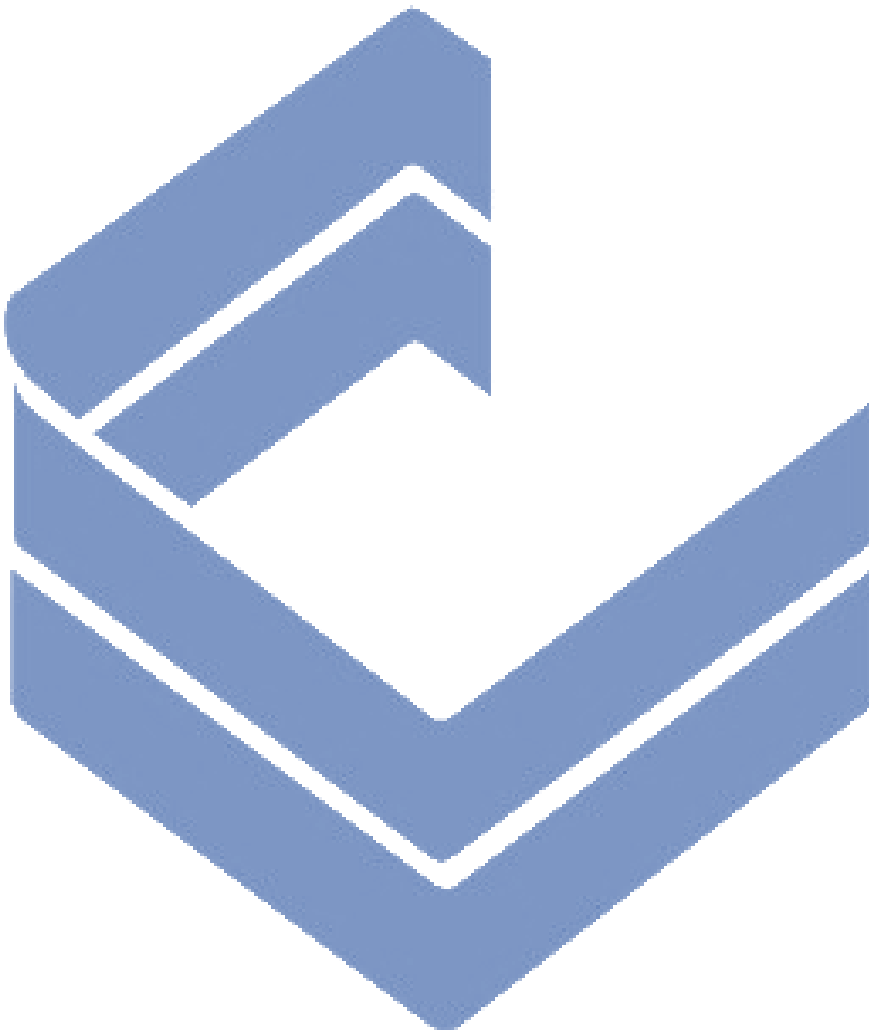


# Cumberland



## **Brokers' Underwriting Manual**

**Effective starting 1<sup>st</sup> of September 2025**

Cumberland Tariff Plans & Conditions as from 01 September 2025

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# Vital – Platinum<sup>®</sup> 2025

## A Cumberland Premium Medical Individual Plan

### Individual Tariff (Single Person)

IN-PATIENT BENEFIT			OUT-PATIENT BENEFIT		
Unlimited / Co-Nil			Unlimited		
AGE	CLASS A	CLASS B	AGE	Coverage 100%	Coverage 85%
1D - 17Y	\$675	\$535	1D - 17Y	\$241	\$156
18Y - 24Y	\$1,020	\$817	18Y - 24Y	\$516	\$320
25Y - 30Y	\$1,429	\$968	25Y - 30Y	\$615	\$366
31Y - 35Y	\$1,429	\$968	31Y - 35Y	\$615	\$366
36Y - 40Y	\$1,691	\$1,162	36Y - 40Y	\$692	\$432
41Y - 45Y	\$1,691	\$1,195	41Y - 45Y	\$692	\$432
46Y - 50Y	\$2,100	\$1,486	46Y - 50Y	\$783	\$470
51Y - 55Y	\$2,594	\$1,824	51Y - 55Y	\$825	\$535
56Y - 60Y*	\$3,900	\$2,898	56Y - 60Y*	\$939	\$547
61Y - 65Y*	\$5,160	\$3,747	61Y - 65Y*	\$948	\$587
66Y - 70Y*	\$7,366	\$5,437	66Y - 70Y*	\$1,332	\$783
71Y - 75Y*	\$9,619	\$6,674	71Y - 75Y*	\$1,382	\$823
76Y - 80Y*	\$13,049	\$9,032	76Y - 80Y*	\$1,491	\$1,045
81 + *	\$14,461	\$9,933	81 + *	\$1,491	\$1,045

### Family Tariff (2 to 3 Persons)

IN-PATIENT BENEFIT			OUT-PATIENT BENEFIT		
Unlimited / Co-Nil			Unlimited		
AGE	CLASS A	CLASS B	AGE	Coverage 100%	Coverage 85%
1D - 17Y	\$642	\$508	1D - 17Y	\$227	\$147
18Y - 24Y	\$969	\$776	18Y - 24Y	\$485	\$301
25Y - 30Y	\$1,357	\$920	25Y - 30Y	\$579	\$345
31Y - 35Y	\$1,357	\$920	31Y - 35Y	\$579	\$345
36Y - 40Y	\$1,606	\$1,104	36Y - 40Y	\$651	\$407
41Y - 45Y	\$1,606	\$1,135	41Y - 45Y	\$651	\$407
46Y - 50Y	\$1,995	\$1,412	46Y - 50Y	\$737	\$442
51Y - 55Y	\$2,465	\$1,733	51Y - 55Y	\$776	\$503
56Y - 60Y*	\$3,705	\$2,753	56Y - 60Y*	\$884	\$514
61Y - 65Y*	\$4,902	\$3,559	61Y - 65Y*	\$892	\$553
66Y - 70Y*	\$6,997	\$5,165	66Y - 70Y*	\$1,253	\$737
71Y - 75Y*	\$9,138	\$6,341	71Y - 75Y*	\$1,300	\$774
76Y - 80Y*	\$12,396	\$8,580	76Y - 80Y*	\$1,404	\$984
81Y + *	\$13,738	\$9,436	81Y + *	\$1,404	\$984

## Family Tariff (4 Persons and Above)

IN-PATIENT BENEFIT			OUT-PATIENT BENEFIT		
Unlimited / Co-Nil			Unlimited		
AGE	CLASS A	CLASS B	AGE	Coverage 100%	Coverage 85%
1D - 17Y	\$610	\$482	1D - 17Y	\$227	\$147
18Y - 24Y	\$920	\$738	18Y - 24Y	\$485	\$301
25Y - 30Y	\$1,290	\$874	25Y - 30Y	\$579	\$345
31Y - 35Y	\$1,290	\$874	31Y - 35Y	\$579	\$345
36Y - 40Y	\$1,526	\$1,048	36Y - 40Y	\$651	\$407
41Y - 45Y	\$1,526	\$1,078	41Y - 45Y	\$651	\$407
46Y - 50Y	\$1,895	\$1,341	46Y - 50Y	\$737	\$442
51Y - 55Y	\$2,341	\$1,646	51Y - 55Y	\$776	\$503
56Y - 60Y*	\$3,519	\$2,615	56Y - 60Y*	\$884	\$514
61Y - 65Y*	\$4,657	\$3,381	61Y - 65Y*	\$892	\$553
66Y - 70Y*	\$6,647	\$4,907	66Y - 70Y*	\$1,253	\$737
71Y - 75Y*	\$8,681	\$6,024	71Y - 75Y*	\$1,300	\$774
76Y - 80Y*	\$11,777	\$8,151	76Y - 80Y*	\$1,404	\$984
81Y + *	\$13,051	\$8,965	81Y + *	\$1,404	\$984

### Discounts:

- **RENEWAL** policies with **Loss Ratio below 50%** are subject to **5% discount**.
- **NEW BUSINESS** policies for ages **35 and below** are subject to **17.5% discount**
- **NEW BUSINESS** policies for ages **36- 55** are subject to **10% discount**.

## Features, Benefits, & Notes

- (\*) Ages 60-65 Pre-requisite medical exams needed / Ages 66-81 Premium Renewal Business only
- Maximum Age for New Business is 65 Years.
- Out-Patient benefit excludes Doctor's Fees and Drugs.
- Out-Patient benefit is unlimited per insured person, per year.
- Add policy cost to read USD \$30.- / Endorsement fees USD \$10.-
- For Personal Accidents cover, please refer to the company.
- Vital Platinum Plan is subject to Policy Terms and Conditions.

### World Wide Benefit - For Emergency Cases Outside Lebanon

- Including Medical Assistance, Hospital Direct Billing.
- Medical Repatriation further to illness or accident.
- Return ticket for one close relative in case insured's decease or hospitalization abroad exceeding 5 days.
- Repatriation of mortal remains.
- World Wide Benefit is 'Free of Charge' for Classes A & B.
- Sum Insured per insured person, per year USD 150,000.-
- Limited to Maximum 90 days per year, in the aggregate.
- Maximum age is 75 years old.

**Individual Tariff (Single Person)**

IN-PATIENT				OUT-PATIENT		
Unlimited / Co-Nil				Unlimited		
AGE	CLASS A	CLASS B	CLASS C	AGE	Coverage 100%	Coverage 85%
1D - 17Y	\$590	\$451	\$370	1D - 17Y	\$211	\$136
18Y - 24Y	\$897	\$639	\$562	18Y - 24Y	\$417	\$286
25Y - 30Y	\$1,274	\$800	\$711	25Y - 30Y	\$551	\$322
31Y - 35Y	\$1,348	\$914	\$782	31Y - 35Y	\$551	\$332
36Y - 40Y	\$1,538	\$1,054	\$883	36Y - 40Y	\$639	\$375
41Y - 45Y	\$1,538	\$1,054	\$883	41Y - 45Y	\$639	\$375
46Y - 50Y	\$1,950	\$1,379	\$1,088	46Y - 50Y	\$694	\$391
51Y - 55Y	\$2,300	\$1,658	\$1,329	51Y - 55Y	\$750	\$433
56Y - 60Y*	\$3,868	\$2,638	\$1,883	56Y - 60Y*	\$750	\$433
61Y - 65Y*	\$4,809	\$3,326	\$2,212	61Y - 65Y*	\$838	\$476
66Y - 70Y*	\$6,928	\$4,923	\$3,179	66Y - 70Y*	\$1,162	\$658
71Y - 75Y*	\$7,937	\$5,718	\$3,929	71Y - 75Y*	\$1,222	\$723
76Y - 80Y*	\$10,426	\$7,870	\$6,255	76Y - 80Y*	\$1,288	\$950
81Y + *	\$11,596	\$9,444	\$7,600	81Y + *	\$1,288	\$950

**Family Tariff (2 to 3 Persons)**

IN-PATIENT				OUT-PATIENT		
Unlimited / Co-Nil				Unlimited		
AGE	CLASS A	CLASS B	CLASS C	AGE	Coverage 100%	Coverage 85%
1D - 17Y	\$561	\$428	\$352	1D - 17Y	\$199	\$128
18Y - 24Y	\$852	\$607	\$533	18Y - 24Y	\$392	\$269
25Y - 30Y	\$1,210	\$760	\$675	25Y - 30Y	\$519	\$303
31Y - 35Y	\$1,280	\$868	\$743	31Y - 35Y	\$519	\$313
36Y - 40Y	\$1,461	\$1,002	\$839	36Y - 40Y	\$601	\$353
41Y - 45Y	\$1,461	\$1,002	\$839	41Y - 45Y	\$601	\$353
46Y - 50Y	\$1,853	\$1,310	\$1,034	46Y - 50Y	\$653	\$367
51Y - 55Y	\$2,185	\$1,575	\$1,263	51Y - 55Y	\$706	\$408
56Y - 60Y*	\$3,674	\$2,506	\$1,789	56Y - 60Y*	\$706	\$408
61Y - 65Y*	\$4,568	\$3,159	\$2,101	61Y - 65Y*	\$789	\$448
66Y - 70Y*	\$6,582	\$4,677	\$3,020	66Y - 70Y*	\$1,093	\$619
71Y - 75Y*	\$7,540	\$5,432	\$3,732	71Y - 75Y*	\$1,150	\$680
76Y - 80Y*	\$9,904	\$7,476	\$5,942	76Y - 80Y*	\$1,213	\$894
81Y + *	\$11,016	\$8,972	\$7,220	81Y + *	\$1,213	\$894

## Family Tariff (4 Persons and Above)

IN-PATIENT				OUT-PATIENT		
Unlimited / Co-Nil				Unlimited		
AGE	CLASS A	CLASS B	CLASS C	AGE	Coverage 100%	Coverage 85%
1D - 17Y	\$533	\$407	\$334	1D - 17Y	\$199	\$128
18Y - 24Y	\$810	\$577	\$507	18Y - 24Y	\$392	\$269
25Y - 30Y	\$1,149	\$722	\$641	25Y - 30Y	\$519	\$303
31Y - 35Y	\$1,216	\$825	\$705	31Y - 35Y	\$519	\$313
36Y - 40Y	\$1,388	\$951	\$797	36Y - 40Y	\$601	\$353
41Y - 45Y	\$1,388	\$951	\$797	41Y - 45Y	\$601	\$353
46Y - 50Y	\$1,760	\$1,245	\$982	46Y - 50Y	\$653	\$367
51Y - 55Y	\$2,076	\$1,496	\$1,199	51Y - 55Y	\$706	\$408
56Y - 60Y*	\$3,491	\$2,380	\$1,699	56Y - 60Y*	\$706	\$408
61Y - 65Y*	\$4,340	\$3,001	\$1,996	61Y - 65Y*	\$789	\$448
66Y - 70Y*	\$6,253	\$4,443	\$2,869	66Y - 70Y*	\$1,093	\$619
71Y - 75Y*	\$7,163	\$5,160	\$3,546	71Y - 75Y*	\$1,150	\$680
76Y - 80Y*	\$9,409	\$7,102	\$5,645	76Y - 80Y*	\$1,213	\$894
81Y + *	\$10,465	\$8,523	\$6,859	81Y + *	\$1,213	\$894

### Discounts:

- **RENEWAL** policies with **Loss Ratio below 50%** are subject to **5% discount**.
- **NEW BUSINESS** policies for ages **35 and below** are subject to **17.5% discount**
- **NEW BUSINESS** policies for ages **36- 55** are subject to **10% discount**.

## Features, Benefits, & Notes

- (\*) Ages 60-65 Pre-requisite medical exams needed / Ages 66-81 Premium Renewal Business only
- Maximum Age for New Business is 65 Years.
- Out-Patient benefit excludes Doctor's Fees and Drugs.
- Out-Patient benefit is unlimited per insured person, per year.
- Add Policy Cost to read USD 30.- / Endorsement fees USD \$10.-
- For Personal Accidents Cover, please refer to the company.
- Vital Plan is subject to Policy Terms and Conditions.

### World Wide Benefit - For Emergency Cases Outside Lebanon

- Including Medical Assistance, Hospital Direct Billing.
- Medical Repatriation further to illness or accident.
- Return Ticket for One Close Relative in case Insured's Decease or Hospitalization Abroad exceeding 5 days.
- Repatriation of mortal remains.
- World Wide Benefit is 'Free of Charge' for Classes A & B ; Additional USD 20 for Class C.
- Sum Insured per insured person, per year USD 150,000.-
- Limited to Maximum 90 days per year in the aggregate.
- Maximum Age is 75 years old.

# Basic Plan® 2025

## A Cumberland Basic Medical Individual Plan

Individuals & Families Tariff				
IN-PATIENT			OUT-PATIENT	
US\$ 500,000.- Class A / Co-Nil US\$ 300,000.- Class K / Co- Nil			US\$ 3,000	
AGE	CLASS A	CLASS K	AGE	Coverage 85 %
1D - 17Y	\$ 357	\$ 210	1D - 17Y	\$ 80
18Y - 24Y	\$ 473	\$ 294	18Y - 24Y	\$ 170
25Y - 30Y	\$ 735	\$ 389	25Y - 30Y	\$ 200
31Y - 35Y	\$ 788	\$ 389	31Y - 35Y	\$ 210
36Y - 40Y	\$ 840	\$ 525	36Y - 40Y	\$ 230
41Y - 45Y	\$ 840	\$ 525	41Y - 45Y	\$ 230
46Y - 50Y	\$ 1,247	\$ 590	46Y - 50Y	\$ 270
51Y - 55Y	\$ 1,344	\$ 914	51Y - 55Y	\$ 320
56Y - 60Y*	\$ 2,365	\$ 1,000	56Y - 60Y*	\$ 320
61Y - 65Y*	\$ 2,741	\$ 1,376	61Y - 65Y*	\$ 350
66Y - 70Y*	\$ 3,290	\$ 1,651	66Y - 70Y*	\$ 403
71Y - 75Y*	\$ 3,783	\$ 1,898	71Y - 75Y*	\$ 463
76Y - 80Y*	\$ 4,351	\$ 2,279	76Y - 80Y*	\$ 555
81Y + *	\$ 5,003	\$ 2,735	81Y + *	\$ 555

### Discounts:

- The Rates in the above Tariff are already discounted, no additional discount is granted.

## Features, Benefits, & Notes

- (\*) Ages 60-65 Pre-requisite medical exams needed / Ages 66-81 Premium Renewal Business only
- Maximum Age for New Business is 65 Years.
- Out-Patient benefit excludes Doctor's Fees and Drugs.
- Out-Patient benefit is limited to USD \$3,000.- per insured person, per year as per the contracted providers excluding AUBMC & CMC.
- Add policy cost to read USD \$30.- / Endorsement fees USD \$10.-
- For Personal Accidents cover, please refer to the company.
- Basic Plan is subject to Policy Terms and Conditions.

# Health Plans Comparative Table

	Platinum®	Vital®	Basic®
Item	Enhanced Conditions Effective 01-02-2025	Enhanced Conditions Effective 01-02-2025	Enhanced Conditions Effective 01-05-2024
In-Patient	Unlimited	Unlimited	US\$ 500,000 Class A US\$ 300,000 Class K
Classes of Insurance	A, B	A, B, C	A, K
Network	Full Network	Full Network	<b>Excluding</b> AUBMC & CMC
Prosthesis due to Accidents	100%	100%	US\$ 25,000
Prosthesis due to Sickness	US\$ 35,000	US\$ 20,000	US\$ 12,000
Organ Transplant	US\$ 50,000	US\$ 35,000	\$15,000
Laparoscopic Procedures	Covered	Covered	Covered
Chemotherapy / Radiotherapy	Covered under IN-Patient	Covered under IN-Patient	Covered under IN-Patient – Limited to \$100,000
ICU	Covered	Covered	Covered
Breast Reconstruction after Cancer	Covered Including prosthesis up to US\$ 5,000.-	Covered Including prosthesis up to US\$ 3,000.-	US\$ 3,000.- Excluding prosthesis
New Born - Baby Cumberland	Day Zero	Day Zero	Day Zero
Nursery / Incubators Baby Cumberland	30 days up to US\$ 40,000.-	25 days up to US\$ 30,000.-	10 days up to US\$ 10,000.-
Circumcision (Baby Cumberland)	Covered	Covered	Covered
Congenital Cases - Baby Cumberland (other than the 22 originally covered cases)	US\$ 35,000.- for Class A US\$ 25,000.- for Class B	US\$ 25,000.- for Class A US\$ 20,000.- for Class B US\$ 10,000.- for Class C	US\$ 7,500.- for Class A US\$ 5,000.- for Class K
Genetic Tests	After 12 Months up to US\$ 1,000	After 12 Months up to US\$ 1,000	N/A
Bariatric Surgeries	Covered US\$ 8,000.- for Class A US\$ 6,000.- for Class B	Covered US\$ 7,000.- for Class A US\$ 5,000.- for Class B US\$ 3,000.- for Class C	N/A
Renal Dialysis	First 3 sessions	First 2 sessions	First 2 session
Varicose Veins	Covered if not esthetic	Covered if not esthetic	Covered if not esthetic
Varicocele	Covered if not related to Infertility	Covered if not related to Infertility	Covered if not related to Infertility
Acute Allergy Treatments	<ul style="list-style-type: none"> <li>Covered under In-Patient</li> <li>Including the “IGE Specific” exam under OUT-Patient.</li> </ul>	<ul style="list-style-type: none"> <li>Covered under In-Patient</li> <li>Excluding OUT-Patient Exams.</li> </ul>	<ul style="list-style-type: none"> <li>Covered under In-Patient</li> <li>Excluding OUT-Patient Exams.</li> </ul>
Passive War	US\$ 5,000	US\$ 2,500	N/A
Maternity	After 280 days with or without continuity	After 280 days with or without continuity	365 days without continuity
Rehabilitation	US\$ 5,000	US\$ 3,000	US\$ 1,000 post CVA

<b>Extra Bed for One Parent</b>	Below 18	Below 18	Below 18
<b>Infertility</b>	After 12 Months US\$ 3,000	After 12 Months US\$ 3,000	N/A
<b>Migraines</b>	Covered	Covered	Covered
<b>Home Care</b>	Covered if alternative to a needed hospitalization with an 'IV treatment'	Covered if alternative to a needed hospitalization with an 'IV treatment'	Covered if alternative to a needed hospitalization with an 'IV treatment'
<b>OUT-Patient Coverage</b>	100% and 85%	100% and 85%	85%
<b>OUT-Patient Limit</b>	Unlimited	Unlimited	US\$ 3,000
<b>OUT-Patient Network</b>	Full Network	Full Network	All contracted providers excluding AUBMC & CMC
<b>Physiotherapy</b>	30 sessions per contractual period of insurance	30 sessions per contractual period of insurance	15 sessions per contractual period of insurance
<b>Polysomnography</b>	Covered in contracted centers	Covered in contracted centers	Covered in contracted centers
<b>Scoliosis</b>	Covered under OUT	Covered under OUT	Covered under OUT
<b>Morgue and Burial Expenses</b>	US\$ 3,000	US\$ 2,000	US\$ 1,000 till age of 64, whilst being hospitalized only.
<b>STD</b>	After 12 Months US\$ 1,000 for Exams Only	After 12 Months US\$ 1,000 for Exams Only	N/A
<b>Epilepsy</b>	Covered	Covered	First Episode
<b>Work Related Injuries</b>	Covered for Admins & Self-Employed	Covered for Admins & Self-Employed	Covered for Admins & Self-Employed
<b>Motorcycling</b>	Covered	Covered	N/A
<b>Inter Plans Upgrade / Downgrade</b>	<ul style="list-style-type: none"> <li>Product applies for New Business, if good record.</li> <li>No up-grade during the year is entitled.</li> <li>Up-grade for Existing Business at Renewal is applied for special cases.</li> </ul>	<ul style="list-style-type: none"> <li>Product applies for New Business.</li> <li>No up-grade during the year is entitled.</li> <li>Up-grade for Existing Business at Renewal is applied for special cases.</li> </ul>	<ul style="list-style-type: none"> <li>Product applies for New Business.</li> <li>No downgrade during the year is entitled.</li> <li>Downgrade for Existing Business at Renewal is applied for special cases</li> </ul>