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 Chemotheraphy, 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
PRESCRIPTION DRUGS		Paid as Hospital Miscellaneous
Annual Limit per Member	Covered under Base Plan	N/A
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 Annnum	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

Monthly Rates

SUPPLEMENTAL RIDER

Member Only	$3,448.85
Member + One Dependent	$6,900.00
Member + 2 or more Dependents	$9,685.85

MAJOR MEDICAL

	18 to 64 Years	65 Years & Older
Member Only	$4,285.25	$3,605.25
Member + One Dependent	$7,085.50	$6,405.50
Member + 2 or more Dependents	$9,326.85	$8,646.85

Rates include GCT

Rates seen are valid for July 1, 2025 - June 30, 2026.