

GLOBALIS TABLE OF BENEFITS

(AVAILABLE IN USD)

BENEFITS	PLAN			
	BRONZE	SILVER	GOLD	PLATINUM
Overall Annual Plan Limit (All Benefits) (Chosen at time of Application)	3 Options: (1) USD 3,000,000 (2) USD 1,500,000 (3) USD 500,000			
Area of Cover for Elective Treatments (Chosen at time of Application)	3 Options: (1) Worldwide excluding USA (2) Southeast Asia; including Singapore, Australia & New Zealand (3) Southeast Asia; excluding Singapore, Australia & New Zealand			
Outside Area of Cover: Emergency Inpatient & Day-Care Treatments	Up to USD 500,000 available during trips of up to 30 consecutive days only			
Outside Area of Cover: Unexpected, sudden illnesses requiring Outpatient Treatments	Not Included			Up to USD 1,000, available during trips of up to 30 consecutive days only
High-Cost Providers Access (Hospitals & Clinics) (Chosen at time of Application and available to residents of Singapore, Indonesia, Hong Kong, Macau, and China.)	3 Options: (1) Full Access (2) Access with 15% Coinsurance (3) No Access			
INPATIENT BENEFITS (Including day-care treatments)				
Deductible (Chosen at time of Application and applicable to all Inpatient Treatments and to all Maternity and Newborn Care Inpatient Treatments)	5 Options: (1) Nil (2) USD 1,000 (3) USD 2,500 (4) USD 5,000 (5) USD 10,000	3 Options: (1) Nil (2) USD 1,000 (3) USD 2,500		
Hospital Room Type (Chosen at time of Application)	2 Options: (1) Standard Single Room (2) Semi-Private Room			
Hospital Charges	Full Refund			
Parent Accommodation				
Surgeon, Anesthetist & Theater Fees				
Surgical Procedures				
Specialist Consultations				
Diagnostic tests (e.g. Radiology, Pathology, MRI, PET, CT scan)				
Prescribed Medicines, Drugs & Dressings				
Prosthetic Implants, Appliances, Devices				
Organ & Bone Marrow Transplants				
Complications of Pregnancy where the mother's life is at risk and hospitalization is required. Examples include ectopic pregnancy, hemorrhage and eclampsia. (A waiting period of 12 months applies)				
Reconstructive/Remedial Treatment				
Accidental Damage to Teeth				
Private Ambulance				
Pre-Hospitalization Outpatient Services: General Practitioner / Specialist Consultations, Diagnostic Tests, Medications preparing a Member for hospitalization				
Post-Hospitalization Outpatient Services: Specialist Consultations, Diagnostic Tests, Medications, Physiotherapy	Full Refund, for up to 90 days post-hospitalization			
Home Nursing Charges	Full Refund up to 10 weeks			

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Psychiatric Care (A waiting period of 12 months applies)	Up to a lifetime limit of USD 30,000	Up to a lifetime limit of USD 40,000	Up to a lifetime limit of USD 45,000	Up to a lifetime limit of USD 60,000
Hospice and Palliative Care (A waiting period of 12 months applies)	Up to a lifetime limit of USD 25,000	Up to a lifetime limit of USD 35,000	Up to a lifetime limit of USD 40,000	Up to a lifetime limit of USD 50,000
Daily Hospital Cash Benefit	Up to USD 50 per night	Up to USD 75 per night		Up to USD 125 per night

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Benefits for the following conditions cover both Inpatient and Outpatient treatments
 If you chose a Deductible for your Inpatient Benefits, it will apply to any eligible Inpatient claim for benefits listed below.
 If you chose a Coinsurance for your Outpatient Benefits, it will apply to any eligible Outpatient claim for benefits listed below.

Cancer Treatments & Oncology: Consultations, Medications, Radiation Therapy, Chemotherapy	Full Refund			
Kidney Dialysis	Up to a lifetime limit of USD 20,000	Full Refund		
Treatment of Chronic Conditions (Limited to acute exacerbations for Chronic Conditions existing at time of application)	Full Refund, for treatment of acute episodes requiring hospitalization	Full Refund		
Congenital Conditions Manifesting more than 60 days after birth (A waiting period of 24 months applies, but will be waived together with the 60 days for child Dependents whose delivery was covered under their mother's policy, enrolled within 30 days of their birth)	Up to a lifetime limit of USD 25,000, for treatment received as an Inpatient	Up to a lifetime limit of USD 35,000		Up to a lifetime limit of USD 50,000
HIV/AIDS (A waiting period of 24 months applies)	Not Included			Up to a lifetime limit of USD 50,000

OUTPATIENT BENEFITS

Outpatient Annual Limit (Chosen at time of Application and applicable to Outpatient, Wellness, Dental, and Vision Benefits)	Not Included	3 Options: (1) Up to Overall Annual Plan Limit (2) USD 15,000 (3) USD 7,500		
Outpatient Direct Billing Services (Chosen at time of Application)	Not Included	2 Options: (1) Yes (2) No		
Coinsurance (Chosen at time of Application and appli- cable to Outpatient, Wellness, Dental, and Vision Benefits)	Not Included	3 Options: (1) No Coinsurance (2) 10% (3) 20%		

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Consultations with a General Practitioner or Specialist	Not Included	Full Refund		
Prescribed Medicines, Drugs & Dressings		Full Refund		
Diagnostic tests (e.g. Radiology, Pathology, MRI, PET, CT scan)		Full Refund		
Non-surgical & minor surgical procedures & treatment		Full Refund		
Hormone Replacement Therapy (up to 18 months from date of diagnosis)		Full Refund		
Physiotherapy (Pre-Authorization is required if more than 7 sessions are required for a given condition)		Full Refund		
Durable Medical Equipment		Full Refund		
Complementary Therapies (Where provided by a chiropractor, osteopath, acupuncturist, homeopath, podiatrist or Traditional Chinese Medicine Practitioner)		USD 75 per session, up to 10 sessions	USD 100 per session, up to 12 sessions	Full Refund, up to 20 sessions
Traditional Chinese Medicines (Where prescribed and provided as part of a covered TCM consultation – see above)		Up to USD 40 per session		Up to USD 60 per session
Psychiatric & Psychological Care (A waiting period of 6 months applies if premium is paid monthly, quarterly or semi-annually)	Not Included		Full Refund, lifetime limit of 10 sessions	
WELLNESS (A waiting period of 6 months applies if premium is paid monthly, quarterly or semi-annually)				
Coinsurance (Chosen at time of Application)	Not Included		The Coinsurance you selected for your Outpatient Benefits will also apply to Wellness Benefits	
Annual Health Checkup			Up to USD 450	Up to USD 650
Well-Child Examinations				
Vaccinations				
Mammogram Screening				
Pap Smear				
Prostate Cancer Screening				
DENTAL (A waiting period of 6 months applies to Basic Dental if premium is paid monthly, quarterly or semi-annually)				
Coinsurance (Chosen at time of Application)	Not Included		The Coinsurance you selected for your Outpatient Benefits will also apply to Dental Benefits	
Preventative & Basic Restorations			Up to USD 750	Up to USD 1,500
Complex Dental & Major Restorations (A waiting period of 6 months applies)				

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VISION (Waiting period of 6 months if premium is paid monthly, quarterly or semi-annually)				
Coinsurance (Chosen at time of Application)	Not Included			The Coinsurance you selected for your Outpatient Benefits will also apply to Wellness Benefits
Eye examination with an Optometrist or Ophthalmologist				Up to USD 300
Contact lenses; corrective lenses; frames				
MATERNITY (A waiting period of 12 months applies)				
Deductible (Chosen at time of Application)	Not Included			The Deductible you selected for your Inpatient Benefits will also apply to Maternity Inpatient and Newborn Care Inpatient Benefits
Pre-Natal & Post-Natal Outpatient Checkups; Delivery - after 12 months - after 24 months - after 36 months of continuous membership in the Platinum Plan				Up to: - USD 10,000 - USD 12,000 - USD 15,000
Newborn Care: Inpatient and day-care treatment during the first 60 days after birth; including cover for Congenital Conditions Manifesting within 60 days of birth - after 12 months - after 24 months - after 36 months of continuous membership in the Platinum Plan				Up to: - USD 50,000 - USD 75,000 - USD 100,000
EMERGENCY ASSISTANCE (Emergency Assistance & Repatriation Benefits)				
Annual Limit	Up to Overall Annual Plan Limit			
Medical Evacuation	Full Refund			
Medical Repatriation				
Return to Country of Residence after Evacuation (economy ticket)				
Round-trip for a family member (economy ticket)				
Accommodation expenses for a family member	Up to USD 100 per night, limited to 10 nights			
Compassionate Visit by a family member in the event of Member's death (economy ticket)	Full Refund			
Dispatch of Essential Medication Not Available Locally				
Repatriation of Mortal Remains (Casket is covered up to USD 4,000)				
Local burial or cremation if outside of Country of Residence or Nationality				
Second Medical Opinion (up to 2 requests per year)				
24/7 Medical Information and Advice				

Please refer to the Policy Wording for the list of treatments requiring Pre-Authorization