

## PANACEA MEDICAL PLANS

### 1- Panacea Youth

<b>In-hospital   Co-Nil   Limited Network*</b>			
<b>Age bracket</b>	<b>Class A + Amb. 85%</b>	<b>Class B + Amb. 85%</b>	<b>Class S + Amb. 85%</b>
<b>18Y -24Y</b>	\$560	\$475	\$425
<b>25Y - 30Y</b>	\$660	\$555	\$500
<b>31Y - 35Y</b>	\$895	\$760	\$675

\* All hospitals excluding AUBMC, Rizk, St John, KMC & CMC.

**Remarks:**

- Add \$35 as Cost of Policy

<b>In-Patient Covers</b>	
<b>Hospitalization Limit</b>	\$250,000
<b>Network</b>	Lebanon only as per limited Network (Full Network excluding AUBMC, Rizk, St John, KMC & CMC)
<b>Passive War and Terrorism</b>	Covered
<b>Pre-existing cases</b>	6 months waiting period
<b>Internal Prosthesis</b>	US\$ 7,500 per case per year if due to sickness or Accident
<b>Maternity Coverage / Infertility /Incubator</b>	Not Covered
<b>Home Care</b>	Covered
<b>Organ Transplantation</b>	Not Covered
<b>Breast Reconstructive Surgery</b>	Covered
<b>Sleep Disorders &amp; Polysomnography</b>	Covered
<b>Hemodialysis</b>	First Sessions are covered only during first admission
<b>Chronic diseases (Cancer, Diabetes, Cardiac, Multiple Sclerosis...)</b>	Covered up to \$50,000 per disease
<b>Epidemic /Pandemic Diseases</b>	Covered up to US\$ 30,000
<b>Free Travel Insurance</b>	Medical expenses up to US\$50,000 and repatriation
<b>SAMU DU LIBAN: The 1st pre-hospital online medical assistance in Lebanon</b>	Service Granted for Free for all insured members. Download SAMU du Liban mobile app, fill the profile & get 24/7 medical assistance.

<b>Ambulatory Covers</b>	
<b>Ambulatory Limit</b>	US\$ 1,500 per Insured per year
<b>Physiotherapy</b>	Up to 10 sessions per Insured per year. If outside network, covered on reimbursement basis & up to \$20 per session
<b>Diagnostic tests</b>	Covered
<b>MRI</b>	Covered
<b>CT-Scan</b>	Covered
<b>Pet Scan</b>	Covered

<b>Additional Covers</b>	
<b>Sports other than hazardous (Hiking, Ski...)</b>	Covered
<b>Travel Insurance and repatriation</b>	Covered for all classes
<b>Personal Accidents (death only)</b>	Covered up to \$15,000

## 2- Panacea Ultra | Individual Yearly Premium

In-hospital   Co-Nil   All hospitals			
Age bracket	Class A	Class B	Class S
<b>14 days -17Y</b>	\$625	\$570	\$425
<b>18Y - 24Y</b>	\$850	\$630	\$500
<b>25Y - 30Y</b>	\$1,200	\$880	\$740
<b>31Y - 35Y</b>	\$1,380	\$930	\$800
<b>36Y - 40Y</b>	\$1,520	\$1,050	\$830
<b>41Y - 45Y</b>	\$1,600	\$1,200	\$950
<b>46Y - 50Y</b>	\$1,850	\$1,400	\$1,100
<b>51Y - 55Y</b>	\$2,200	\$1,650	\$1,320
<b>56Y - 60Y</b>	\$3,400	\$2,300	\$1,750
<b>61Y - 64Y</b>	\$4,320	\$3,000	\$2,380
<b>65Y - 70Y</b>	\$5,820	\$4,450	\$3,250
<b>71Y - 75Y</b>	\$8,000	\$5,050	\$4,000
<b>76Y - 80Y</b>	\$8,600	\$7,150	\$5,000
<b>81Y +</b>	\$11,500	\$8,000	\$6,500

Ambulatory		
Age bracket	Excess 0%	Excess 15%
<b>14 days -17Y</b>	\$215	\$160
<b>18Y - 24Y</b>	\$450	\$285
<b>25Y - 30Y</b>	\$520	\$345
<b>31Y - 35Y</b>	\$535	\$350
<b>36Y - 45Y</b>	\$600	\$408
<b>46Y - 50Y</b>	\$680	\$470
<b>51Y - 55Y</b>	\$720	\$520
<b>56Y - 60Y</b>	\$775	\$580
<b>61Y - 64Y</b>	\$860	\$650
<b>65Y - 70Y</b>	\$1,300	\$920
<b>71Y - 75Y</b>	\$1,640	\$1,150
<b>76Y - 80Y</b>	\$1,800	\$1,180
<b>81Y +</b>	\$1,880	\$1,550

### Remarks:

- Add \$35 as Cost of Policy
- Maximum 1<sup>st</sup> enrollment age is 64 years.
- Payment Mode: Fresh USD.

### 3- Panacea Ultra | Family Yearly Premium (3 members and above)

In-hospital   Co-Nil   All hospitals			
Age bracket	Class A	Class B	Class S
<b>14 days -17Y</b>	\$575	\$524	\$391
<b>18Y - 24Y</b>	\$782	\$580	\$460
<b>25Y - 30Y</b>	\$1,104	\$810	\$681
<b>31Y - 35Y</b>	\$1,270	\$856	\$736
<b>36Y - 40Y</b>	\$1,398	\$966	\$764
<b>41Y - 45Y</b>	\$1,472	\$1,104	\$874
<b>46Y - 50Y</b>	\$1,702	\$1,288	\$1,012
<b>51Y - 55Y</b>	\$2,024	\$1,518	\$1,214
<b>56Y - 60Y</b>	\$3,128	\$2,116	\$1,610
<b>61Y - 64Y</b>	\$3,974	\$2,760	\$2,190
<b>65Y - 70Y</b>	\$5,354	\$4,094	\$2,990
<b>71Y - 75Y</b>	\$7,360	\$4,646	\$3,680
<b>76Y - 80Y</b>	\$7,912	\$6,578	\$4,600
<b>81Y +</b>	\$10,580	\$7,360	\$5,980

Ambulatory		
Age bracket	Excess 0%	Excess 15%
<b>14 days -17Y</b>	\$198	\$147
<b>18Y - 24Y</b>	\$414	\$262
<b>25Y - 30Y</b>	\$478	\$317
<b>31Y - 35Y</b>	\$492	\$322
<b>36Y - 45Y</b>	\$552	\$375
<b>46Y - 50Y</b>	\$626	\$432
<b>51Y - 55Y</b>	\$662	\$478
<b>56Y - 60Y</b>	\$713	\$534
<b>61Y - 64Y</b>	\$791	\$598
<b>65Y - 70Y</b>	\$1,196	\$846
<b>71Y - 75Y</b>	\$1,509	\$1,058
<b>76Y - 80Y</b>	\$1,656	\$1,086
<b>81Y +</b>	\$1,730	\$1,426

#### Remarks:

- Add \$35 as Cost of Policy
- Maximum 1<sup>st</sup> enrollment age is 64 years.
- Payment Mode: Fresh USD.

#### 4- Panacea Essential | Individual Yearly Premium

In-hospital   Co-Nil   Limited Network*			
Age bracket	Class A	Class B	Class S
0Y -17Y	\$430	\$350	\$257
18Y - 24Y	\$650	\$450	\$362
25Y - 30Y	\$900	\$600	\$510
31Y - 35Y	\$950	\$750	\$557
36Y - 40Y	\$1,100	\$820	\$595
41Y - 45Y	\$1,200	\$850	\$619
46Y - 50Y	\$1,400	\$980	\$810
51Y - 55Y	\$1,600	\$1,150	\$905
56Y - 60Y	\$2,650	\$1,750	\$1,238
61Y - 64Y	\$3,325	\$2,200	\$1,686
65Y - 70Y	\$4,900	\$3,200	\$2,238
71Y - 75Y	\$6,000	\$3,920	\$2,733
76Y - 80Y	\$7,300	\$5,200	\$3,476
81Y +	\$9,600	\$6,800	\$4,286

\* All hospitals excluding AUBMC and CMC.

Ambulatory		
Age bracket	Excess 0%	Excess 15%
0Y -17Y	\$186	\$120
18Y - 24Y	\$350	\$220
25Y - 30Y	\$430	\$280
31Y - 35Y	\$485	\$320
36Y - 45Y	\$510	\$330
46Y - 50Y	\$550	\$360
51Y - 55Y	\$575	\$380
56Y - 60Y	\$660	\$470
61Y - 64Y	\$785	\$510
65Y - 70Y	\$1,000	\$720
71Y - 75Y	\$1,130	\$900
76Y - 80Y	\$1,265	\$950
81Y +	\$1,485	\$1,200

**Remarks:**

- Add \$35 as Cost of Policy
- Maximum 1<sup>st</sup> enrollment age is 64 years.
- Payment Mode: Fresh USD.

## 5- Panacea Basic | Individual Yearly Premium

In-hospital   Co-Nil   Limited Network*			
Age bracket	Class A	Class B	Class S
<b>14 days -17Y</b>	\$335	\$270	\$202
<b>18Y - 24Y</b>	\$530	\$364	\$297
<b>25Y - 30Y</b>	\$725	\$478	\$406
<b>31Y - 35Y</b>	\$753	\$578	\$437
<b>36Y - 40Y</b>	\$865	\$630	\$481
<b>41Y - 45Y</b>	\$954	\$664	\$492
<b>46Y - 50Y</b>	\$1,126	\$781	\$655
<b>51Y - 55Y</b>	\$1,240	\$874	\$711
<b>56Y - 60Y</b>	\$2,052	\$1,324	\$978
<b>61Y - 64Y</b>	\$2,656	\$1,742	\$1,367
<b>65Y - 70Y</b>	\$3,644	\$2,458	\$1,761
<b>71Y - 75Y</b>	\$4,492	\$3,043	\$2,129
<b>76Y - 80Y</b>	\$5,602	\$4,022	\$2,783
<b>81Y +</b>	\$7,376	\$5,210	\$3,520

\* All hospitals excluding AUBMC, CMC, ST. JOHN, BELLEVUE, MONT LIBAN, KMC & RIZK.

Ambulatory		
Age bracket	Excess 0%	Excess 15%
<b>14 days -17Y</b>	\$167	\$108
<b>18Y - 24Y</b>	\$315	\$198
<b>25Y - 30Y</b>	\$387	\$252
<b>31Y - 35Y</b>	\$437	\$288
<b>36Y - 45Y</b>	\$459	\$297
<b>46Y - 50Y</b>	\$495	\$324
<b>51Y - 55Y</b>	\$518	\$342
<b>56Y - 60Y</b>	\$594	\$423
<b>61Y - 64Y</b>	\$707	\$459
<b>65Y - 70Y</b>	\$900	\$648
<b>71Y - 75Y</b>	\$1,017	\$810
<b>76Y - 80Y</b>	\$1,139	\$855
<b>81Y +</b>	\$1,337	\$1,080

### Remarks:

- Add \$35 as Cost of Policy
- Maximum 1<sup>st</sup> enrollment age is 64 years.
- Payment Mode: Fresh USD.

## 6- Panacea Ultra, Essential & Basic Plans | Main Covers

In-Patient Covers			
Cover	Panacea Ultra	Panacea Essential	Panacea Basic
<b>Hospitalization Limit</b>	Unlimited As per GR Lifetime number of days (Max 720 days)	Unlimited As per GR Lifetime number of days (Max 720 days)	US\$ 250,000 per person per year with a US\$ 150 deductible by admission
<b>Network</b>	Worldwide for 1st class members for accidental and medical emergency cases only and if not pre- existing (Travel Assist). For other classes reimbursed as per Lebanese Tariffs.	Lebanon only as per limited Network (Full Network excluding AUBMC & CMC)	Lebanon only as per limited Network (Full Network excluding AUBMC, CMC, ST. JOHN, BELLEVUE, MONT LIBAN, KMC & RIZK)
<b>Passive War and Terrorism</b>	Covered	Covered	Not Covered
<b>Pre-existing cases</b>	6 months waiting period	6 months waiting period	12 months waiting period
<b>Workmen Compensation</b>	Covered	Not Covered	Not Covered
<b>Internal Prosthesis</b>	US\$ 30,000 per prosthesis per year if due to sickness 100% if due to accident	US\$ 10,000 per case per year if due to sickness or Accident	US\$ 5,000 per case per year if due to sickness or Accident
<b>External Prosthesis</b>	Up to \$1,000	Not covered	Not covered
<b>Maternity Coverage</b>	300 days waiting period for Normal or Cesarean 365 days if Husband is not covered within the same policy.	365 days waiting period Normal or Cesarean	365 days waiting period. -Covered up to 3 days for Normal Delivery. -Covered up to 5 days for C- section Delivery.
<b>Newborn Child (Baby LIA Assurex)</b>	Covered from day zero Free of charge for the remaining contractual period	Covered from day zero (Not Free of Charge)	Covered from day fourteen subject to underwriting (Not Free of Charge)
<b>Incubator</b>	Covered irrespective of the period of stay of the mother	Covered up to US\$ 5,000 per Delivery	Covered up to US\$ 2,500 per delivery
<b>Congenital cases (Baby LIA Assurex)</b>	Covered	Lifetime Limit of US\$ 15,000 per Insured Baby	Lifetime Limit of US\$ 7,500 per Insured Baby
<b>Congenital cases (Non- Baby LIA Assurex)</b>	Covered if not known nor treated before adherence to LIA Assurex policy	Lifetime Limit of US\$ 5,000 per person	Not Covered
<b>Clinical Surgeries</b>	Covered on reimbursement basis	Covered on reimbursement basis	Not Covered
<b>Parental Accommodation</b>	Covered when patient is under 18 years of age	Covered when patient is under 18 years of age	Covered when patient is under 18 years of age

In-Patient Covers			
Cover	Panacea Ultra	Panacea Essential	Panacea Basic
<b>Nursing at Home</b>	Covered if less expensive and replacing Hospitalization, subject to prior approval of LIA Assurex	Covered if less expensive and replacing Hospitalization, subject to prior approval of LIA Assurex	Covered if less expensive and replacing Hospitalization, subject to prior approval of LIA Assurex
<b>Organ Transplantation</b>	Lifetime Limit of US\$ 50,000 per Insured per case with 12 months waiting period	Lifetime Limit of US\$ 15,000 per Insured per case with 12 months waiting period	Lifetime Limit of US\$ 10,000 per Insured per case with 12 months waiting period
<b>Breast Reconstructive Surgery</b>	Covered if due to a covered cancer case and performed within 6 months	Lifetime Limit of US\$ 3,000 per Insured if due to a covered cancer case and performed within 6 months	Lifetime Limit of US\$ 3,000 per Insured if due to a covered cancer case and performed within 6 months
<b>Morgue and Burial expenses</b>	Covered up to US\$ 2,000 if death occurs during a covered hospitalization case	Covered up to US\$ 2,000 if death occurs during a covered hospitalization case	Not applicable
<b>Sleep Disorders &amp; Polysomnography</b>	Covered with 12 months waiting period	Not Covered	Not Covered
<b>Psychiatry, Mental disorders, Nervous breakdowns, psychological tests or evaluation</b> (All kinds of Rest Cures, Sanatoriums, or special Psychiatric Hospitals remain not covered)	Covered up to US\$ 10,000 per year in a recognized psychiatric unit of a hospital, under the supervision of a registered psychiatric	Not Covered	Not Covered
<b>Infertility</b>	Covered up to US\$ 10,000 per Insured per year excluding In-vitro Ex-Vitro, ICSI or any other artificial insemination.	Covered up to US\$ 2,500 per year excluding In-Vitro Ex-Vitro, ICSI or any other artificial insemination	Not Covered
<b>Sexually Transmitted Diseases</b>	Class A: US\$ 5,000 per Insured per year Class B: US\$ 3,000 per Insured per year excluding HIV / AIDS	Not Covered	Not Covered

<b>In-Patient Covers</b>			
<b>Cover</b>	<b>Panacea Ultra</b>	<b>Panacea Essential</b>	<b>Panacea Basic</b>
<b>Hemodialysis</b>	First Sessions are covered only during first admission	First Sessions are covered only during first admission	First Sessions are covered only during first admission
<b>Chronic diseases (Cancer, Diabetes, Cardiac, Multiple sclerosis...)</b>	Covered as per policy Particular and General conditions	Covered as per policy Particular and General conditions	Covered up to US\$ 100,000 lifetime per disease
<b>Epidemic /Pandemic Diseases</b>	Covered up to US\$ 50,000	Covered up to US\$ 30,000	Covered up to US\$ 30,000
<b>Parkinson treatment (excluding surgery)</b>	Covered	Not Covered	Not Covered
<b>Bariatric Surgery</b>	Covered when medically mandated BMI >40 kg/m <sup>2</sup> subject to 12 months waiting period up to: Class A: US\$ 7,500 - Class B: US\$ 5,000 - Class C: US\$ 2,500	Not Covered	Not Covered
<b>Samu du Liban service The 1st pre-hospital emergency medical care in Lebanon</b>	Service Granted for Free for all insured members. Download SAMU du Liban mobile app, fill the profile and get 24/7 assistance in case of emergency.	Service Granted for Free for all insured members. Download SAMU du Liban mobile app, fill the profile and get 24/7 assistance in case of emergency.	Service Granted for Free for all insured members. Download SAMU du Liban mobile app, fill the profile and get 24/7 assistance in case of emergency.
<b>Epilepsy</b>	Unlimited	Unlimited	Covered up to US\$ 1,000 per year
<b>Local Ambulance</b>	Reviewed on a case-by-case basis	Not Covered	Not Covered
<b>New and unconventional treatment</b>	Covered up to the cost of regular treatment/surgery	Not Covered	Not Covered
<b>Scoliosis</b>	Unlimited	Unlimited	Covered up to US\$ 1,000 per year

Ambulatory Covers			
Cover	Panacea Ultra	Panacea Essential	Panacea Basic
<b>Ambulatory Limit</b>	Unlimited	US\$ 2,500 per Insured per year	US\$ 1,500 per Insured per year in Laboratories only
<b>Physiotherapy</b>	Unlimited number of sessions If outside network covered on reimbursement basis and up to \$20 per session	Up to 25 sessions per Insured per year. If outside network covered on reimbursement basis and up to \$20 per session	Up to 20 sessions per Insured per year. If outside network covered on reimbursement basis and up to US\$ 20 per session
<b>Diagnostic tests</b>	Covered	Covered	Covered
<b>MRI</b>	Covered	Covered	Covered
<b>CT-Scan</b>	Covered	Covered	Covered
<b>Pet Scan</b>	Covered, if requested for a covered cancer case	Covered, if requested for a covered cancer case	Covered, if requested for a covered cancer case
<b>Pre-marital tests</b>	Covered	Not Covered	Not Covered
<b>Morphological Ultrasound</b>	Covered for a covered delivery	Covered for a covered delivery	Covered for a covered delivery
<b>Double, Triple, or Quadruple tests</b>	Covered for a covered delivery	Covered for a covered delivery	Covered for a covered delivery
<b>Amniocentesis</b>	Covered for a covered delivery	Covered for a covered delivery	Covered for a covered delivery
<b>Guthrie Test</b>	Covered	Covered	Covered
<b>Genetic Tests</b>	Covered up to US\$ 1,500	Not Covered	Not Covered
<b>STD tests</b>	STD including HIV Covered once under OUT up to US\$ 250 per Insured per year	Not Covered	Not Covered
<b>Amnisure test</b>	Covered	Not covered	Not Covered

\*Subject to particular conditions explicitly stipulated in policy schedule page 1 and accepted census list under section "DETAILS OF SPECIAL LIMITATIONS / EXCLUSIONS".

## HDF SANTÉ MEDICAL PLAN

### 1- HDF SANTÉ | Individual Yearly Premium

Age bracket	HDF SANTÉ In-Hospital   Co-Nil		
	Class A	Class B	Class SP
14 days -17Y	\$270	\$214	\$165
18Y - 24Y	\$452	\$308	\$256
25Y - 30Y	\$609	\$396	\$336
31Y - 35Y	\$620	\$459	\$354
36Y - 40Y	\$704	\$497	\$406
41Y - 45Y	\$788	\$536	\$406
46Y - 50Y	\$945	\$648	\$553
51Y - 55Y	\$991	\$679	\$578
56Y - 60Y	\$1,638	\$1,022	\$802
61Y - 64Y	\$2,209	\$1,432	\$1,159
65Y - 70Y	\$2,741	\$1,939	\$1,435
71Y - 75Y	\$3,413	\$2,436	\$1,712
76Y - 80Y	\$4,414	\$3,203	\$2,321
81Y - 99Y	\$5,821	\$4,095	\$3,031

Age bracket	HDF SANTÉ Out-Hospital   Ambulatory	
	100% - Limited Network	85% - Limited Network
14 days -17Y	\$123	\$81
18Y - 24Y	\$252	\$151
25Y - 30Y	\$312	\$189
31Y - 35Y	\$312	\$196
36Y - 40Y	\$343	\$221
41Y - 45Y	\$343	\$221
46Y - 50Y	\$378	\$231
51Y - 55Y	\$413	\$242
56Y - 60Y	\$424	\$298
61Y - 64Y	\$501	\$322
65Y - 70Y	\$763	\$501
71Y - 75Y	\$879	\$557
76Y - 80Y	\$893	\$606
81Y - 99Y	\$1,050	\$812

#### Remarks:

- Add \$35 as Cost of Policy
- Maximum 1<sup>st</sup> enrollment age is 64 years.
- Payment Mode: Fresh USD.

## 2- HDF SANTÉ Co-CFE | Individual Yearly Premium

30% Co-insurance with "Caisse des Français de l'Etranger"

Age bracket	HDF SANTÉ In-Hospital   Co-CFE	
	Class A	Class B
<b>14 days -17Y</b>	\$136	\$129
<b>18Y - 24Y</b>	\$196	\$186
<b>25Y - 30Y</b>	\$251	\$239
<b>31Y - 35Y</b>	\$291	\$277
<b>36Y - 40Y</b>	\$316	\$300
<b>41Y - 45Y</b>	\$340	\$323
<b>46Y - 50Y</b>	\$412	\$391
<b>51Y - 55Y</b>	\$431	\$409
<b>56Y - 60Y</b>	\$649	\$616
<b>61Y - 64Y</b>	\$909	\$864
<b>65Y – 70Y</b>	\$1,231	\$1,170
<b>71Y – 75Y</b>	\$1,547	\$1,470
<b>76Y – 80Y</b>	\$2,034	\$1,933
<b>81Y – 99Y</b>	\$2,601	\$2,471

**Remarks:**

- Add \$35 as Cost of Policy
- Maximum 1<sup>st</sup> enrollment age is 64 years.
- Payment Mode: Fresh USD.

### 3- HDF SANTÉ | Main Covers

HDF SANTÉ   In-Patient Covers	
Cover	Limitation
<b>Network</b>	Limited to USJ-Hôtel-Dieu de France (HDF) network: Hôtel-Dieu de France (HDF), Mgr Cortbawi, St. Charles, Family Medical Center (Zgharta), Tel Chiha and Notre Dame de la Paix.
<b>Pre-existing cases</b>	6 months waiting period
<b>Workmen Compensation</b>	Covered for 1 <sup>st</sup> class occupation insured
<b>Internal Prosthesis</b>	\$10,000 per case per year if due to sickness or Accident
<b>External Prosthesis</b>	Not Covered
<b>Valves replacement</b>	Covered under Internal Prosthesis
<b>Cornea lenses</b>	
<b>Mesh Types</b>	Covered
<b>Nasal Septal Deviation</b>	Covered (waiting period 24 months)
<b>Maternity Coverage</b>	365 days waiting period (Normal or Cesarean)
<b>Newborn Child (Baby LIA Assurex)</b>	Baby is covered after 14 days and after providing a medical report stating that the baby does not suffer from any congenital case. Baby HDF is covered Free of charge
<b>Incubator</b>	Up to 30 days
<b>Congenital cases (Baby LIA Assurex-HDF Santé)</b>	Covered up to \$3,000 per insured baby
<b>Clinical Surgeries</b>	Covered on reimbursement basis
<b>Nursing at Home</b>	Covered if less expensive and replacing Hospitalization, subject to prior approval of LIA Assurex
<b>Parental Accommodation</b>	Covered when patient is under 18 years
<b>Organ Transplantation</b>	Lifetime Limit of \$15,000 per Insured per case with 12 months waiting period
<b>Breast Reconstructive Surgery</b>	\$3,000 per Insured per year
<b>Morgue &amp; Burial expenses</b>	Covered, up to \$2,000 if death occurs during a covered hospitalization case
<b>Laparoscopic &amp; Endoscopic Surgeries, including Instruments &amp; Supplies used</b>	\$3,000 per case per year
<b>Infertility</b>	Not Covered
<b>Parkinson</b>	Not Covered
<b>Hemodialysis</b>	First Sessions are covered only during first admission
<b>Chronic diseases (Cancer, Diabetes, Cardiac, ...)</b>	Covered as per policy Particular and General conditions
<b>Epidemic / Pandemic Diseases</b>	Covered up to \$30,000

HDF SANTÉ   Ambulatory Covers	
Cover	Limitation
<b>Physiotherapy</b>	Up to 25 sessions per Insured per year.
<b>Diagnostic tests</b>	Covered
<b>MRI</b>	Covered
<b>CT-Scan</b>	Covered
<b>Pet Scan</b>	Covered, if requested for a covered cancer case
<b>Pre-marital tests</b>	Not Covered
<b>Morphological Ultrasound</b>	Covered for a covered delivery
<b>Double, Triple, or Quadruple tests</b>	Covered for a covered delivery
<b>Amniocentesis</b>	Covered for a covered delivery
<b>Guthrie Test</b>	Covered

## NEEDED DOCUMENTS

- ✓ Signed Medical proposal form (incl. mobile number, e-mail address & profession).
- ✓ Copy of ID.
- ✓ Copy of the policy or medical cards where the applicants were insured.
- ✓ Any additional document that might be requested by LIA Assurex on case-by-case basis (KYC, reports, ...)

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