

Supplemental Rider Plan

Offers additional coverage to base plans
(Standard Gold Plan & Executive Gold Plan)

Major Medical Plan

Provides **\$6,000,000** Major Medical coverage for Hospitalization and Surgeries with \$250,000 Life Insurance Coverage. The plan also covers Chemotherapy, Radiology and Renal Dialysis.

Schedule of Benefits

	SUPPLEMENTAL RIDER	MAJOR MEDICAL PLAN Paid as Hospital Miscellaneous
DIAGNOSTIC PROCEDURES		
Laboratory & X-ray, Ultra-sound:		
Annual Limit per Member	100% of Cost	80% of Cost
CT Scan, MRI & Other Specialised Tests	100% of Cost	80% of Cost
		Paid as Hospital Miscellaneous N/A
PRESCRIPTION DRUGS		
Annual Limit per Member	Covered under Base Plan	
HOSPITALISATION		
Hospital R & B (Semi-private room)	100% of R&C	100% of R&C
No. of Days per Disability	120 + MM	120 + MM
Public Hospital Ward	100% up to \$1,000	100% up to \$1,000
Hospital Miscellaneous	100% of R&C	100% of R&C
Emergency Accident and Outpatient	100% of R&C	100% of R&C
In Hospital Doctor's Visit (non-surgical)	100% of R&C	100% of R&C
No. of Days per Disability	Unlimited	Unlimited
Private Nursing (per 8 hour shift)	80% of R&C	80% of R&C
Intensive Care (per day)	80% of R&C	80% of R&C
No. of Days per Annum	30	30
SURGERY		
Maximum Surgeon's Fee	80% of R&C	80% of R&C
Maximum Assistant Surgeon's Fee	33% of R&C	33% of R&C
Maximum Anaesthetist's Fee	40% of R&C	40% of R&C
Root Canal	80% of R&C	80% of R&C
Permanent Crowning as a Result of Root Canal	Covered under Base Plan	N/A
MATERNITY - In lieu of all other Benefits		
NORMAL DELIVERY		
In- Hospital Expenses	\$15,000	N/A
Other Expenses including Pre & Post Natal Care	\$15,000	N/A
CAESAREAN SECTION		
In- Hospital Expenses	\$15,000	N/A
Other Expenses including Pre & Post Natal Care	\$45,000	N/A
Miscarriage	\$15,000	N/A

Schedule of Benefits

SUPPLEMENTAL RIDER

MAJOR MEDICAL PLAN

Paid as Hospital Miscellaneous

MISCELLANEOUS

Physiotherapy (only if hospitalized)	Covered under Base Plan	80% of R&C
Speech Therapy	Covered under Base Plan	N/A
Occupational Therapy - reimbursement only	Covered under Base Plan	N/A
Immunization (to age 13) - per contract year	80% of Cost	N/A
HPV Vaccine (ages 12-26 years) - reimbursement only	Covered under Base Plan	N/A
Tubal Ligation / Vasectomy	80% of cost up to \$10000	N/A
Radiotherapy	80% of R&C	80% of R&C
Chemotherapy	80% of R&C	80% of R&C
Renal Dialysis	80% of R&C	80% of R&C
Hearing Aid - Each Ear - Once every 3 years	80% of cost to \$24,000	N/A
Local Ambulance	80% of R&C	80% of R&C

ANNUAL MAJOR MEDICAL MAXIMUM

	\$2,500,000	\$6,000,000
Local Deductible	\$6,000	\$25,000
Room & Board - Local	N/A	N/A
OVERSEAS EMERGENCY	N/A	N/A

OVERSEAS NON - EMERGENCY CARE

(Preauthorisation required)

Deductible - Overseas (Non - Emergency)	\$25,000	\$25,000
Daily Room & Board Maximum	US\$100	US\$100
Other Medical Expenses	80% of R&C	80% of R&C
Air Transportation	N/A	N/A

DENTAL/OPTICAL

	N/A	N/A
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Monthly Rates

SUPPLEMENTAL RIDER

Member Only	\$2,908.35
Member + One Dependent	\$5,817.85
Member + 2 or more Dependents	\$8,144.30

MAJOR MEDICAL

	18 to 64 Years	65 Years & Older
Member Only	\$3,833.65	\$3,161.15
Member + One Dependent	\$6,192.30	\$5,519.80
Member + 2 or more Dependents	\$8,079.45	\$7,406.95

Rates include GCT

Rates seen are valid for July 1, 2024 - June 30, 2025.