



This Benefit Overview provides a summary of the cover provided under each plan. Cover is subject to our policy terms and conditions. In the event of any discrepancy, the policy terms and conditions shall prevail. Persons residing in North America and the Caribbean are not eligible for these Plans. All limits and monetary amounts shall in all instances be in US\$. GlobalHealth plans are underwritten by Pioneer Life Inc.

Plan Maximum

	AAA	AA	A
Annual Maximum per year	\$2,000,000	\$2,000,000	\$250,000

Hospitalization and Surgical Benefits

Up to Standard Private Room including general nursing care	Fully Covered	Fully Covered	Up to \$250 per day
Parental Accommodation (added bed, same room)	Fully Covered	Fully Covered	No Cover
Intensive care (Room and Board including general nursing care)	Fully Covered	Fully Covered	Fully Covered
Theatre fees; X-rays; CT Scans; MRI Scans; Ultrasounds; laboratory tests; Medicines and Drugs; blood and plasma; medical appliances; rental of wheel chairs, crutches and walkers; standard surgical implants	Fully Covered	Fully Covered	Fully Covered
Surgeon's Fees including pre- and post- surgical services	Fully Covered	Fully Covered	\$8,000 per Disability per year
Anesthetist Fees	Fully Covered	Fully Covered	30% of eligible Surgeon's Fees
Professional Fees including Physician, specialist, radiologist, physiotherapist and pathologist	Fully Covered	Fully Covered	Fully Covered

Pre-hospitalization

Covers medical services incurred 30 days prior to a covered Confinement in a Hospital which are provided by or ordered by a Physician as a direct consequence of the covered Disability which necessitated such Confinement	Fully Covered	Fully Covered	Up to \$1,000 per Disability
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Post-hospitalization

Physicians and specialists office visits	Fully Covered	Fully Covered For treatment incurred within 90 days after discharge from Hospital for a Covered Confinement	Up to \$1,000 per Disability For treatment incurred within 30 days after discharge from Hospital for a Covered Confinement
Physiotherapist, chiropractor and acupuncturist when certified necessary by an attending physician	Fully Covered		
Medicines and Drugs; dressings; X-rays; CT Scans; MRI Scans; Ultrasounds; diagnostic laboratory tests; medical appliances	Fully Covered		

Oncology

Treatment for cancer received as an in-patient, day-patient or out-patient	Fully Covered	Fully Covered	Hospitalization & Out-patient Surgery sub-limits apply
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Renal Dialysis

Kidney Dialysis	Fully Covered	Fully Covered	Hospitalization & Out-patient Surgery sub-limits apply
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Complications of Pregnancy

In-patient treatment necessary as a direct result of Complications of Pregnancy	Fully Covered	Fully Covered	Hospitalization & Out-patient Surgery sub-limits apply
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AIDS/HIV

Coverage will apply when signs or symptoms are present for the first time after five years continuous coverage under the plan and any renewal thereof to an all inclusive limit of	\$100,000 lifetime benefit	\$100,000 lifetime benefit	\$25,000 lifetime benefit
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Mental or Nervous Disorders

In-patient treatment up to a limit of	\$5,000 per year \$10,000 per lifetime benefit	\$5,000 per year \$10,000 per lifetime benefit	No Cover
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PHA Plans 2013/06

PIONEER LIFE INC.

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Organ Transplant

Transplant of any human organ where the operation is non-experimental and proven effective	\$200,000 per disability	\$200,000 per disability	\$100,000 per disability
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Hospice Care

Hospice/ Palliative Care	\$5,000 lifetime benefit	\$5,000 lifetime benefit	No Cover
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Emergency Benefits

Local Ambulance to Hospital	Fully Covered	Fully Covered	Fully Covered
Emergency room treatment	Fully Covered	Fully Covered after \$100 Deductible per Admission	Fully Covered after \$100 Deductible per Admission
Dental treatment for up to 72 hours following accidental damage to sound natural teeth	Fully Covered	Fully Covered	No Cover

Private Nursing

In-hospital when certified medically necessary by an attending Physician	Fully Covered	Fully Covered	Fully Covered
Home nursing by a registered nurse immediately following hospitalization and on the recommendation of the attending surgeon or specialist	Up to 30 days per Disability	Up to 30 days per Disability	No Cover

Out-patient

Physicians and specialists consultations	Fully Covered	No Cover	No Cover
Physiotherapist when certified necessary by an attending Physician			
Medicines and Drugs; dressings; X-rays; CT Scans; MRI Scans; ultrasounds; diagnostic laboratory tests and medical appliances			

Complementary Medicine

Physiotherapist without certification from an attending Physician; chiropractor; acupuncturist and bone setter. Osteopath, homeopath and Chinese medicine practitioner	\$500 per year Up to \$50 per visit	No Cover	No Cover
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Optional Benefits

Dental

Routine Dental Treatment	\$700 per year	\$700 per year	\$700 per year
Major Restorative Dental Work	\$1,500 per year	\$1,500 per year	\$1,500 per year

Worldwide Cover

Option to enjoy the benefit of elective treatment in North America and the Caribbean with a truly worldwide plan	Optional	Optional	Not Available
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Maternity

Pre-natal and post-natal services; costs related to miscarriage; costs of delivery including all Hospital and professional fees and up to seven days of nursery care.	\$8,000 per pregnancy	No Cover	No Cover
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