1

Deductible Details

Benefit	Sub Benefit
31 - OUTPATIENT SERVICE	3101 - CONSULTATION
27 - INPATIENT SERVICE	
21 - EMERGENCY HEARING AND VISION AIDS	
18 - EMERGENCY DENTAL TREATMENT	
31 - OUTPATIENT SERVICE	

1

Pre Approval Limits

Benefit
ALL
ALL

1

Page Size: 10

	Benefit Type	Provider Type	Provider Name	Speciality	
	Out Patient	All	All		20% of Clai
		All	All		20% of Clai
		All	All		20% of Clai
		All	All		20% of Clai
	Out Patient	All	All		0% of Claim

Page Size: 10

Network	Unlim
HN BASIC PLUS	
HN BASIC PLUS - OP	

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Available

Page 1 of 1 [3 Records]

Description
m Max. 30
m Max. 500
m
m

Page 1 of 1 [5 Records]

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Page 1 of 1 [2 Records]