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

Pre Approval Limits

Benefit

	Covered
	Covered
	Covered

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	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 Clain

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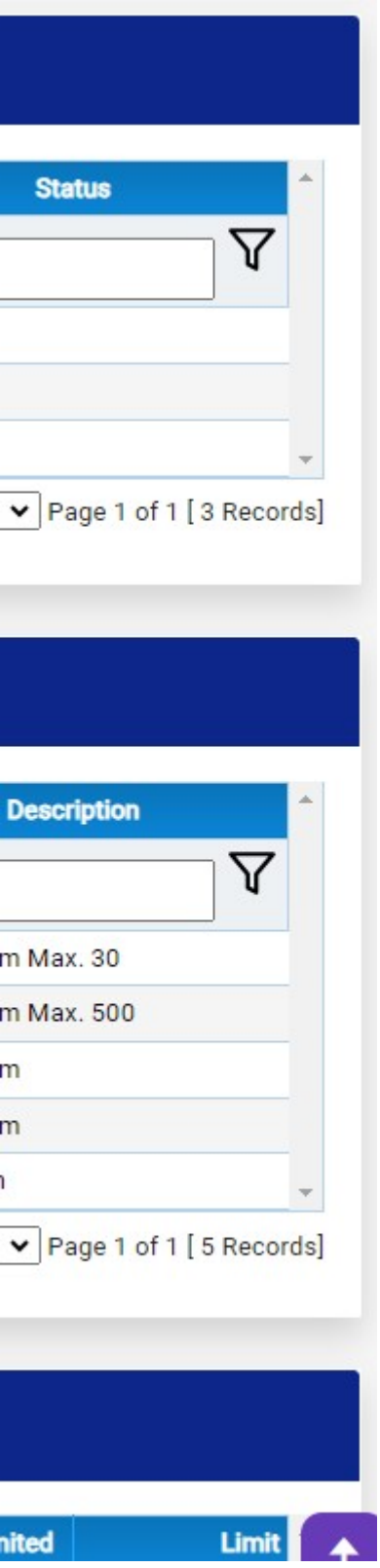
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