

Table of Benefit Maximums

The following table defines the benefits included under the selected level of coverage. All amounts are in USD.

Medical Services	Essential	Preferred	Elite	Pre-Certification
	Maximum Annual Benefit			
	\$1,200,000	\$2,500,000	\$5,000,000	
Hospitalization and Inpatient Care				
Medical surgical hospitalization or day hospitalization	Paid in Full	Paid in Full	Paid in Full	Yes, at least 72 hours prior to hospitalization. Emergencies: up to 48 hours after admission.
Surgery fees				
Prescribed medicines and drugs for inpatient treatment or day hospitalization				
Intensive care				
Hospital charges for room	Paid in Full, Semi-Private	Paid in Full, Private	Paid in Full, Private	
Transplants	\$250,000 Max Lifetime	\$500,000 Max Lifetime	Paid in Full	Yes, at least 72 hours prior to hospitalization.
Organ or tissue donor Medical and/or Traveling expenses	Not Covered	\$5,000 Per Event	\$15,000 Per Event	
Consultation fees related to a hospitalization	Paid in Full within 30 days prior to or after hospitalization	Paid in Full	Paid in Full	
Parent accommodation (for children under age 16)	\$1,000 Per Event	\$2,000 Per Event	\$3,000 Per Event	
Nursing services following a hospitalization (up to 30 days)	\$10,000 Per Insurance Year	\$25,000 Per Insurance Year	Paid in Full	
Transportation by ambulance	\$2,500 Per Event	\$2,500 Per Event	Paid in Full	
Prosthetic devices and appliances with surgery	Paid in Full	Paid in Full	Paid in Full	

All benefits are subject to the Policy Terms, Conditions, Exclusions and UCR - Usual, Customary and Reasonable Rates.

Medical Services	Essential	Preferred	Elite	Pre-Certification
	Maximum Annual Benefit			
	\$1,200,000	\$2,500,000	\$5,000,000	
Hospitalization and Inpatient care				
Outpatient treatments for cancer	Paid in Full	Paid in Full	Paid in Full	
Emergency dental treatment following an accident	Paid in Full	Paid in Full	Paid in Full	
Family unification	\$1,000	\$1,000	\$1,000	As specified in section 8 in the Policy
Essential Medical Evacuation (included)				
Emergency medical evacuation In case of a life threatening situation	\$25,000 Per Event	\$25,000 Per Event	\$50,000 Per Event	Yes, in-Network providers, coordinated by the insurer
Mental Health Care (12 Month Waiting Period)				
Inpatient treatment of mental or nervous disorders (up to 30 days per year and 90 days lifetime benefit)	\$5,000 Per Insurance Year \$15,000 Max Lifetime	\$10,000 Per Insurance Year	Paid in Full	Yes, at least 72 hours prior to hospitalization. Emergencies: up to 48 hours after admission
Outpatient care - Psychiatry	Not Covered	\$20,000 Max Lifetime	\$10,000 Per Insurance Year \$30,000 Max Lifetime	
Maternity & Childbirth (12 Month Waiting Period)				
Routine maternity and inpatient cover for childbirth	Not Covered	\$10,000 Per Insurance Year	\$20,000 Per Insurance Year	Yes, during the first 90 days of pregnancy
Complications of pregnancy and childbirth (In addition to routine maternity and childbirth cover)		\$15,000 Per Insurance Year	\$30,000 Per Insurance Year	
Newborn with medical conditions (if the mother has been covered under the policy for at least 12 consecutive months or more before the newborn's birth). This maximum lifetime limit will only apply to the congenital issues diagnosed.		\$500,000 Max Lifetime	\$500,000 Max Lifetime	

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Medical Services	Essential	Preferred	Elite	Pre-Certification
	Maximum Annual Benefit			
	\$1,200,000	\$2,500,000	\$5,000,000	
Outpatient Care				
Consultations and Visits				
Physician consultations and visits (general practitioners or specialists, including traditional Chinese Medicine where it is regulated)	Not Covered Welcome Package benefit for new members (first year only): two consultations up to \$75, and drug reimbursement up to \$300 Max Lifetime	Paid in Full	Paid in Full	
Physiotherapists or chiropractors		\$75 per visit up to 12 visits Per Insurance Year	\$150 per visit up to 12 visits Per Insurance Year	
Osteopaths, acupuncturists, homeopaths and dietitians		\$50 per visit up to 12 visits Per Insurance Year	\$100 per visit up to 12 visits Per Insurance Year	
Restorative speech therapists		\$2,000 Per Insurance Year	Paid in Full	
Drugs, Equipment and Wellbeing				
Prescribed drugs including homeopathic	Not Covered	Paid in Full	Paid in Full	
MRI, X-Rays, laboratory tests and diagnostic procedures		Paid in Full	Paid in Full	
Durable medical equipment and external prosthetic devices without hospitalization		\$2,500 Per Insurance Year	\$5,000 Per Insurance Year	
Screenings for skin, breast, mouth, cervical, colorectal and prostate cancer		\$1,000 Per Insurance Year	\$2,500 Per Insurance Year	
Annual routine check-up including screenings for cancer		\$500 Per Insurance Year	\$1,000 Per Insurance Year	
Child Wellness				
Child vaccination	Not Covered	Paid in Full	Paid in Full	
Infant and child development care		Paid in Full	Paid in Full	
Annual routine check-up		Paid in Full	Paid in Full	

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Optional Dental & Vision Rider May be added to "Preferred" and "Elite" plans		
Covered Services	Option 1 - \$ 2000 Per Insurance Year	Option 2 - \$1,000 Per Insurance Year
Dental Coverage		
Basic Dentistry: oral examination and required X-Rays, prophylaxis, cleanings and preventative treatment, amalgam restoration, extractions, root canal therapy		3 Month Waiting Period 90% of actual cost
Major Dentistry: gold fillings, crowns, dentures, solid inlays, bridges, dental surgery		6 Month Waiting Period 50%, Max \$400 per tooth
Orthodontia, up to age 19 Operations or procedures performed for cosmetic reasons are not reimbursed.		12 Month Waiting Period 50%, Max \$400 per tooth
Vision Coverage		
Vision Care: eye examinations, one frame and one pair of eye glasses or contact lenses (corrective lenses) per covered person per year		90%, Max \$400 per year