

PANACEA MEDICAL PLANS

1- Panacea Youth

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

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

Remarks:

- Add \$35 as Cost of Policy

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

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

Additional Covers	
Sports other than hazardous (Hiking, Ski...)	Covered
Travel Insurance and repatriation	Covered for all classes
Personal Accidents (death only)	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
14 days -17Y	\$625	\$570	\$425
18Y - 24Y	\$850	\$630	\$500
25Y - 30Y	\$1,200	\$880	\$740
31Y - 35Y	\$1,380	\$930	\$800
36Y - 40Y	\$1,520	\$1,050	\$830
41Y - 45Y	\$1,600	\$1,200	\$950
46Y - 50Y	\$1,850	\$1,400	\$1,100
51Y - 55Y	\$2,200	\$1,650	\$1,320
56Y - 60Y	\$3,400	\$2,300	\$1,750
61Y - 64Y	\$4,320	\$3,000	\$2,380
65Y – 70Y	\$5,820	\$4,450	\$3,250
71Y – 75Y	\$8,000	\$5,050	\$4,000
76Y – 80Y	\$8,600	\$7,150	\$5,000
81Y +	\$11,500	\$8,000	\$6,500

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

Remarks:

- Add \$35 as Cost of Policy
- Maximum 1st 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
14 days -17Y	\$575	\$524	\$391
18Y - 24Y	\$782	\$580	\$460
25Y - 30Y	\$1,104	\$810	\$681
31Y - 35Y	\$1,270	\$856	\$736
36Y - 40Y	\$1,398	\$966	\$764
41Y - 45Y	\$1,472	\$1,104	\$874
46Y - 50Y	\$1,702	\$1,288	\$1,012
51Y - 55Y	\$2,024	\$1,518	\$1,214
56Y - 60Y	\$3,128	\$2,116	\$1,610
61Y - 64Y	\$3,974	\$2,760	\$2,190
65Y – 70Y	\$5,354	\$4,094	\$2,990
71Y – 75Y	\$7,360	\$4,646	\$3,680
76Y – 80Y	\$7,912	\$6,578	\$4,600
81Y +	\$10,580	\$7,360	\$5,980

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

Remarks:

- Add \$35 as Cost of Policy
- Maximum 1st 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 1st 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
14 days -17Y	\$335	\$270	\$202
18Y - 24Y	\$530	\$364	\$297
25Y - 30Y	\$725	\$478	\$406
31Y - 35Y	\$753	\$578	\$437
36Y - 40Y	\$865	\$630	\$481
41Y - 45Y	\$954	\$664	\$492
46Y - 50Y	\$1,126	\$781	\$655
51Y - 55Y	\$1,240	\$874	\$711
56Y - 60Y	\$2,052	\$1,324	\$978
61Y - 64Y	\$2,656	\$1,742	\$1,367
65Y – 70Y	\$3,644	\$2,458	\$1,761
71Y – 75Y	\$4,492	\$3,043	\$2,129
76Y – 80Y	\$5,602	\$4,022	\$2,783
81Y +	\$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%
14 days -17Y	\$167	\$108
18Y - 24Y	\$315	\$198
25Y - 30Y	\$387	\$252
31Y – 35Y	\$437	\$288
36Y – 45Y	\$459	\$297
46Y – 50Y	\$495	\$324
51Y – 55Y	\$518	\$342
56Y – 60Y	\$594	\$423
61Y – 64Y	\$707	\$459
65Y – 70Y	\$900	\$648
71Y – 75Y	\$1,017	\$810
76Y – 80Y	\$1,139	\$855
81Y +	\$1,337	\$1,080

Remarks:

- Add \$35 as Cost of Policy
- Maximum 1st 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
Hospitalization Limit	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
Network	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)
Passive War and Terrorism	Covered	Covered	Not Covered
Pre-existing cases	6 months waiting period	6 months waiting period	12 months waiting period
Workmen Compensation	Covered	Not Covered	Not Covered
Internal Prosthesis	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
External Prosthesis	Up to \$1,000	Not covered	Not covered
Maternity Coverage	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.
Newborn Child (Baby LIA Assurex)	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)
Incubator	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
Congenital cases (Baby LIA Assurex)	Covered	Lifetime Limit of US\$ 15,000 per Insured Baby	Lifetime Limit of US\$ 7,500 per Insured Baby
Congenital cases (Non-Baby LIA Assurex)	Covered if not known nor treated before adherence to LIA Assurex policy	Lifetime Limit of US\$ 5,000 per person	Not Covered
Clinical Surgeries	Covered on reimbursement basis	Covered on reimbursement basis	Not Covered
Parental Accommodation	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
Nursing at Home	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
Organ Transplantation	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
Breast Reconstructive Surgery	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
Morgue and Burial expenses	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
Sleep Disorders & Polysomnography	Covered with 12 months waiting period	Not Covered	Not Covered
Psychiatry, Mental disorders, Nervous breakdowns, psychological tests or evaluation (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
Infertility	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
Sexually Transmitted Diseases	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

In-Patient Covers			
Cover	Panacea Ultra	Panacea Essential	Panacea Basic
Hemodialysis	First Sessions are covered only during first admission	First Sessions are covered only during first admission	First Sessions are covered only during first admission
Chronic diseases (Cancer, Diabetes, Cardiac, Multiple sclerosis...)	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
Epidemic /Pandemic Diseases	Covered up to US\$ 50,000	Covered up to US\$ 30,000	Covered up to US\$ 30,000
Parkinson treatment (excluding surgery)	Covered	Not Covered	Not Covered
Bariatric Surgery	Covered when medically mandated BMI >40 kg/m ² 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
Samu du Liban service The 1st pre-hospital emergency medical care in Lebanon	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
Epilepsy	Unlimited	Unlimited	Covered up to US\$ 1,000 per year
Local Ambulance	Reviewed on a case-by-case basis	Not Covered	Not Covered
New and unconventional treatment	Covered up to the cost of regular treatment/surgery	Not Covered	Not Covered
Scoliosis	Unlimited	Unlimited	Covered up to US\$ 1,000 per year

Ambulatory Covers			
Cover	Panacea Ultra	Panacea Essential	Panacea Basic
Ambulatory Limit	Unlimited	US\$ 2,500 per Insured per year	US\$ 1,500 per Insured per year in Laboratories only
Physiotherapy	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
Diagnostic tests	Covered	Covered	Covered
MRI	Covered	Covered	Covered
CT-Scan	Covered	Covered	Covered
Pet Scan	Covered, if requested for a covered cancer case	Covered, if requested for a covered cancer case	Covered, if requested for a covered cancer case
Pre-marital tests	Covered	Not Covered	Not Covered
Morphological Ultrasound	Covered for a covered delivery	Covered for a covered delivery	Covered for a covered delivery
Double, Triple, or Quadruple tests	Covered for a covered delivery	Covered for a covered delivery	Covered for a covered delivery
Amniocentesis	Covered for a covered delivery	Covered for a covered delivery	Covered for a covered delivery
Guthrie Test	Covered	Covered	Covered
Genetic Tests	Covered up to US\$ 1,500	Not Covered	Not Covered
STD tests	STD including HIV Covered once under OUT up to US\$ 250 per Insured per year	Not Covered	Not Covered
Amnisure test	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 1st 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
14 days -17Y	\$136	\$129
18Y - 24Y	\$196	\$186
25Y - 30Y	\$251	\$239
31Y - 35Y	\$291	\$277
36Y - 40Y	\$316	\$300
41Y - 45Y	\$340	\$323
46Y - 50Y	\$412	\$391
51Y - 55Y	\$431	\$409
56Y - 60Y	\$649	\$616
61Y - 64Y	\$909	\$864
65Y – 70Y	\$1,231	\$1,170
71Y – 75Y	\$1,547	\$1,470
76Y – 80Y	\$2,034	\$1,933
81Y – 99Y	\$2,601	\$2,471

Remarks:

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

3- HDF SANTÉ | Main Covers

HDF SANTÉ In-Patient Covers	
Cover	Limitation
Network	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.
Pre-existing cases	6 months waiting period
Workmen Compensation	Covered for 1 st class occupation insured
Internal Prosthesis	\$10,000 per case per year if due to sickness or Accident
External Prosthesis	Not Covered
Valves replacement	Covered under Internal Prosthesis
Cornea lenses	
Mesh Types	Covered
Nasal Septal Deviation	Covered (waiting period 24 months)
Maternity Coverage	365 days waiting period (Normal or Cesarean)
Newborn Child (Baby LIA Assurex)	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
Incubator	Up to 30 days
Congenital cases (Baby LIA Assurex-HDF Santé)	Covered up to \$3,000 per insured baby
Clinical Surgeries	Covered on reimbursement basis
Nursing at Home	Covered if less expensive and replacing Hospitalization, subject to prior approval of LIA Assurex
Parental Accommodation	Covered when patient is under 18 years
Organ Transplantation	Lifetime Limit of \$15,000 per Insured per case with 12 months waiting period
Breast Reconstructive Surgery	\$3,000 per Insured per year
Morgue & Burial expenses	Covered, up to \$2,000 if death occurs during a covered hospitalization case
Laparoscopic & Endoscopic Surgeries, including Instruments & Supplies used	\$3,000 per case per year
Infertility	Not Covered
Parkinson	Not Covered
Hemodialysis	First Sessions are covered only during first admission
Chronic diseases (Cancer, Diabetes, Cardiac, ...)	Covered as per policy Particular and General conditions
Epidemic / Pandemic Diseases	Covered up to \$30,000

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