



**RADIANT INSURANCE COMPANY MEDICAL INSURANCE TARIFF**

In Medical, we don't have prices setted as premium.The pricing structure varies depending on the specific needs, benefits, and limits desired by clients, and vice versa. When you pay a higher premium, you typically receive more benefits.

**I. MINIMUM QUOTE FOR GROUPS**

OPTIONS PER CATEGOR	CATEGORY 4 : PUBLICS	CATEGORY 3: PUBLICS + G. CLINICS	CATEGORY 2 : PUBLICS , G.CLINICS, POLYCL.,SPECIALIZED CLINICS	CATEGORY 1 : PUBLICS , G.CLINICS, POLYCL., SPECIALIZED CLINICS & PRIVATES HOSP.	LOCAL COVER+ ABROAD
NET PREMIUM	120,000	250,000	550,000	800,000	1,100,000
Contribution to Mut. Fund	6,000	12,500	27,500	40,000	55,000
<b>TOTAL PREMIUM</b>	126,000	262,500	577,500	840,000	1,155,000

**LIMITS/FAMILY**

OUTPATIENT	300,000	375,000	825,000	1,200,000	1,200,000
INPATIENT	1,200,000	2,500,000	5,500,000	8,000,000	8,000,000
CARE ABROAD					8,000,000
CO - PAY (MINIMUM)	10%	10%	10%	10%	FRAIS DE TRANSPORT

**II. QUOTE FOR INDIVIDUALS**

Coverage Area (1)		All public health facilities without referral, all pharmacies			
Prem/Principal Insured (A)	Premium for Spouse (B) 50% of A	Prem/ child (C) 25% of A/child	Total net premium A+B+C	Outpatient limits	Inpatient limits
100,000			100,000	250,000	1,000,000
110,000			110,000	275,000	1,100,000

120,000			<b>120,000</b>	300,000	1,200,000
130,000			<b>130,000</b>	325,000	1,300,000
140,000			<b>140,000</b>	350,000	1,400,000
150,000			<b>150,000</b>	375,000	1,500,000

<b>Coverage Area (2)</b>		<b>All public health facilities without referral, all pharmacies and some clinics to be communicated</b>			
<b>Prem/Principal Insured (A)</b>	<b>Premium for Spouse (B) 50% of A</b>	<b>Prem/ child (C) 25% of A/child</b>	<b>Total net premium A+B+C</b>	<b>Outpatient limits</b>	<b>Inpatient limits</b>
160,000			<b>160,000</b>	400,000	1,600,000
170,000			<b>170,000</b>	425,000	1,700,000
180,000			<b>180,000</b>	450,000	1,800,000
190,000			<b>190,000</b>	475,000	1,900,000
200,000			<b>200,000</b>	500,000	2,000,000
210,000			<b>210,000</b>	525,000	2,100,000

<b>CO - PAY (MINIMUM)</b>	<b>10%</b>
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