



HOSPITAL DAILY INCOME TARIFF

PLAN I

Payment as from the First night at the Hospital
Excluding Maternity and complications

Class		LUX			A			B & SP		
Option		I	II	III	I	II	III	I	II	III
Benefit \$ / Day		125	93	62	100	75	50	90	67	45
Premium \$	18Y-35Y	244	174	125	139	93	66	120	81	57
	36Y-45Y	331	235	168	173	116	81	150	100	70
	46Y-55Y	423	300	214	211	141	98	183	122	85
	56Y-60Y	501	355	253	240	160	111	207	138	96
	61Y-65Y	646	457	326	305	203	141	263	175	122

HOSPITAL DAILY INCOME TARIFF

PLAN II

Payment as from the Second night at the Hospital
Excluding Maternity and complications

Class		A		B & SP	
Option		I	II	I	II
Benefit \$ / Day		100	75	70	50
Premium \$	18Y-35Y	62	48	44	33
	36Y-45Y	74	57	54	40
	46Y-55Y	101	77	88	64
	56Y-60Y	134	102	117	85
	61Y-65Y	218	165	168	121