

Medical Insurance Products

All prices are in ANG

COVERAGE	MEDI EXTRA
Hospitalization & Hospital Special Services local (on Curaçao)	Cost price with a maximum of the rate as published by the Curaçao Medical Center.
Hospitalization & Hospital Special Services abroad	Cost price with a maximum of the rates as published by the Curaçao Medical Center, after approval of the insurer's medical advisor.
Surgery	Cost price with a maximum of the rates as published by the Curaçao Medical Center.
Doctor visits	Reimbursement for each visit to a maximum of f85,- limited to one visit per day.
Specialist	Full reimbursement for each visit to a specialist after written referral general practitioner.
Prescribed Drugs	<ul style="list-style-type: none"> • Reimbursement of the cost price only on prescriptions by the general practitioner or specialist. A list of drugs not covered are mentioned in the policyconditions; • Reimbursement lowest priced available drug will be covered.
Maternity Benefits	<p>Normal Delivery in hospital: Cost price with a maximum of the rates as published by the Curaçao Medical Center.</p> <p>Normal Delivery at home: Cost price with a maximum of the rates as published by the SVB of Curaçao.</p> <p>Hospital Care: Cost price with a maximum of the rates as published by the Curaçao Medical Center.</p> <p>Consult: 1 consult per month up to a maximum of 10 consultation per maternity case.</p> <p>Echocardiogram: Cost price with a maximum of the rates as published by the Curaçao Medical Center with a maximum of 3 echocardiograms per maternity case.</p> <p>Caesarean Section: Cost price with a maximum of the rates as published by the Curaçao Medical Center.</p>
Intensive Care (Local)	Cost price with a maximum of the rates as published by the Curaçao Medical Center.
Intensive Care (Abroad)	Cost price with a maximum of the rates as published by the Curaçao Medical Center.
Isolation room	Hospital charges for a maximum of 5 days.
Air transport	The costs of a return flight and accommodation expenses for two members of the insured's family will be reimbursed in the event if local treatment is not available and after approval of company medical advisor.
Ambulance	Charges for transportation to and from the Hospital or medical facility.
Preventative treatment	<ul style="list-style-type: none"> • Cost price with a maximum of the rates as applicable by the CMC on Curaçao. • Breast cancer examination (Mammography). • Cervical cancer examination (Cervix Smear/ Pap Smear). • Prostate cancer examination for insured older than 45 year once a Year.
Diagnostic x-ray & Lab expense	100% of all charges will be reimbursed. Test must be recommended by a Normal General Practitioner or specialist.

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Mental Disease	<p>Hospitalization: The first 90 days are covered.</p> <p>Out-of-Hospitalization: Psychiatric visits to a maximum of f1.000,-</p> <p>Medical Services: f1.500,- per year.</p>
OPTIONAL COVERAGES	
Vision care	<p>100% for the cost of frame and standard clear lenses up to a maximum of f500,-</p> <p>100% for the cost of contact lenses up to a maximum of f250,-</p> <p>The above mentioned coverage is applicable for:</p> <ul style="list-style-type: none"> • Dependents up to age 18 every year. • Dependents above age 18 every two years.
Dental care	<ul style="list-style-type: none"> • Minor Restorative Expenses will be Reimbursed, according policy conditions. • Major Restorative Expenses will be Reimbursed, according policy conditions. • Orthodontia 80% of Expenses up to a maximum of f3.000 expenditure for dependent children under age 15 over three years.
Physiotherapy	8 treatments per illness, extension after written referral and treatment plan from general practitioner and approval from Citizens Medical Advisor.
Waiting Period	<p>Waiting period on Medical Benefits: Two (2) months.</p> <p>Waiting period on Dental Benefits: Six (6) months.</p> <p>Waiting period on Vision Benefits: Three (3) months.</p> <p>Waiting period on Maternity Benefits: 280 Days.</p>
Maximum	Unlimited Yearly lifetime maximum f150.000,-per year.
Acceptance age	Maximum 69.