



## BENEFIT SCHEDULE (HKD)

Subject to prior approval, you need not pay any deposit when you are admitted to hospital, or claim when you are discharged – simply fill in a form for approval to enjoy cashless hospitalization.

The following benefit items are for reference only. Please refer to the policy provisions for details.

| Basic Benefits (includes Hospitalization and Surgical Benefits & Extended Benefits)  |   |  |
|--|---|--|
| Accommodation Room Type  | Semi-Private Room                                       | Standard Private Room  |
| Overall Annual Limit<br><i>Applies to Basic Benefits and Outpatient Benefits (if applicable)</i>   | HK\$23,800,000  | HK\$38,800,000   |
| Lifetime Limit<br><i>Applies to Basic Benefits and all Optional Insurance Benefits except Pharmacy Benefits (if applicable)</i>  | Unlimited   |  |
| Area of Cover options  | Asia<br>(including Australia and New Zealand)           | Worldwide /<br>Worldwide excluding US / Asia (including Australia and New Zealand) |
| Hospitalization and Surgical Benefits  |   |  |
| Benefit Items  | Maximum Limit (HK\$)                                    |  |
| 1. Hospital Room & Board   | Fully covered   |  |
| 2. Intensive Care Unit Expenses  |   |  |
| 3. Inpatient Doctor's Call <sup>1</sup>  |   |  |
| 4. Inpatient Specialist's Fee <sup>1</sup>    |   |  |
| 5. Companion Bed <sup>1</sup><br><i>Covers extra bed and meals for 1 direct family member of the Person Insured aged below 18</i>  |   |  |
| 6. Surgical Expenses <sup>1</sup><br><i>Covers surgical procedure on inpatient or outpatient basis</i>   |   |  |
| 7. Anaesthetist's Expenses <sup>1</sup><br><i>Covers anaesthetist charges on inpatient or outpatient basis</i>   |   |  |
| 8. Operation Theatre Expenses <sup>1</sup><br><i>Covers charges for the use of operating theatre, equipment and consumables used in the operation theatre on inpatient basis or outpatient basis</i>   |   |  |
| 9. Hospital Cash <sup>1</sup><br><i>A cash benefit during your hospital confinement in public or private hospitals.</i>  | \$1,000 per day<br>(up to 45 days per policy year)      | \$2,000 per day<br>(up to 45 days per policy year)                                 |
| 10. Compulsory Quarantine Cash <sup>2</sup><br><i>A cash benefit during your compulsory quarantine due to confirmed or suspected cases of Notifiable Infectious Diseases.</i>  | \$2,000 per day<br>(up to 14 days per quarantine event) |  |
| 11. Private Nurse's Fees <sup>1</sup>   | Fully covered<br>(up to 45 days per policy year)        |  |
| 12. Medical Appliances <sup>1</sup><br>Covers prosthetic device implanted during surgery and / or any other body organ or part inside the Person Insured's body<br><ul style="list-style-type: none"> <li>› Specified items: <ul style="list-style-type: none"> <li>(a) Pace maker;</li> <li>(b) Stents for Percutaneous Transluminal Coronary Angioplasty;</li> <li>(c) Intraocular lens (including surgery performed during hospital confinement, day confinement or in a clinic);</li> <li>(d) Artificial cardiac valve;</li> <li>(e) Metallic or artificial joint for joint replacement;</li> <li>(f) Prosthetic ligaments for replacement or implantation between bones; and</li> <li>(g) Prosthetic intervertebral disc.</li> </ul> </li> <li>› Non specified items</li> </ul> | Fully covered   |  |
|  | \$100,000 per item per lifetime                         |  |

## Hospitalization and Surgical Benefits (continued)

| Accommodation Room Type   | Semi-Private Room   | Standard Private Room |
|---|---|-----------------------|
| Benefit Items   | Maximum Limit (HK\$)  |                       |
| <p>13. Other Medical Expenses<sup>1</sup><br/> <i>Covers the following services during hospital confinement:</i></p> <ul style="list-style-type: none"> <li>a) <i>diagnostic imaging services;</i></li> <li>b) <i>laboratory and pathological examinations;</i></li> <li>c) <i>drugs and medication, intravenous fluid and curative material consumed;</i></li> <li>d) <i>dressing, splints and plaster casts;</i></li> <li>e) <i>blood transfusion;</i></li> <li>f) <i>physiotherapy and emergency expenses;</i></li> <li>g) <i>general nursing care, excluding services payable under private nursing care;</i></li> <li>h) <i>related test and drugs fee of chemotherapy and radiotherapy;</i></li> <li>i) <i>surgical appliance used by the physician during surgery, except all external prosthesis, special braces, equipment or appliances; and</i></li> <li>j) <i>western medicine services, medical disposals and consumable.</i></li> </ul> | Fully covered   |                       |
| <p>14. Pregnancy Complications<br/> <i>Covers hospitalization and surgical costs associated with pregnancy complications</i></p>  |   |                       |
| <p>15. Cancer Treatment<br/> <i>Covers treatments of cancer including radiotherapy, chemotherapy, target therapy, gamma knife and cyberknife performed on an inpatient or outpatient basis</i></p>  |   |                       |
| <p>16. Kidney Dialysis<br/> <i>Covers treatment of chronic and irreversible kidney failure includes peritoneal dialysis and regular haemodialysis performed on an inpatient or outpatient basis</i></p>   |   |                       |
| <p>17. Advanced Diagnostic Imaging<sup>1</sup><br/> <i>Covers MRI, CT Scan and PET Scan on inpatient and outpatient basis</i></p>   |   |                       |
| <p>18. HIV / AIDS Treatment<br/> <i>Covers HIV / AIDS treatment during hospital confinement</i></p>   | \$800,000 per lifetime                                      |                       |
| <p>19. Organ Transplantation<br/> <i>Covers cost of the operation for heart, kidney, liver, lung, pancreas or bone marrow transplantation when the Person Insured is a recipient of an organ transplant</i></p> <ul style="list-style-type: none"> <li>› Recipient Costs</li> <li>› Donor Costs (chargeable to the Person Insured)</li> </ul>   | Fully covered<br>\$500,000 per lifetime                     |                       |
| <p>20. Rehabilitation Benefit<br/> <i>Covers expenses in a Standard Private Room of a Rehabilitation Centre for rehabilitation treatments within 90 days after discharge from the hospital</i></p>  | \$300,000 per policy year                                   |                       |
| <p>21. Palliative Care Benefit<br/> <i>Covers confinement in Standard Private room of a registered hospice for care and nursing service following a diagnosis of terminal illness confirmed</i></p>   | \$300,000 once per lifetime                                 |                       |
| <p>22. Psychiatric Inpatient Treatment<br/> <i>Covers psychiatric treatment (mental illness or nervous disorders) in a Standard Private room of a hospital for the primary purpose of receiving psychiatric treatment)</i></p>  | \$60,000 per policy year<br>(up to 30 days per policy year) |                       |
| <p>Remarks:</p> <ul style="list-style-type: none"> <li>1. The benefit items 4 &amp; 11 require written referral letter from the attending physician.</li> <li>2. The benefit items 3 - 9 &amp; 11 - 14 will not be payable if Hospital Room and Board Benefit and/or Intensive Care Unit Expenses are not payable.</li> <li>3. Notifiable Infectious Diseases refers to any kind of notifiable infectious diseases identified and defined and published by Hong Kong Government in accordance with the Prevention and Control of Disease Ordinance (Cap. 599). Annual Deductible does not apply to Compulsory Quarantine Cash.</li> </ul>   |   |                       |

| Extended Benefits   |  |  |
|---|--|--|
| Accommodation Room Type   | Semi-Private Room  | Standard Private Room  |
| Benefit Items   | Maximum Limit (HK\$)   |  |
| 1. Pre-admission and Post-Hospitalization Outpatient Expenses <ul style="list-style-type: none"> <li>› Pre-admission clinic visits (within 30 days before the hospital confinement, day confinement or surgery in clinic)</li> <li>› Post-hospitalization follow-up clinic visits (within 180 days after discharge from hospital or surgery at physician's clinic)</li> </ul>   | <ul style="list-style-type: none"> <li>› Fully covered (up to 30 visits per policy year)</li> <li>› Fully covered (up to 60 visits per policy year)</li> </ul>     | <ul style="list-style-type: none"> <li>› Fully covered (up to 30 visits per policy year)</li> <li>› Fully covered (up to 90 visits per policy year)</li> </ul>     |
| 2. Post-hospitalization Auxiliary Treatment <sup>1</sup> 🏡 <ul style="list-style-type: none"> <li>› Physiotherapy / Occupational Therapy / Speech Therapy</li> <li>› Chiropractor Consultation</li> </ul>   | <ul style="list-style-type: none"> <li>› Fully covered (up to 30 visits per policy year)</li> <li>› \$1,600 per visit (up to 30 visits per policy year)</li> </ul> | <ul style="list-style-type: none"> <li>› Fully covered (up to 60 visits per policy year)</li> <li>› \$1,600 per visit (up to 30 visits per policy year)</li> </ul> |
| 3. Traditional Chinese Medicine Treatment<br><i>Covers consultation fee charged by a Chinese Medicine Practitioner for up to two packs of basic Chinese Medicines (excluding bonesetting and acupuncture treatment) during hospital confinement or within 90 days after discharge from hospital or surgery at physician's clinic</i>  | \$600 per visit<br>(up to 30 visits per policy year)   |  |
| 4. Home Nursing Expenses 🏡<br><i>Covers special nursing care immediately after discharge from the hospital rendered</i>   | Fully covered<br>(up to 120 days per policy year)  |  |
| 5. Accident Emergency Outpatient Treatment<br><i>Covers emergency treatment in the outpatient department of a hospital within 24 hours of the accident</i>  | Fully covered  |  |
| 6. Accident Emergency Dental Treatment<br><i>Covers emergency dental treatment due to dental injury to sound natural teeth / tooth caused by accident, and the treatment is rendered within 2 weeks of the accident in a dental clinic or hospital.</i>   |  |  |
| 7. Accidental Death Benefit <sup>2</sup> <ul style="list-style-type: none"> <li>› Hong Kong</li> <li>› Overseas</li> </ul>  | \$100,000<br>\$200,000   |  |
| 8. Local Ambulance Benefit<br><i>Covers local ambulance services immediately preceding the admission to and following the discharge from hospital</i>   | Fully covered  |  |
| Remarks:<br>🏡 The benefit items 2 & 4 require written referral letter from the attending physician. <ol style="list-style-type: none"> <li>1. If more than one Physiotherapy, Occupational Therapy, Speech Therapy or Chiropractor Consultation incurred on the same day, only one consultation will be entitled under this benefit.</li> <li>2. Annual Deductible does not apply to Accidental Death Benefit.</li> </ol> |  |  |

## Optional Outpatient Benefits

Cover treatments or consultations on outpatient basis, up to 40 visits on benefit items 1-10, within which up to 10 visits for benefit items 6-8 per policy year. The Overall Annual Limit of the Basic Benefits as specified under the Benefit Schedule is also applicable to the Outpatient Benefits.

| Benefit Items   | Maximum Limit (HK\$)  |
|---|---|
| 1. General Practitioner Consultation <sup>1,3</sup>   | Fully covered   |
| 2. Specialist Consultation <sup>2,3</sup> 🙅   |   |
| 3. Home Consultation <sup>1,3</sup>   |   |
| 4. Physiotherapy <sup>2,3</sup> 🙅   |   |
| 5. Chiropractor Consultation <sup>2,3</sup> 🙅   |   |
| 6. Chinese Medicine Practitioner Consultation <sup>1,3</sup><br>(includes up to 2 packs of basic Chinese medicines) | \$800 per visit   |
| 7. Chinese Bone-setting <sup>1,3</sup>  |   |
| 8. Acupuncture <sup>1,3</sup>   |   |
| 9. Psychiatric Outpatient Treatment <sup>3</sup> 🙅  | \$800 per visit (up to 5 visits per policy year)                |
| 10. Dietetic Guidance / Speech Therapy / Occupational Therapy <sup>3</sup> 🙅  | \$800 per visit<br>(up to \$1,600 and 5 visits per policy year) |
| 11. Prescribed Western Medicine   | \$10,000 per policy year  |
| 12. Diagnostic Imaging and Laboratory Tests 🙅   |   |
| 13. Vaccination   | \$200 per shot (up to \$1,000 per policy year)                  |

### Remarks:

🙅 For items 2, 4, 5, 9, 10 & 12, a written referral letter from the physician is required.

1. Only one of the General Practitioner Consultation, Home Consultation, Chinese Medicine Practitioner Consultation, Chinese Bone-setting or Acupuncture will be paid for any one day.
2. Only one of the Specialist Consultation, Physiotherapy, or Chiropractor Consultation will be paid for any one day.
3. Benefit items 1-10 applies only to consultation / treatment fee and only one consultation / treatment will be paid for any one day.

## Optional Pharmacy Benefits

The Optional Pharmacy Benefits is payable on a reimbursement basis if the person insured suffers from first confirmed diagnosis of any Major Diseases listed below after the Waiting Period and has survived for 30 days. It covers expenses made by a pharmacy, dispensary, clinic or hospital for prescribed medication to treat such Major Disease.

|                      |             |
|----------------------|-------------|
| Overall Annual Limit | HK\$80,000  |
| Lifetime Limit       | HK\$500,000 |

### Major Diseases (Applicable to age of 16 or above)

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Alzheimer's Disease/Dementia <sup>1</sup></li> <li>2. Amyotrophic Lateral Sclerosis</li> <li>3. Aplastic Anaemia</li> <li>4. Bacterial Meningitis</li> <li>5. Benign Brain Tumor</li> <li>6. Blindness</li> <li>7. Brain Surgery</li> <li>8. Cancer</li> <li>9. Carcinoma-in-situ <sup>2</sup></li> <li>10. Cardiomyopathy</li> <li>11. Chronic Relapsing Pancreatitis</li> <li>12. Coma</li> <li>13. Coronary Angioplasty <sup>2</sup></li> <li>14. Coronary Artery Bypass Surgery</li> <li>15. Creutzfeldt-Jakob Disease</li> <li>16. Crohn's Disease</li> <li>17. Ebola</li> <li>18. Elephantiasis</li> <li>19. Encephalitis</li> <li>20. End Stage Lung Disease</li> <li>21. Fulminant Viral Hepatitis</li> <li>22. Heart Valve Replacement</li> <li>23. HIV Infection due to Blood Transfusion</li> <li>24. Kidney Failure</li> <li>25. Liver Failure</li> <li>26. Loss of Hearing</li> <li>27. Loss of Limbs</li> </ol> | <ol style="list-style-type: none"> <li>28. Loss of Speech</li> <li>29. Major Burns</li> <li>30. Major Organ Transplantation</li> <li>31. Meningeal Tuberculosis</li> <li>32. Medullary Cystic Disease</li> <li>33. Multiple Sclerosis</li> <li>34. Muscular Dystrophy</li> <li>35. Myocardial Infarction</li> <li>36. Necrotising Fasciitis/Gangrene</li> <li>37. Occupationally acquired HIV</li> <li>38. Parkinson's Disease</li> <li>39. Poliomyelitis</li> <li>40. Primary Lateral Sclerosis</li> <li>41. Primary Pulmonary Arterial Hypertension</li> <li>42. Progressive Bulbar Palsy</li> <li>43. Progressive Muscular Atrophy</li> <li>44. Progressive Supranuclear Palsy</li> <li>45. Rheumatoid Arthritis (Adult)</li> <li>46. Severe Brain Damage</li> <li>47. Severe Myasthenia Gravis</li> <li>48. Severe Ulcerative Colitis</li> <li>49. Spinal Muscular Atrophy</li> <li>50. Stroke</li> <li>51. Surgery to Aorta</li> <li>52. Terminal Illness</li> <li>53. Total and Permanent Disability</li> <li>54. Vegetative State</li> </ol> |
|---|---|

### Major Diseases (Applicable to below age 16)

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Cancer</li> <li>2. Coma</li> <li>3. Coronary Artery Bypass Surgery</li> <li>4. Hand, foot and mouth diseases with severe (life threatening) complications</li> <li>5. Insulin-Dependent Diabetes Mellitus</li> <li>6. Kawasaki Disease with Heart Complications</li> <li>7. Kidney Failure</li> <li>8. Liver Failure</li> </ol> | <ol style="list-style-type: none"> <li>9. Major Burns</li> <li>10. Major Organ Transplantation</li> <li>11. Myocardial infarction</li> <li>12. Poliomyelitis</li> <li>13. Rheumatic Fever with Valvular Impairment</li> <li>14. Severe Asthma</li> <li>15. Severe Epilepsy</li> <li>16. Stroke</li> </ol> |
|---|---|

#### Remarks:

1. The coverage of Alzheimer's Disease/Dementia shall cease upon the policy anniversary after the person insured reaches age 65.
2. The benefit payable for Carcinoma-in-situ and Coronary Angioplasty is limited to 20% of the benefit's Annual Maximum Limit and Lifetime Limit.

### Optional Dental Benefits

Cover the treatments charged by a dentist at the dentist's clinic

|   |                             |
|---|-----------------------------|
| Overall Annual Limit  | HK\$5,000                   |
| <b>Benefit Items</b>  | <b>Maximum Limit (HK\$)</b> |
| 1. Scaling and Polishing  | Once every 6 months         |
| 2. The following items are covered:<br>(a) Fillings, including Amalgam fillings, composite resin filling, ceramic filling and glass ionomer cement filling (molar and pre-molar);<br>(b) Dentures, crowns and bridges (only if necessitated by an accident);<br>(c) Drainage of abscesses;<br>(d) Intraoral extractions;<br>(e) X-ray;<br>(f) Root canal fillings; and<br>(g) Routine oral examination. | Fully covered               |

### Optional Maternity Benefits

Cover the expenses arising from pregnancy, including prenatal check-up, childbirth, miscarriage or postnatal check-up.

|                      |                             |
|----------------------|-----------------------------|
| <b>Benefit Items</b> | <b>Maximum Limit (HK\$)</b> |
| 1. Normal Delivery   | \$40,000 per policy year    |
| 2. Miscarriage       |                             |
| 3. Caesarean Section | \$60,000 per policy year    |

### Optional Premium Waiver due to Cancer

6-months' waiver of premium on Basic Benefits is payable if the person insured suffers from first confirmed diagnosis of cancer after the Waiting Period and has survived for 30 days. A lump sum benefit amount which is equivalent to half of the annualized premium of the Basic Benefits (calculated based on the prevailing premium rate as at the first confirmed diagnosis date) will be paid.

|                                  |                              |
|----------------------------------|------------------------------|
| <b>Premium payment frequency</b> | <b>Benefit Amount (HK\$)</b> |
| > Annual                         | > 50% of annual premium      |
| > Monthly                        | > 6 times of monthly premium |

#### Remarks:

1. The Optional Premium Waiver due to Cancer is payable only once if the person insured suffers multiple cancer diagnosed in single incident and/or spread of cancer arising from same cause.
2. If this benefit is paid to the policyholder, there will be a 6-month waiver period commencing on the first confirmed diagnosis date of the paid cancer, in which during this period the Company will not pay this benefit for another cancer.
3. For the avoidance of doubt, while the Premium Waiver due to Cancer is in force, the policyholder shall not make any changes to the Basic Benefits including the Accommodation Room Type, Area of Cover, Deductible and / or payment frequency, otherwise the Company shall not pay any benefit under the Premium Waiver due to Cancer.

### Optional Deductible Discount

On each anniversary date after the Waiting Period, the person insured shall be entitled to a benefit for reducing the Deductible if no claims were paid under the Basic Benefits in the previous year. This reduction is equivalent to 10% of the Deductible. The maximum accumulated Deductible Discount available under each Policy is 100% of the Deductible and the Deductible Discount will reset to 0% at the policy anniversary after any Basic Benefits claims have been paid.

#### Remarks:

1. The Deductible Discount is used for offsetting the Deductible under the Policy.
2. Upon payment of any claim under the Basic Benefits (other than the benefit under Compulsory Quarantine Cash) for any policy year, the total accumulated Deductible Discount shall be reset to 0% on the next anniversary date and no Deductible Discount benefit shall be available until the following anniversary date.
3. If we pay a claim incurred in the policy year immediately preceding an anniversary date when the Deductible Discount has been applied, we will waive such Deductible Discount. If this results in any overpayment of subsequent claims, the policyholder shall return the difference to us or we shall offset such difference against any further claim payments due.
4. In determining eligibility for the Deductible Discount, any benefits paid or payable in respect of an admission to hospital due to bodily injury or sickness shall be attributed to the policy year for which the relevant admission occurred, but not the policy year in which discharge from hospital occurred, if different. In the event that there is no admission to Hospital, any benefits paid or payable shall be attributed to the policy year for which the loss incurred date.
5. For the avoidance of doubt, while the Deductible Discount is in force, the policyholder shall not make any changes to the Basic Benefits including the Accommodation Room Type, Area of Cover, Deductible and / or payment frequency, otherwise the Company shall not pay any benefit under the Deductible Discount.

## Waiting Period

Cover for specific benefits will take effect after the specified waiting period.

| Benefit Items                         | Waiting Period |
|---------------------------------------|----------------|
| Pregnancy Complications               | 1 year         |
| HIV/ AIDS Treatment                   | 5 years        |
| Palliative Care Benefit               | 2 years        |
| Optional Pharmacy Benefits            | 180 days       |
| Optional Maternity Benefits           | 1 year         |
| Optional Premium Waiver due to Cancer | 90 days        |
| Optional Deductible Discount          | 1 year         |

Remarks:

- Waiting Period refers to the period after each of the following dates:
  - The policy issue date or the commencement date (whichever is later),
  - The approval date of any reinstatement (if your policy and/or the respective benefits of your policy has been subsequently reinstated)
  - The issue date of respective optional benefits (if the optional benefit is added after the policy issue date) and
  - The issue date or the effective date of any increase in benefit (whichever is later).
- Waiting Period of Optional Deductible Discount refers to the period of 1 year from the issue date of Optional Deductible Discount.
- The corresponding term for “waiting period” in the policy provisions are “Pregnancy Complications Waiting Period”, “HIV/AIDS Treatment Benefit Waiting Period”, “Palliative Care Benefit Waiting Period”, “Pharmacy Benefits Waiting Period”, “Maternity Benefits”, “Premium Waiver due to Cancer Waiting Period” and “Deductible Discount Waiting Period”.

## Deductible Discount

For a policy with an original deductible of HK\$25,000, the Deductible Discount will function according to the following illustration:

