



# Premier Blue Ribbon Plan

\*All benefits are shown in US Dollars Effective from 27th October 2010



**THIRD MILLENNIA**  
Evolution of health and wellbeing in Asia

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|                                                                                                                                    | ESSENTIAL                                                                          | EXECUTIVE                                            | ULTRA                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Maximum benefit payable per person per policy year</b>                                                                          | US\$ 1,700,000                                                                     | US\$ 2,550,000                                       | US\$ 8,500,000                                                                      |
| <b>IN-PATIENT BENEFITS</b>                                                                                                         |                                                                                    |                                                      |                                                                                     |
| Hospital accommodation class                                                                                                       | Single private room                                                                | Single private room                                  | Single private room                                                                 |
| In-patient and day-patient care                                                                                                    | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Treatment for cancer                                                                                                               | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Treatment for chronic illness                                                                                                      | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Organ Transplants (kidney, heart and lung)                                                                                         | Up to US\$ 170,000                                                                 | Up to US\$ 225,000                                   | Up to US\$ 340,000                                                                  |
| Parent accommodation                                                                                                               | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Hospital cash benefit                                                                                                              | US\$ 170 per night                                                                 | US\$ 425 per night                                   | US\$ 850 per night                                                                  |
| Treatment for alcohol and drug addiction                                                                                           | Not covered                                                                        | Not covered                                          | Up to \$ 17,000 lifetime limit                                                      |
| In-patient psychiatric                                                                                                             | 100%                                                                               | 100%                                                 | 100%                                                                                |
| PREMIER BLUE RIBBON PLANS : All in-patient treatment must be pre-authorized or there is a 20% coinsurance for the in-patient claim |                                                                                    |                                                      |                                                                                     |
| <b>OUT-PATIENT BENEFITS</b>                                                                                                        |                                                                                    |                                                      |                                                                                     |
| Consultations and diagnostic services with doctors or specialists                                                                  | Covered for wounds which require stitches and for treatment of degue fever at home | 100%                                                 | 100%                                                                                |
| Treatment for cancer                                                                                                               | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Monitoring and treatment of chronic conditions                                                                                     | Not covered                                                                        | 100%                                                 | 100%                                                                                |
| Prescription drugs                                                                                                                 | Not covered                                                                        | Up to US\$ 5,100                                     | Up to US\$ 5,100                                                                    |
| Post-hospital out-patient treatment (follow up)                                                                                    | Up to US\$ 1,275                                                                   | 100%                                                 | 100%                                                                                |
| Outpatient psychiatric                                                                                                             | Not covered                                                                        | Up to US\$ 800<br>(Treatment must be pre-authorized) | Up to US\$ 850<br>(Treatment must be pre-authorized)                                |
| Vaccinations                                                                                                                       | Not covered                                                                        | Up to limit for prescription drugs                   | Up to limit for prescription drugs                                                  |
| Hormone replacement therapy (HRT) for menopausal conditions                                                                        | Not covered                                                                        | Up to limit for prescription drugs                   | Up to limit for prescription drugs                                                  |
| Physiotherapy                                                                                                                      | Not covered                                                                        | 100%                                                 | 100%                                                                                |
| Occupational therapy, complementary therapies, acupuncture, chiropractic, homeopathy and osteopathy                                | Not covered                                                                        | Up to 7 visits                                       | Up to 7 visits                                                                      |
| Outpatient surgery                                                                                                                 | 100%                                                                               | 100%                                                 | 100%                                                                                |
| <b>MATERNITY</b>                                                                                                                   |                                                                                    |                                                      |                                                                                     |
| Routine maternity                                                                                                                  | Not covered                                                                        | Not covered                                          | Up to US\$ 6,800<br>(10 month waiting period)                                       |
| Complications of pregnancy                                                                                                         | Not covered                                                                        | Not covered                                          | Up to US\$ 17,000<br>(10 month waiting period)                                      |
| PREMIER BLUE RIBBON PLANS : All in-patient treatment must be pre-authorized or there is a 20% coinsurance for the in-patient claim |                                                                                    |                                                      |                                                                                     |
| <b>OTHER MEDICAL BENEFITS</b>                                                                                                      |                                                                                    |                                                      |                                                                                     |
| Ambulance service                                                                                                                  | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Out of geographic area cover for emergency treatment                                                                               | Limited to a total of 6 weeks up to US\$ 34,000                                    | Limited to a total of 6 weeks up to US\$ 34,000      | Limited to a total of 6 weeks up to US\$ 34,000                                     |
| Nursing at home                                                                                                                    | Up to 180 days                                                                     | Up to 180 days                                       | Up to 180 days                                                                      |
| Rehabilitation at a Rehabilitation Facility as alternative to post acute care                                                      | Up to 14 days                                                                      | Up to 14 days                                        | Up to 14 days                                                                       |
| Hospice care                                                                                                                       | Up to 6 weeks                                                                      | Up to 6 weeks                                        | Up to 6 weeks                                                                       |
| Wellness benefit                                                                                                                   | Not covered                                                                        | Not covered                                          | Up to US\$ 850 one medical exam every two years after 2 years continuous membership |
| Treatment for birth defects and congenital illness                                                                                 | Not covered                                                                        | Not covered                                          | Maximum of 28 days cover up to US\$ 17,000 for new born babies when birth covered   |
| Compassionate lump sum if AIDS diagnosed                                                                                           | Not covered                                                                        | Not covered                                          | One payment of US\$ 17,000 in policy lifetime                                       |
| Emergency medical evacuation                                                                                                       | 100%                                                                               | 100%                                                 | 100%                                                                                |
| Reimbursement of the cost of return of mortal remains                                                                              | Up to US\$ 12,750                                                                  | Up to US\$ 12,750                                    | Up to US\$ 12,750                                                                   |
| <b>DENTAL BENEFITS</b>                                                                                                             |                                                                                    |                                                      |                                                                                     |
| Routine dental care                                                                                                                | Not covered                                                                        | Not covered                                          | Up to US\$ 1,275<br>An US\$ 85 excess applies to each course of treatment           |
| Dental treatment following an accident                                                                                             | 100%                                                                               | 100%                                                 | 100%                                                                                |

\* The benefits table must be read in conjunction with the Premier & Premier Net Plan Membership Guide

