



Medi-Comfort

Supplemental health insurance packages:

- Supplemental basic
- Supplemental dental/vision
- Supplemental abroad medical coverage

YEARLY PREMIUM RATES:

SUPPL II	ANG.	720,=
SUPPL. I	ANG.	1.246,=
SUPPL II (DENTAL/VISION)	ANG.	1.145,=
SUPPL I (DENTAL/VISION)	ANG.	1.671,=
SUPPL II (ABROAD)	ANG.	1.050,=
SUPPL I (ABROAD)	ANG.	1.576,=
SUPPL II (DENTAL/VISION/ABROAD)	ANG.	1.475,=
SUPPL I (DENTAL/VISION/ABROAD)	ANG.	2.001,=
POLICYCOST	ANG	10.00

Age Loadings:

45 - 50 premium increase by 20%

51 - 59 premium increase by 40%.

Supplemental basic

Individual benefits supplementary:

Hospitalization: the difference from third class to second or first class will be covered up to a maximum of 365 days per ailment.

Hospital Special Services: Maximum ANG 1.000.00 per ailment.

Surgery: The difference of the surgical tariff from third to second or first class will be paid according to P.B. 1961 #117.

Supplemental dental/vision

Dental benefit

Expenses for treatment by a dentist based in CURACAO qualified to practice and registered in the records of the competent authority.

PREVENTIVE PROCEDURES 100%

- One oral examination in each 6 month period, including scaling, cleaning of teeth and fluoride application up to maximum of ANG 75.00.
 - Dental x-rays, except that
 - Bite wing x-ray are limited to one set in any one 6 month period;
 - Full mouth x-ray are limited to one set in any one 24 month period;

MINOR RESTORATIVE PROCEDURES 80%

- First restoration: amalgam, silicate, acrylic or composite,
- Replacement of above, if additional tooth surface is involved; or at least 12 consecutive months have passed since the last time restoration was provided or replaced;
- Treatment of periodontal and other diseases of the gums and tissues of the mouth of;
- Endodontic treatment, including root canal therapy

MAJOR RESTORATIVE PROCEDURES 50%

- First replacement of crowns, if the tooth is broken down by decay or traumatic injury and cannot be restored with amalgam silicate, acrylic or composite restoration.
- Replacement of crowns, if at least 12 months consecutive have passed since the last time the crown was provided;
- Replacement of gold inlays, if, the tooth is further broken down by decay or traumatic injury and an additional tooth surface is involved; or at least 12 consecutive months have passed since the last time the restoration was provided or replaced;
- First installation of a full or partial denture, or fixed bridgework, if, needed to replace one or more natural teeth, at least one of which is extracted after the effective date of the person's coverage under this benefit;
- Repair of denture (false)(prosthesis)
- Relining or adjustments to dentures, if;
- At least 6 consecutive months have passed since dentures was provided;
- Extraction,

- Addition of teeth to the existing dentures or fixed bridge, if; needed to replace one or more natural teeth at least one of which is extracted after the effective date of the person's coverage under this benefit;
- Replacement of:
 - A full denture with a new full denture
 - A partial denture with a new partial denture; or
 - A fixed bridge with a new fixed bridgework, if;
 - (a) such replacement is needed to replace one or more natural teeth, at least one of which is extracted after the effective date of the person's coverage under this benefit; or
 - (b) the existing denture or fixed bridgework was installed 5 years prior replacement and cannot be serviceable.

Payment will be according to Maximum dental tariffs of the Company NA&A/Citizens & Dental Advisor

MAXIMUM COVERAGE PER YEAR ANG 2.000.00.

ELIGIBLE DENTAL CHARGES

Eligible dental charges are those charges which are incurred by a person for dental procedure performed which are performed as a result of any sickness or accidental bodily injury which does not arise out of or in the course of any employment by the employer, and for which he is not entitled to benefits under any Workmen's Compensation or Occupational disease law; and is necessary care or treatment incurred on the recommendation of and performed by or under direct supervision of a legally qualified dentist are not in excess of the regular and customary charges for the services performed or the materials furnished, and are incurred for one or more of the following: dental services and supplies which are not excluded dental charges and are not otherwise excluded from coverage by terms thereof: dental X-ray examination. Prior notice and evaluation of work done must be approved by the Company.

EXCLUDED DENTAL CHARGES ARE:

For services or material for cosmetic purposes, or repair of congenital malformation solely for cosmetic purposes, except charges for cosmetic dental procedures performed while insured and incurred as a result of/and within twelve months after an accident suffered while insured for dental expenses benefits. For orthodontic treatment (including treatment or correction of malocclusion), except charges for space maintenance for deciduous teeth, this exclusion will not apply for dependent children. For any dental procedure not initiated and completed while insured for dental expense benefits, except charges for prosthetic devices ordered and fitted while insured hereunder and delivered not more than 31 days subsequent to the termination of such insurance. For dental procedures performed by other than a licensed dentist, except dental prophylaxis performed by a licensed dental hygienist under the supervision and the direction of a

licensed dentist. For replacement of any lost or stolen denture, bridge, or other dental appliance. For initial dentures and bridgework (including crowns, inlays and other abutment expense), except such dentures and bridgework necessary to replace teeth extracted while insured here under. For replacement of existing denture or fixed bridgework, unless the existing denture or bridgework has been installed five or more years prior to replacement and in the opinion of the attending dentist cannot be serviceable. For the addition of teeth to an existing partial removable denture or to replace extracted natural teeth, unless the natural teeth to be replaced were extracted while the patient was insured for the dental expense benefits here under. For services or materials furnished during the first six months period following the individual's effective date of coverage for dental expense benefits, unless such charge is incurred as a direct result of an accident while so insured. For periodic oral examination and/or prophylaxis performed within six months of a preceding similar procedure.

VISION CARE

100% for the cost of frames & standard white glasses up to a maximum of ANG 500.00.

Dependants above 18 every two years.

Prescriptions must be recommended by an eye specialist or an optometrist licensed to operate in CURACAO

LIMITATIONS:No expense will be reimbursed for:1. Repair of spectacle frames and replacement of broken lenses and loss of a/or both contact lenses.
2. Prescription for spectacles or contact lenses except that this would be paid once in two years.3. Visits to an optician licensed to practice in CURACAO other than for the filling of prescriptions recommended by an eye specialist.4. Treatment to which the individual would normally receive without charge, or which the charges are reimbursed by any other insurance or payment plan (but this exclusion shall only apply to the extent charges are reimbursed under such plan).5. Charges that are in excess of the regular and customary charges for the services performed or the materials furnished.
6. Sunglasses.

ABROAD COVERAGE – CURACAO TARIFFS

		Class I	Class II
Hospitalization:	1. Daily room & board	714.00	517.00
	2. Hospital Services	unlimited	
	3. Emergency Accident	unlimited	

Surgical Expenses: According to maximum of THE SURGICAL LIST,
P.B. 1967 # 117.

Medical Expenses: 1. Specialist's Consultation - Maximum ANG 100.00 per visit
2. Prescribed drugs 100%
3. Diagnostic X-ray & Lab 100%

Intensive Care: Maximum per day ANG. 1.526.00
Maximum number of days 14

Physiotherapy: 100% maximum 12 treatments

Maximum per case: ANG 100.000.00

Hospitalization Supplementary Class II insurance is required to obtain the abroad coverage.

POLICY CONDITIONS

Hospitalization abroad; if, while insured is staying outside Curacao, hospitalization and specialist treatment during this staying in connection with an acute illness, accident or second opinion is medically required, compensation of the cost will be granted.

Any treatment to be rendered outside will be revised by our medical advisor. The costs incurred are compensated up to a maximum of 365 days per case of illness in the insured class according to the local hospital tariffs.

WAITING PERIODS

Medical Benefits : two months except for accidents
Dental Benefits: six months or "saneringsbrief"
Vision: three months