



2011 TABLE OF BENEFITS

SKY

SUN

STAR

Coverage per year and per insured person	\$1,000,000 or \$2,000,000	\$1,000,000	\$1,000,000
HOSPITALIZATION BENEFITS			
Private Room	100%	100%	100%
Intensive care	100%	100%	100%
Medicine	100%	100%	100%
Surgeon	100%	100%	100%
Specialist	100%	100%	100%
Diagnostic service	100%	100%	100%
Cancer treatment	100%	100%	100%
Companion for minor (max. 10 days)	\$100 per day	N/A	N/A
OUTPATIENT BENEFITS			
Medical visits, specialist, diagnostic services, surgery	100%	\$10,000	\$3,000
Cancer treatment	100%	\$150,000	\$75,000
Prescription medicine (Post-Hospitalization max. 6 months)	\$10,000	N/A	N/A
Prescription medicine	\$5,000	\$1,000	\$500
Deductible elimination for admissions for less than 24 hours*	✓	✓	✓
MATERNITY BENEFITS			
Within country of residence			
Normal delivery and Pre/Post natal care	\$9,000	80% up to \$5,000 (deductible applies)	N/A
Medically necessary C-Section	\$13,000	80% up to \$8,000 (deductible applies)	N/A
Elective C-Section	\$9,000	80% up to \$5,000 (deductible applies)	N/A
Single mother rider	\$4,000	N/A	N/A
Conservation of umbilical cord stem cells (Included in the \$9,000)	Up to \$2,000	N/A	N/A
Outside country of residence			
Normal delivery and Pre/Post natal care/Elective C-Section	80% up to \$15,000	80% deductible applies up to \$5,000	N/A
Medically necessary C-Section	80% up to \$15,000	80% deductible applies up to \$8,000	N/A
ADDITIONAL BENEFITS			
Congenital illness (lifetime)	\$500,000	\$100,000	\$25,000
Organ transplant (lifetime)	\$500,000	\$500,000	\$500,000
Bone marrow transplant (lifetime)	\$350,000	\$250,000	\$250,000
Air ambulance	\$100,000	\$50,000	\$50,000
Temporary coverage during underwriting (with submitted payment)	\$25,000	N/A	N/A
Reconstructive surgery	\$40,000	\$20,000	\$20,000
Accidental dental treatment (\$500 deductible applies)	\$20,000	N/A	N/A
Emergency medical reunion	\$10,000	\$10,000	\$10,000
Repatriation of mortal remains	\$10,000	\$10,000	\$10,000
Travel benefits (Deductible and co-insurance does not apply)	\$10,000	\$10,000 inpatient / \$5,000 outpatient	\$2,500
Ground ambulance	\$3,000	\$3,000	\$1,500
Physical therapy / Rehabilitation (Post surgery ,accident max. 60 sessions)	\$200 per session	N/A	N/A
Home Health Care (Max. 30 days)	\$200	N/A	N/A
Cash benefits in country of residence	\$200 (max. 10 days)	\$100 (max. 7 days)	\$100 (max. 5 days)
Routine care (after 12 month period - deductible does not apply)	\$700	\$200	\$100
12 visits per year to a doctor of alternative medicine, chiropractic, homeopathy or acupuncture	\$50 per visit	\$50 per visit	\$50 per visit
Child well care visits for dependents of up to 2 years of age: 4 visits per year, dependents older than 2 years: 2 visits per year, apart from 5 additional regular visits	\$50 per visit	\$50 per visit	\$50 per visit

Increased benefits highlighted green: ■

- Deductible waived for in country Inpatient treatments. (Limited to plans with deductible of \$250 - \$2,500)
- Deductible waived for Outpatient treatments in the United States (limited to SKY Plan with deductible of \$250 - \$2,500)

- Hospitalization is defined as admitted to the hospital for a minimum of 24 hours.
- The above description is for informational purposes only. For full legal description of the benefits, limits and exclusions please refer to the policy contract.