

BENEFITS

BENEFIT	COVERAGE	PLAN 1
BASIC LIFE COVER	EMPLOYEES	2,500,000
HOSPITALIZATION BENEFIT BILL COVER (HBBC)	FAMILY	500,000

ANNUAL PREMIUM

CATEGORY	PLAN 1
INDIVIDUAL (EMPLOYEE ONLY)	66,808
FAMILY UNIT 01 –(EMPLOYEE/SPOUSE/ANY NO OF CHILDREN)	96,058
FAMILY UNIT 02 –(EMPLOYEE + EMPLOYEE PARENTS)	96,058

HOSPITALIZATION BENEFIT BILL COVER

(A) HOSPITALIZATION BENEFIT	PLAN 1
ANNUAL LIMIT	500,000
EVENT LIMIT	500,000
HOSPITAL/NURSING HOME MAINTENANCE CHARGES, INCLUDING ADMISSION FEES & ALL OTHER EXPENSES NECESSARILY INCURRED FOLLOWING HOSPITALIZATION IN A PHSRC APPROVED HOSPITAL/NURSING HOME AND INCLUDE EXPENSES FOR TREATMENT/SURGERY, INVESTIGATIONS, SPECIALIST FEES/SERVICES AND NURSING PROVIDED ON THE RECOMMENDATION OF A CONSULTANT SPECIALIST PER EVENT.	500,000
HOSPITALIZATION IN A NON-PAYING WARD OF A GOVERNMENT HOSPITAL UP TO A MAXIMUM OF 30 (PER EVENT/ANNUM) - PER DAY	5,000
EXPENSES INCURRED ON DRUGS TESTS, SCANS, & X-RAYS UNDERGONE WHILST BEING IN PATIENT IN A NONPAYING WARD OF A GOVERNMENT HOSPITAL	500,000
EMERGENCY TRANSPORTATION FEES (SUBJECT TO BILLS BEING SUBMITTED) PER EVENT - AMBULANCE CHARGES ONLY	5,000
BIRTH OF TWINS - SPECIAL CASH GRANT	20,000
CATARACT OPERATION INCLUDING LENSES. MAXIMUM AMOUNT PAYABLE IN RESPECT OF LENSES PURCHASED FOR CATARACT OPERATION - PER EYE	30,000
(B) OUT PATIENT BENEFIT	PLAN 1
GENERAL PRACTITIONER'S FEES, SPECIAL CONSULTANT'S FEE, COST OF DRUGS PRESCRIBED BY A GENERAL PRACTITIONER AND/OR A SPECIAL CONSULTANT, SPECIALIZED SERVICES/TESTS. COST OF SPECTACLES (INCLUDING LENSES) – EMPLOYEE ONLY PRESCRIBED BY AN EYE SURGEON EXCLUDING SUNGLASSES AND THE LIKE (CLAIMABLE ONCE IN ONLY 2 YEARS) WITHIN THE ANNUAL OPD LIMIT.	35,000