per year
Prescribed physiotherapy	Up to \$100 per year	Up to \$200 per year	Up to \$500 per year
Prescribed medical aids (hearing aids & orthopedic appliances)	Not covered	Up to \$100 per year	Up to \$200 per year
Routine health checkup including screening for early detection (Full health screen, Mammogram, Papanicolaou (PAP) test, Prostate Cancer Screen)	Not covered	Up to \$100 per year	Up to \$200 per year
Out-patient psychiatric treatment	Up to \$200 per year	Up to \$500 per year	Up to \$1,000 per year

If anything contained in this Table of Benefits is in contrary to the Policy Wording, the Table of Benefits will supersede.

GLOBAL CARE **Optional Add-Ons**

	Premier Plan	Pro 1 Plan	Pro 2 Plan
DENTAL BENEFITS			
Routine dental treatment (check up, basic treatments)			
(WP) Major restorative dental treatment including orthodontic, prostheses, bridges, implants (9 months waiting period)	Up to \$200 per year	Up to \$300 per year	Up to \$500 per year
(WP) Orthodontic for children less than 18 (24 months waiting period)			
VISION BENEFITS			
(WP) Vision Care including glasses, frames, contact lenses, laser treatment (9 months waiting period)	Up to \$100 per year	Up to \$200 per year	Up to \$300 per year
MATERNITY BENEFITS			
(WP) Normal pregnancy and delivery costs (10 months waiting period)	Up to \$2,000	Up to \$3,000	Up to \$5,000
(WP) New born care within 25 days after birth (10 months waiting period)			

Choose your Zone of Coverage



ZONE A:



Worldwide excluding USA.

ZONE B:



Worldwide excluding USA, China, Bahamas, Canada, Hong-Kong, Israel, Japan and Switzerland.

ZONE C:



Worldwide excluding USA, China, Bahamas, Canada, Hong-Kong, Israel, Japan, Switzerland, Russia, Singapore, Brazil, Taiwan and United Kingdom.