



## TRAVEL HEALTH INSURANCE PLAN

### Benefits Schedule

	<u>Up To US\$</u>
<b>MEDICAL EXPENSES &amp; EMERGENCY ASSISTANCE</b> The cost of medical treatment arising from illness or accidental injury. <b>Deductible:</b> US\$31.25 per occurrence (not applicable to inpatient treatment)	<b>250,000.00</b> <b>per insurance</b> <b>year</b>
<p>(1) <b>Medical Expenses</b> - Fees for:</p> <ul style="list-style-type: none"> <li>- Hospitalization, surgery, ambulance, medicaments and diagnostic tests <span style="float: right;">Full Cover</span></li> <li>- Child delivery up to 36<sup>th</sup> week of pregnancy <span style="float: right;">Full Cover</span></li> <li>- Miscarriage and medically required abortions <span style="float: right;">Full Cover</span></li> <li>- Pain killing and preservative dental treatment <span style="float: right;">Full Cover</span></li> </ul> <p>After 6 months waiting period,</p> <ul style="list-style-type: none"> <li>- Prescribed medical supplies <span style="float: right;">Full Cover</span></li> <li>- First time purchases of hearing aids, corrective splints, artificial prostheses, supportive shells, medical devices, etc. up to <span style="float: right;">1,250.00</span></li> <li>- Repair of existing medical supplies up to <span style="float: right;">312.50</span></li> <li>- Dental prostheses at 80% up to <span style="float: right;">625.00</span></li> </ul> <p>After 8 months waiting period,</p> <ul style="list-style-type: none"> <li>- Pre-natal care examinations up to <span style="float: right;">312.50</span></li> <li>- Child delivery up to <span style="float: right;">6,250.00</span></li> <li>Or,</li> <li>- Examination and treatment by midwives up to <span style="float: right;">2,000.00</span></li> </ul>	
(2) <b>Emergency Evacuation</b> - Emergency evacuation to the nearest facility capable of providing adequate medical care.	Unlimited
(3) <b>Burial and Funeral</b> - Transportation charges for repatriation of the mortal remains to home country up to	12,500.00

Note: This is a brief summary of your benefits. For exact wordings and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.

### Premium (in US\$)

AGE	MONTHLY	ANNUAL
0-18	73.75	885.00
19-65	148.75	1,785.00
66-75	561.25	6,735.00