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# Annex 4 - Table of Services

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| **Service** | **Description** |
| Doctor visits/Year |  |
| Chronic Medicines |  |
| Emergency cases |  |
| Maternity |  |
| Parental accommodation |  |
| Medicine Plan |  |
| X-Ray, Scanner, Laboratory |  |
| Work Accidents |  |
| Burial |  |
| Additional Benefits |  |
| Scope of coverage (location) |  |
| Network |  |
| Communication |  |
| Dental |  |
| Workmen Compensation |  |