

Use **Pallas GlobalHealth's** modular structure and *deductible* options to design *your* own plan that provides the coverage that *you* want and need.

### Core Module

#### Module I Hospitalisation and Out-patient Surgery

This module forms the base of all Pallas GlobalHealth policies to ensure that all members enjoy extensive cover for *hospital* treatment and out-patient surgery.

This includes cover for cancer and other chronic and acute conditions.

Second Opinion Services also come as standard with this module as do evacuation and repatriation benefits.

## Step 1

### Choose *Your* Area of Cover

Opt for a truly worldwide plan or enjoy up to a 20% premium saving by selecting cover excluding *North America and the Caribbean*. The area of cover chosen will apply to **all** modules selected.

## Step 2

### Choose *Your* Annual *Deductible*

Select *your* annual *deductible* to change the style of *your* cover. The *deductible* applies only to Module I and Module II (if selected). **Deductibles of Nil; US\$500; US\$1,500; US\$5,000 are available.**

## Step 3

### Select any Optional Modules that *You* Wish

#### Module II Out-patient Benefits

Out-patient Benefits add further cover to *your* Pallas GlobalHealth plan. GP and specialist consultations, *medicines and drugs* prescribed on an out-patient basis are all fully covered.

*You* will also enjoy further out-patient coverage including complementary medicine benefits and a *medical check up* benefit.

#### Module III Maternity Benefit

Offers up to US\$15,000 of cover for pre and post-natal and delivery. *Complications of pregnancy* are fully covered under Module I.

**Your selected deductible does not apply to your Maternity Benefit.**

**The maternity premium is applicable only to the adult female member of each policy. Maternity cover is only available to females aged between 19 and 45 years.**

#### Module IV Dental & Optical Benefits

The Pallas GlobalHealth Dental module provides up to US\$1,000 per year for *minor dental treatment* and up to US\$2,500 at 80% co-payment for a range of other dental services.

Exams and prescription lenses or contact lenses are covered up to US\$300.

**Your selected deductible does not apply to your Dental & Optical benefits.**