

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. Effective 1 July 2014.

Policy Limit

	AAA	AA	A
Policy Limit per Insured Individual	\$2,000,000 per year	\$2,000,000 per year	\$500,000 per year

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
Theatre fees; intensive care, x-rays; CT Scans; MRI Scans; ultrasounds; laboratory tests; Medicines and Drugs; blood and plasma; standard surgical implants; rental of wheel chairs, crutches and walkers	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 the eligible Surgeon's Fees
Professional Fees including Physician, specialist, radiologist, physiotherapist, and pathologist fees	Fully Covered	Fully Covered	Fully Covered

Pre Hospitalization

Outpatient treatment incurred thirty (30) days prior to a confinement for a covered Disability	Fully Covered	Fully Covered	Up to \$1,000 per Disability
--	---------------	---------------	------------------------------

Post Hospitalization

Physicians and specialists office visits	Fully Covered	Fully Covered for treatment incurred within ninety (90) days after discharge from Hospital for a Covered Confinement	Up to \$1,000 per Disability for treatment incurred within thirty (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; standard surgical implants	Fully Covered		

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

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

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
--	--------------------------	--------------------------	--------------------------

AIDS/HIV

Coverage will apply when signs or symptoms present for the first time after five (5) years continuous coverage under the policy and any renewal thereof to an all-inclusive limit of	\$100,000 lifetime benefit	\$100,000 lifetime benefit	\$25,000 lifetime benefit
--	----------------------------	----------------------------	---------------------------

PIONEER LIFE INC.

Pioneer House Makati, 108 Paseo de Roxas, Legaspi Village, Makati City 1229, Philippines
Tel: +852 2523 8778 • Fax: +852 2526 0769 • www.pioneer.com.ph



PIONEER
YOUR INSURANCE

	AAA	AA	A
Mental or Nervous Disorders			
Inpatient treatment up to a limit of	\$5,000 per year \$10,000 lifetime benefit	\$5,000 per year \$10,000 lifetime benefit	No Cover
Hospice or Palliative Treatment			
Hospice / Palliative Care	\$5,000 lifetime benefit	\$5,000 lifetime benefit	No Cover
Oncology			
Treatment for cancer received as an inpatient, day-patient or outpatient	Fully Covered	Fully Covered	Hospitalization & Outpatient Surgery sub-limits apply
Renal Dialysis			
Kidney Dialysis	Fully Covered	Fully Covered	Hospitalization & Outpatient Surgery sub-limits apply
Complications of Pregnancy			
Inpatient treatment necessary as a direct result of Complications of Pregnancy	Fully Covered	Fully Covered	Hospitalization & Outpatient Surgery sub-limits apply
Outpatient Benefits			
Physicians and specialists consultations	Fully Covered	No Cover	No Cover
Physiotherapist when certified necessary by an attending Physician			
Medicines and Drugs; dressings; x-rays; diagnostic laboratory tests and standard surgical implants			
Complementary Medicine			
Physiotherapist without certification from an attending Physician; chiropractor; acupuncturist; osteopath; homeopath; bone setter and Chinese medicine practitioner	\$500 per year Up to \$50 per visit	No Cover	No Cover
Optional Benefits			
Dental			
Routine Dental Treatment Examinations; tooth cleaning; normal composite fillings; inlay (excluding gold inlays); onlay (excluding gold onlays); extractions; sealant.	\$700 per year	\$700 per year	\$700 per year
Major Restorative Dental Work Removal of impacted, buried or unerupted teeth; removal of roots; root canal treatment; removal of solid odontomes; apicectomy; new or repair of bridge work (excluding gold bridge work); new or repair of crowns (excluding all gold crowns); new or repair of upper and lower dentures.	\$1,500 per year	\$1,500 per year	\$1,500 per year
Maternity			
Pre-natal and post-natal services; costs related to miscarriage; costs of delivery including all Hospital and professional fees and up to seven (7) days of nursery care.	\$8,000 per pregnancy	No Cover	No Cover
Worldwide Cover			
Enjoy the benefit of elective treatment in North America and the Caribbean	Optional	Optional	Not Available

PIONEER LIFE INC.

Pioneer House Makati, 108 Paseo de Roxas, Legaspi Village, Makati City 1229, Philippines
Tel: +852 2523 8778 • Fax: +852 2526 0769 • www.pioneer.com.ph

