BENEFITS COMPARISON	MEDECUS Executive Gold	Blue Cross Option 1
HOSPITAL CARE		
Room & Board	$4,000 + MM	80% of UCR
Misc In Hospital charges	$30,000 + MM	80% of UCR
Minor surgery out of hospital	80% of UCR	
Intensive Care	80% of UCR	80% of UCR
Emergency Accident	80% of UCR	
Doctor's visit in hospital	80% of UCR	$700
Private Nursing	80% of UCR	80% of Cost
SURGICAL		
Surgeon's Fee	$20,000 + MM	80% of UCR
Asst. Surgeon's Fee	30% of SURG	30% of SURG
Anaesthetist's Fee	40% of SURG	40% of SURG
VISITS		
Doctor's Office / Home visits	$1,000	$700
No. of visits per disability	*unlimited*	*10*
Routine Physical / Wellness Check	$1,000	$700
Specialist Consultation (referral)	$2,000	$1,500
No. of visits per disability	Unlimited	*1*
Specialist Consultation (no referral)	$1,000	$1,200
No. of visits per disability	Unlimited	*5*
Paediatrician / Gynaecologist	$2,000	$1,200
Physiotherapy / Speech Therapy	$1,000	$1,000
Podiatrist (Reimbursement only)	$2,000	$1,200
Chiropractor (Reimbursement only)	$2,000	$1,200
Dietitian (referral)	$2,000	$1,500
DIAGNOSTICS		
Lab & X-ray	80% of Cost	$6,000 +MM
CT Scan, Ultrasound & MRI ***(pre-authorized)***	80% of UCR	
CREDIT LIMIT	$10,000+MM	
OTHER BENEFITS		
Renal Dialysis	80% of UCR	80% of UCR
Chemotherapy / Radiotherapy	80% of UCR	80% of Cost
Hearing Aid (up to $10,000 max)	80% of Cost	80% of UCR
Immunization (to age 12)	80% of Cost	80% of Cost
Tubal Ligation (up to $10,000 max)	80% of Cost	80% of UCR
Vasectomy (up to $10,000 max)	80% of Cost	80% of UCR
Local Ambulance	80% of UCR	$1,000
MATERNITY CARE		
Normal	$30,000	$30,000
Caesarian	$60,000	$60,000
Miscarriage	$15,000	$15,000
Complications	80% of UCR	80% of UCR
MENTAL HEALTH CARE		
First 4 Consultation	$2,000	$2,000 (3)
Next 20 Consultation	$1,000	$1,000 (17)
In-Hospital stay per annum	Max. 10 Days	Max. 10 Days
PRESCRIPTION DRUGS		
Prescriptions	80% of Cost	
CREDIT LIMIT	$10,000+MM	$6,000+MM
DENTAL & OPTICAL		
Dental	$15,000	$6,000
Optical		$6,000
Major Medical Lifetime Max.	**$5,000,000**	**$2,000,000**
Local Deductible (Prescription Drugs)	**$5,000**	
Room & Board - Local	N/A	
OVERSEAS Non-Emergency		
Overseas Deductible	**US$1,000**	**US$1,000**
Daily Room & Board	US$100	J$10,000
Other Medical Expenses	70% of UCR	80% of UCR
Air Transportation - round trip	J$10,000	J$10,000
OVERSEAS EMERGENCY	US$100,000	US$100,000
MONTHLY PREMIUM		
Member Only	**$5,953.00**	**$7,172.00**
Member & One Dependent	**$11,905.00**	**$13,975.00**
Member & Multiple Dependents	**$16,669.00**	**$16,021.00**

BENEFITS COMPARISON	MEDECUS Standard Gold	Blue Cross Option 1
HOSPITAL CARE		
Room & Board	$3,000 + MM	80% of UCR
Misc In Hospital charges	$20,000 + MM	80% of UCR
Minor surgery out of hospital	80% of UCR	
Intensive Care	80% of UCR	80% of UCR
Emergency Accident	80% of UCR	
Doctor's visit in hospital	80% of UCR	$700
Private Nursing	80% of UCR	80% of Cost
SURGICAL		
Surgeon's Fee	$16,000 + MM	80% of UCR
Asst. Surgeon's Fee	30% of SURG	30% of SURG
Anaesthetist's Fee	40% of SURG	40% of SURG
VISITS		
Doctor's Office / Home visits	$800	$700
No. of visits per disability	*unlimited*	*10*
Routine Physical / Wellness Check	$800	$700
Specialist Consultation (referral)	$1,600	$1,500
No. of visits per disability	*Unlimited*	*1*
Specialist Consultation (no referral)	$800	$1,200
No. of visits per disability	*Unlimited*	*5*
Paediatrician / Gynaecologist	$1,600	$1,200
Physiotherapy / Speech Therapy	$800	$1,000
Podiatrist (Reimbursement only)	$1,600	$1,200
Chiropractor (Reimbursement only)	$1,600	$1,200
Dietitian (referral)	$1,600	$1,500
DIAGNOSTICS		
Lab & X-ray	80% of Cost	
CT Scan, Ultrasound & MRI *(pre-authorized)*	80% of UCR	
CREDIT LIMIT	$8,000+MM	$6,000 +MM
OTHER BENEFITS		
Renal Dialysis	80% of UCR	80% of UCR
Chemotherapy / Radiotherapy	80% of UCR	80% of Cost
Hearing Aid (up to $10,000 max)	80% of Cost	80% of UCR
Immunization (to age 12)	80% of Cost	80% of Cost
Tubal Ligation (up to $10,000 max)	80% of Cost	80% of UCR
Vasectomy (up to $10,000 max)	80% of Cost	80% of UCR
Local Ambulance	80% of UCR	$1,000
MATERNITY CARE		
Normal	$18,000	$30,000
Caesarian	$36,000	$60,000
Miscarriage	$9,000	$15,000
Complications	80% of UCR	80% of UCR
MENTAL HEALTH CARE		
First 4 Consultation	$1,600	$2,000 (3)
Next 20 Consultation	$800	$1,000 (17)
In-Hospital stay per annum	Max. 10 Days	Max. 10 Days
PRESCRIPTION DRUGS		
Prescriptions	80% of Cost	
CREDIT LIMIT	$8,000+MM	$6,000+MM
DENTAL & OPTICAL		
Dental	$12,000	$6,000
Optical		$6,000
Major Medical Lifetime Max.	**$5,000,000**	**$2,000,000**
Local Deductible (Prescription Drugs)	**$4,000**	
Room & Board - Local	N/A	
OVERSEAS Non-Emergency		
Overseas Deductible	**US$1,000**	**US$1,000**
Daily Room & Board	US$100	J$10,000
Other Medical Expenses	70% of UCR	80% of UCR
Air Transportation - round trip	J$10,000	J$10,000
OVERSEAS EMERGENCY	US$100,000	US$100,000
MONTHLY PREMIUM		
Member Only	**$4,544.00**	**$7,172.00**
Member & One Dependent	**$9,090.00**	**$13,975.00**
Member & Multiple Dependents	**$12,724.00**	**$16,021.00**

BENEFITS COMPARISON	MEDECUS Limited Gold (Ages 18-75)	Blue Cross Option 2 (Ages 18-54)	Blue Cross Option 3 (Ages 55-75)	Blue Cross Option 4 (Ages 18-54)
HOSPITAL CARE				
Room & Board	$2,500 + MM	80% of UCR	80% of UCR	$400
Misc In Hospital charges	$15,000 + MM	80% of UCR	80% of UCR	$8,000
Minor surgery out of hospital	80% of UCR			
Intensive Care	80% of UCR	80% of UCR	80% of UCR	80% of UCR
Emergency Accident	80% of UCR			
Doctor's visit in hospital	80% of UCR	$600	$600	$700
Private Nursing	80% of UCR	80% of Cost	80% of Cost	$400
SURGICAL				
Surgeon's Fee	$12,000 + MM	80% of UCR	80% of UCR	$12,000
Asst. Surgeon's Fee	30% of SURG	30% of SURG	30% of SURG	$3,600
Anaesthetist's Fee	40% of SURG	40% of SURG	40% of SURG	$4,800
VISITS				
Doctor's Office / Home visits	$600	$600	$600	$500
Routine Physical / Wellness Check	$600	$600	$600	$500
Specialist Consultation (referral)	$1,200	$1,200	$1,200	$800
Paediatrician / Gynaecologist	$1,200	$1,000	$1,000	$600
Physiotherapy / Speech Therapy	$600			
Podiatrist (Reimbursement only)	$1,200	$1,000	$1,000	$600
Chiropractor (Reimbursement only)	$1,200	$1,000	$1,000	$600
Dietitian (referral)	$1,200	$1,500	$1,500	$1,500
DIAGNOSTICS				
Lab & X-ray	80% of Cost			
CT Scan, Ultrasound & MRI *(pre-authorized)*	80% of UCR			
CREDIT LIMIT	$6,000+MM	$5,000+MM	$5,000+MM	$3,000+MM
OTHER BENEFITS				
Renal Dialysis	80% of UCR	80% of UCR	80% of UCR	N/A
Chemotherapy / Radiotherapy	80% of UCR	80% of UCR	80% of UCR	80% of cost up to $250K
Hearing Aid (up to $10,000 max)	80% of Cost	80% of UCR	80% of UCR	80% of UCR
Immunization (to age 12)	80% of Cost	80% of Cost	80% of Cost	N/A
Tubal Ligation (up to $10,000 max)	80% of Cost	80% of UCR	80% of UCR	N/A
Vasectomy (up to $10,000 max)	80% of Cost	80% of UCR	80% of UCR	N/A
Local Ambulance	80% of UCR	$1,000	$1,000	$400
MATERNITY CARE				
Normal	$15,000	$15,000	N/A	$10,000
Caesarian	$30,000	$30,000	N/A	$20,000
Miscarriage	$7,500	$7,500	N/A	$5,000
Complications	80% of UCR	80% of UCR	N/A	80% of UCR
MENTAL HEALTH CARE				
First 4 Consultation	$1,200	$1,500 (3)	$1,600 (3)	N/A
Next 20 Consultation	$600	$800 (17)	$800 (17)	N/A
In-Hospital stay per annum	Max. 10 Days	Max. 10 Days	Max. 10 Days	N/A
PRESCRIPTION DRUGS				
Prescription	80% of Cost			
CREDIT LIMIT	$6,000+MM	$5,000+MM	$5,000+MM	$3.5K(Ind) $8K (Fam)
DENTAL & OPTICAL				
Dental	$10,000	$5,000	$5,000	$5,000
Optical		$5,000	$5,000	$5,000
Major Medical Lifetime Max.	**$5,000,000**	**$2,000,000**	**$2,000,000**	**$250,000**
Local Deductible (Prescription Drugs)	$3,000			
Room & Board - Local	N/A			
OVERSEAS Non-Emergency				
Overseas Deductible	US$1,000	US$1,000	US$1,000	US$1,000
Daily Room & Board	US$100	J$10,000	J$10,000	J$10,000
Other Medical Expenses	70% of UCR	80% of UCR	80% of UCR	80% of UCR
Air Transportation - round trip	J$10,000	J$10,000	J$10,000	J$10,000
OVERSEAS EMERGENCY	N/A	US$100,000		
MONTHLY PREMIUM				
Member Only	$3,432.00	$3,914.90	$4,448.00	$3,470.00
Member & One Dependent	$6,868.00	$7,623.00	$8,665.00	N/A
Member & Multiple Dependents	$8,571.00	$8,354.50	$10,039.00	$7,342.00