

Deductible Details

Benefit		Sub Benefit	Benefit Type	Provider Type	Provider Name	Speciality	Description
	7	Υ	7	7	Y	7	7
1 - OUTPATIENT SERVICE	3101 - CONSULTATION		Out Patient	All	All	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20% of Claim Max. 30
7 - INPATIENT SERVICE				All	All		20% of Claim Max. 500
1 - EMERGENCY HEARING AND VISION AIDS				All	All		20% of Claim
8 - EMERGENCY DENTAL TREATMENT				All	All		20% of Claim
1 - OUTPATIENT SERVICE			Out Patient	All	All		0% of Claim