



Premier Net Plans

*All benefits are shown in US Dollars | Effective from 27th October 2010

	ESSENTIAL	EXECUTIVE	ULTRA
Maximum benefit payable per person per policy year	US\$1,700,000	US\$2,550,000	US\$8,500,000
IN-PATIENT BENEFITS			
Hospital accommodation class	Single private room	Single private room	Single private room
In-patient and day-patient care	100%	100%	100%
Treatment for cancer	100%	100%	100%
Treatment for chronic illness	100%	100%	100%
Organ transplants (kidney, heart and lung)	Up to US\$170,000	Up to US\$255,000	Up to US\$340,000
Parent accommodation	100%	100%	100%
Hospital cash benefit	US\$170 per night	US\$425 per night	US\$850 per night
Treatment for alcohol and drug addiction	Not Covered	Not Covered	Up to \$17,000 lifetime limit
In-patient psychiatric	100%	100%	100%
PREMIER NET PLANS : All in-patient treatment must be pre-authorized or there is a 20% coinsurance for the in-patient claim PREMIER NET PLANS : Network A – Additional 20% coinsurance if treatment out of network Network B – Additional 30% coinsurance if treatment out of network			
OUT-PATIENT BENEFITS			
Consultations and diagnostic services with doctors or specialists	Covered for wounds which require stitches and for treatment of dengue fever at home	100%	100%
Treatment for cancer	100%	100%	100%
Monitoring and treatment of chronic conditions	Not Covered	100%	100%
Prescription drugs	Not Covered	Up to US\$5,100	Up to US\$5,100
Post-hospital out-patient treatment (follow up)	Up to US\$1,275	100%	100%
Outpatient psychiatric	Not Covered	Up to US\$800 (Treatment must be pre-authorized) Up to limit for prescription drugs	Up to US\$850 (Treatment must be pre-authorized) Up to limit for prescription drugs
Vaccinations	Not Covered	Up to limit for prescription drugs	Up to limit for prescription drugs
Hormone replacement therapy (HRT) for menopausal conditions	Not Covered	Up to limit for prescription drugs	Up to limit for prescription drugs
Physiotherapy	Not Covered	100%	100%
Occupational therapy, complementary therapies, acupuncture, chiropractic, homeopathy and osteopathy	Not Covered	Up to 7 visits	Up to 7 visits
Outpatient surgery	100%	100%	100%
PREMIER NET PLANS: Network A - 20% coinsurance if treatment out of network unless pre-authorized by us in advance Network B - 30% coinsurance if treatment out of network unless pre-authorized by us in advance			
MATERNITY			
Routine maternity	Not Covered	Not Covered	Up to US\$6,800 (10 month waiting period)
Complications of pregnancy	Not Covered	Not Covered	Up to US\$17,000 (10 month waiting period)
PREMIER NET PLANS : All in-patient treatment must be pre-authorized or there is a 20% coinsurance for the in-patient claim PREMIER NET PLANS : Network A – Additional 20% coinsurance if treatment out of network Network B – Additional 30% coinsurance if treatment out of network			
OTHER MEDICAL BENEFITS			
Ambulance service	100%	100%	100%
Out of geographic area cover for emergency treatment	Limited to a total of 6 weeks up to US\$34,000	Limited to a total of 6 weeks up to US\$34,000	Limited to a total of 6 weeks up to US\$34,000
Nursing at home	Up to 180 days	Up to 180 days	Up to 180 days
Rehabilitation at a Rehabilitation Facility as alternative to post acute care	Up to 14 days	Up to 14 days	Up to 14 days
Hospice care	Up to 6 weeks	Up to 6 weeks	Up to 6 weeks
Wellness benefit	Not Covered	Not Covered	Up to US\$850 one medical exam every two years after 2 years continuous membership
Treatment for birth defects and congenital illness	Not Covered	Not Covered	Maximum of 28 days cover up to US\$17,000 for new born babies when birth covered
Compassionate lump sum if AIDS diagnosed	Not Covered	Not Covered	One payment of US\$17,000 in policy lifetime
Emergency medical evacuation	100%	100%	100%
Reimbursement of the cost of return of mortal remains	Up to US\$12,750	Up to US\$12,750	Up to US\$12,750
DENTAL BENEFITS			
Routine dental care	Not Covered	Not Covered	Up to US\$1,275 An US\$85 excess applies to each course of treatment
Dental treatment following an accident	100%	100%	100%
PREMIER NET PLANS: Network A - 20% coinsurance if treatment out of network Network B - 30% coinsurance if treatment out of network			

* The benefits table must be read in conjunction with the Premier & Premier Net Plan Membership Guide