

GlobeMed Table of Benefit Summary:

- **Annual Maximum Ceiling:** EGP 100,000.
- **Maternity & Childbirth:** EGP 8,000.
- **Dental Care:** EGP 4,000.
- **Optical Care:** EGP 1,200 (1 every 2 yrs).
- **Chronic / Pre-existing Conditions:** Covered up to the full annual limit of EGP 100,000.
- **Doctor Consultations (Outpatient):** Reimbursed up to EGP 400 per visit.

Service Category	Coverage Scope	Reimbursement & Limits
Inpatient & Daycare	Surgery, anesthesia, consultation, diagnostics, and physiotherapy.	Direct Billing: 100%
		Cash Reimbursement: 80% R&C
Accommodation	Standard Private Room. Includes parent stay for children under 10 years old.	Direct Billing: 100%
		Cash Reimbursement: 80% R&C
Doctor Consultations	Specialist and consultant visits.	Direct Billing: 80%
		Cash Reimbursement: 80% R&C (Max EGP 400)
Prescribed Drugs	All outpatient medications.	Direct Billing: 80%
		Cash Reimbursement: 80% R&C
Labs & Diagnostics	Blood tests, X-rays, and diagnostic imaging.	Direct Billing: 80%
		Cash Reimbursement: 80% R&C
Physiotherapy	Outpatient physical therapy sessions.	Direct Billing: 100%
		Cash Reimbursement: 80% R&C
Chronic / Pre-existing	Old and new chronic conditions.	Covered up to EGP 100,000 (Yearly Max)
Maternity & Childbirth	Antenatal care, tests, Normal Delivery, C-Section, or legal abortion.	Limit: EGP 8,000
		Direct & Cash: 100%

Dental Care	Extractions, fillings, root canals, scaling, crowns, and panoramic X-rays.	Limit: EGP 4,000
		Direct & Cash: 100%
Optical Care	Frames/lenses (1 every 2 yrs), corrective lenses, and LASIK.	Limit: EGP 1,200
		Direct & Cash: 100%
Covid-19 Care	Consultations, drugs, and diagnostic tests.	PCR & Isolation: NOT Covered
On-site Doctor	Weekly medical visit at company premises.	Once per week (Every Tuesday)