

Covered Benefit Details

Benefit
PRE-EXISTING CONDITION
OUTPATIENT SERVICE
Second Medical Opinion
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		

	Covered
	Covered
	Covered

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

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Status

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Description

Max. 30

Max. 500

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