

Henner

INDIVIDUAL







Care & Health







Hong Kong



Table of Benefits

BASE PLAN	Primary	Vitality	Serenity	Prestige
Maximum annual limit Benefits are per insured and per policy year unless stated otherwise				USD 4 500 000
Chronic Conditions				Covered under applicable policy limits
OUT OF AREA EMERGENCY COVER				
Emergency Inpatient Treatment				Covered under inpatient benefits
Emergency Outpatient Treatment	-			Covered under outpatient benefits
Out of area emergency cover includes short-term medical coverage when you are visiting a location outside of your selected area of coverage during temporary business or holiday trips. Coverage is limited to a maximum of 90 consecutive days per trip only if directly caused by an accident, sudden illness or injury.				
INPATIENT BENEFITS				
Direct billing within the Henner medical providers network				Yes
Inpatient treatment charges Treatments provided when admitted to hospital for one or more nights: <ul style="list-style-type: none"> Specialist, Surgeon & anesthetist fees, Drugs & dressings, General nursing, Intensive care unit, Medical appliances & surgical implants, Operating theatre, Ancillary services (laboratory, radiology, imaging, etc.), Purchase or rental of mobility aids, Physiotherapy & complementary therapies (if prescribed by a specialist as part of the insured's hospital stay but are not the primary treatment which they are in hospital to receive). 				Fully covered
Outpatient Surgery This covers expenses for procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a Medical Practitioner and does not require an overnight hospital stay.				Fully covered

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Hospital Accommodation  This covers up to Standard private room with standard patient meals. Extra costs of a superior, deluxe, executive or VIP suite are not covered. The total eligible hospital expenses (excluding Hospital Accommodation) will be subjected to a co-insurance of 20%, should a higher category room be selected.	Fully covered			
Parent Hospital Accommodation  This covers the cost of one parent staying in hospital overnight with a child under 18 years of age if the child is eligible to receive medical treatment under the plan.	Up to 30 days	Up to 30 days	Up to 45 days	Up to 45 days
Reconstructive Surgery  Reconstructive surgery is covered when it aims to restore natural function/appearance after an accident or cancer surgery, providing the accident or surgery occurred during the period of cover. We do not cover cosmetic treatments to enhance appearance.	Fully covered			
Daily Cash Benefit A cash payment is given to the insured if they receive inpatient treatment for an eligible medical condition in hospital and stay in a hospital overnight, at no cost for accommodation and treatment.	USD 350 / day Up to 30 days			
Palliative Care  If the insured is given a Terminal Diagnosis, and there is no available treatment which will be effective in aiding recovery, we pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care	Up to USD 25 000 Lifetime limit	Up to USD 50 000 Lifetime limit	Up to USD 100 000 Lifetime limit	Up to USD 200 000 Lifetime limit
Land Ambulance This is covered when it is medically necessary to transport the insured from their home to a hospital; when transporting the insured from the scene of an accident or injury to a hospital; or when transporting the insured from one hospital to another.	Fully covered			
Treatment for Alcohol or Substance Abuse 24  This is covered if it is provided at recognised treatment facilities for the condition, and if that treatment is medically necessary and prescribed by a Medical Practitioner	-	-	-	Up to USD 50 000 Lifetime limit
Inpatient Psychiatric Treatment  Inpatient treatment received in a recognised psychiatric unit of a hospital. All treatment must be administered under the direct control of a registered psychiatrist.	-	-	Up to USD 10 000	Up to USD 15 000
Emergency Dental Work Emergency treatment provided during a hospitalisation as a result of an accidental external traumatic injury to the mouth. Any tooth injury sustained while eating or chewing is not considered external trauma and repair of the tooth is not covered. Follow up outpatient dental treatment after discharge from the hospital is covered under Post-hospitalisation Benefit. This benefit excludes Dental Prostheses	Fully covered			

BASE PLAN	Primary	Vitality	Serenity	Prestige
<p>Organ transplant </p> <p>(i) Medical treatment costs incurred for the transplantation of organ, such as bone marrow, cornea, intestines, kidney, pancreas, liver, heart or lungs.</p> <p>(ii) Direct cost of surgery to remove the organ for transplantation from donor up to USD 20 000</p> <p>We do not cover costs associated with the research and acquisition of an organ.</p>	<p>(i) Fully covered (ii) Up to USD 20 000</p>			
<p>Kidney dialysis </p> <p>This covers inpatient and outpatient charges for kidney dialysis, peritoneal or hemodialysis-related procedures. This does not cover travel and accommodation costs incurred with such treatments.</p>	<p>Fully covered</p>			
<p>Cancer treatment </p> <p>This covers inpatient and outpatient treatments, including chemotherapy, radiotherapy, oncology, immunotherapy, consultations, diagnostic tests and drugs. Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations are covered.</p>	<p>Fully covered</p>			
<p>HIV/AIDS 12  </p> <p>This covers treatments arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC), for a maximum period of 6 years from the date of the first diagnosis. Diagnosis and treatment are covered on an inpatient or outpatient basis</p>	<p>Up to USD 20 000</p>	<p>Up to USD 40 000</p>	<p>Up to USD 60 000</p>	<p>Up to USD 80 000</p>
<p>Complications of Pregnancy 12 </p> <p>This covers inpatient treatment of an eligible medical condition which arises during antenatal stages of pregnancy or child birth but exclude delivery expenses, conditions include but are not limited to:</p> <ul style="list-style-type: none"> • Ectopic pregnancy, • Medically prescribed abortion, • Hydatidiform mole, • Retained placenta, • Placenta praevia, • Eclampsia, • Pre-eclampsia, • Diabetes during pregnancy, • Post-partum hemorrhage, • Any costs for investigations and/or treatments, relating to or arising from complications of maternity, that threaten the life of the insured mother. <p>False labour, morning sickness and similar conditions associated with the management of a difficult pregnancy is deemed as covered under Maternity Coverage where applicable</p>	<p>Fully covered</p>			

BASE PLAN

Primary

Vitality

Serenity

Prestige

PRE & POST HOSPITALISATION BENEFITS

Pre-hospitalisation treatment

This covers:

- Medical Practitioners' and specialists' fees,
- prescribed drugs and dressings,
- MRI,
- PET and CT scans,
- X-rays and other diagnostic tests and procedures 90 days prior to a scheduled Hospitalisation or Outpatient Surgery related to the same medical condition.

Up to 90 days prior to covered hospitalisation

Post-hospitalisation treatment

This covers:

- Medical Practitioners' and specialists' fees,
- prescribed drugs and dressings,
- physiotherapy,
- speech therapy,
- occupational therapy
- MRI,
- PET and CT scans,
- X-rays after a Hospitalisation or Outpatient Surgery related to the same medical condition..

Up to 90 days after covered hospitalisation

Rehabilitation

This covers rehabilitation treatment you receive as an inpatient, carried out under the control and supervision of a Medical Practitioner in a recognised rehabilitation hospital or unit following your treatment in hospital for a condition which is covered by your plan. This benefit is payable only when the admission is prescribed by your attending Medical Practitioner

Up to
USD 2 000

Up to
USD 3 000

Up to
USD 4 000

Up to
USD 5 000

Home Nursing


This is covered if it is in lieu of an extended hospital stay, prescribed by a Medical Practitioner following a hospitalisation covered by this policy, and if it starts immediately after you leave the hospital. We will only pay for home nursing if it is provided in your home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing that only provides non-medical care or personal assistance



Up to 30 days

Up to 30 days

Up to 60 days

Up to 60 days

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OUTPATIENT SERVICES				
Annual Limit	-	Up to USD 6 000	Up to max. annual limit	Up to max. annual limit
Direct billing within the Henner medical provider network	No	Yes	Yes	Yes
General Practitioner Fees This covers consultation by the Medical Practitioner and other services rendered during the visit	-	Fully covered	Fully covered	Fully covered
Specialist Fees This covers consultation by the Medical Practitioner and other services rendered during the visit	-	Fully covered	Fully covered	Fully covered
Telemedicine by  This covers Telemedicine expenses by a General Medical Practitioner for general medical advice, common cough & cold, allergies etc (i) Video Consultation (ii) Prescribed medications	(i) Fully covered (ii) Excluded	(i) Fully covered (ii) Up to the applicable limit under Prescribed Medicines and Mandatory Vaccines benefit		
Prescribed Medicines and Mandatory Vaccines	-	Fully covered		
Prescribed Health Supplement (e.g. Vitamins)	-	-	-	Up to USD 300 No Direct billing
Prescribed Diagnostic Radiology and Laboratory Tests This covers <ul style="list-style-type: none"> • blood and urine tests, • X-rays, • ultrasound scans, • electrocardiograms (ECG), • MRI and CAT (CT) scans, and • PET scans, where they are medically necessary and prescribed by a Medical Practitioner	-	Fully covered		
Prescribed Physiotherapy, Speech Therapy and Occupational Therapy Referral letter from a Medical Practitioner is required. This covers outpatient physiotherapy and occupational therapy that are deemed medically necessary and restorative to help you to carry out the normal activities of daily living. We also pay for speech therapy if it is medically necessary to restore impaired speech function and prescribed immediately following a treatment that is covered under this policy. We do not cover speech therapy that is educational in nature, or help to improve speech skills that are not fully developed.	-	Up to USD 80 / session Max 10 sessions	Up to USD 150 / session Max 15 sessions	Up to USD 180 / session Max 20 sessions

BASE PLAN	Primary	Vitality	Serenity	Prestige
Psychiatric Consultation With A Registered Psychiatrist	-	-	Up to USD 100 / visit Max 5 visits	Up to USD 250 / visit Max 10 visits
Psychologist Consultation With A Registered Psychologist Referral letter from a Medical Practitioner is required.	-	-	-	Up to USD 150 / visit Max 10 visits
Hormone Replacement Therapy This covers hormone replacement therapy when prescribed by a Medical Practitioner following a diagnosis of premature ovarian failure or as a consequence of a hysterectomy. This excludes vitamins and supplements. For the purpose of this benefit, premature ovarian failure shall mean where initial onset takes place in a woman under the age of 40.	-	-	Fully covered	
Complementary Therapies and Medicines This covers a combined maximum number of visits to <ul style="list-style-type: none"> • orthoptists, • chiropractors, • osteopaths, • homeopaths, • podiatrists and • practitioners of Traditional Chinese Medicine and medication prescribed. The treatment must be carried out by a qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.	-	-	Up to USD 150 / session Max 10 sessions	Up to USD 180 / session Max 20 sessions
MEDICAL PROSTHESES, ORTHOPAEDIC & MOBILITY AIDS				
Annual Limit	-	Up to USD 1 000	Up to USD 3 000	Up to USD 4 500
Prescribed Medical prostheses, Orthopaedic and Mobility Aids 6  These benefits cover the purchase or rental of crutches, braces or wheelchairs; durable medical equipment like glucometers; orthopaedic sole, orthoses, orthopaedic and non-orthopaedic prostheses. This does not cover the maintenance of the item; modification or fitting of furniture, or any modification to your personal or work environment.	-	Up to annual limit	Up to annual limit	Up to annual limit
Prescribed Assistive Hearing Devices 6 	-	Up to USD 600 per device	Up to USD 900 per device	Up to USD 1 200 per device

Emergency Assistance, Evacuation & Repatriation

EMERGENCY ASSISTANCE, EVACUATION & REPATRIATION

Emergency medical evacuation	Unlimited
Emergency medical repatriation	Unlimited
Round-trip economy airfare for your spouse or next of kin in the event of hospitalisation	Unlimited for hospitalisation lasting 7 consecutive days
One-way economy airfare to the assignment country after recovery (i) Return ticket (ii) Accommodation costs	Unlimited (i) Limited to one ticket (ii) During 10 days, up to USD 150 per day
Repatriation of mortal remains & related expenses	Unlimited Casket up to USD 4 000
Compassionate visit - Round-trip economy airfare in the event of the death of a Member.	Unlimited
Dispatch of medicines unavailable locally	Unlimited no. of requests. Cost of medicines & related charges to be borne by Member.
Legal assistance: (i) Legal Fees (ii) Bail (by way of advance only)	(i) up to USD 1 500 (ii) up to USD 10 000
Transmission of urgent messages to the family	Unlimited
Second medical opinion	Up to 2 requests / member/ year. Limit to different medical condition per request.

Maternity Option

	Serenity	Prestige
<p>Pre and Post-Natal Care 12 ☺</p> <p>Pre and post-natal expenses including but not limited to:</p> <ul style="list-style-type: none"> Routine obstetricians' and midwives' fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), noninvasive pre-natal testing (NIPT) for high risk individuals, any fees as a result of post-natal care required immediately following routine childbirth, antenatal classes, Pre-natal vitamins and supplements prescribed by a Medical Practitioner. <p>The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments.</p>	Up to USD 6 000 per pregnancy	Within the delivery limits stated below
<p>Natural Delivery, Elective Caesarean, Non-Elective Caesarean 12 ☺ 📄</p> <p>This covers inpatient treatment relating to natural, elective and non-elective caesarean delivery. Home birth and assisted water birth by the attending doctor or doula are also covered. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Deductible if selected, is applicable to this benefit.</p>	-	Up to USD 15 000 per pregnancy
<p>Emergency Caesarean 12 ☺</p> <p>This covers inpatient treatment relating to emergency caesarean. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Deductible if selected, is applicable to this benefit.</p>	-	Up to USD 25 000 per pregnancy
<p>Infertility treatment 12 ☺ 📄</p> <p>This covers infertility treatment for female Insured Persons under 40 years of age, including investigative procedures necessary to establish the cause for infertility, in-vitro fertilisation (IVF), and artificial insemination (AI).</p> <p>One cycle includes all imaging biological and genetic investigations, hospital expenses (in and outpatient), and medical fees in relation to AI and IVF. One cycle starts with all medical care related to the covered fertility treatment and ends with an insemination or embryo transfer. The coverage is limited to 3 cycles per lifetime.</p>	-	Up to USD 3 000 per cycle max. 3 cycles

Wellness Option

	Serenity	Prestige
Annual Limit	Up to USD 1 000	Up to USD 1 300
Routine Health Checkup 12 Ⓞ This includes but is not limited to: <ul style="list-style-type: none"> • urine analysis, • blood samples (diabetes, cholesterol, etc.), • hearing tests, • biometric assessments (size, weight, BMI measurement), • sight tests, • electrocardiogram at rest, • memory tests, • lung capacity measurements, • cancer screenings, • hemoccul tests and • HIV tests 	Up to USD 750	Up to USD 1 000
Non Mandatory Vaccinations This covers the cost of all immunisations and booster injections that are not mandatory in your Country of Usual Residence and country you are travelling to.	Up to USD 400	Up to USD 600

Dental Option

	Vitality	Serenity	Prestige
DENTAL			
Routine Dental Treatment 6 ☺ This covers <ul style="list-style-type: none"> dental check-ups, X-rays/bitewing/single view/Orthopantomogram (OPG), gum shields/mouth guards, fillings, root canal treatment, tooth extraction, tooth cleaning, non-surgical periodontal treatment, anaesthetic. 	80% Up to USD 300	Up to USD 500	Up to USD 1 000
Major Restorative Dental Treatment 6 ☺ 📄 This covers <ul style="list-style-type: none"> dentures (acrylic/synthetic, metal and metal/acrylic), crowns, inlays and onlays, dental implants, new or repair bridge work, removal of solid odontomes, apicetomy, orthodontic work for children up to 16 years old, with treatment period limited to 3 consecutive years. 	80% Up to USD 700	Up to USD 1 200	Up to USD 2 000
Adult Orthodontic Work 24 ☺ This covers orthodontic treatment for adults aged above 16 years old, with treatment period limited to 3 consecutive years.	-	-	Up to USD 1 200 max 3 years
Teeth Whitening Procedure Performed At A Dental Clinic 24 ☺	-	-	Up to USD 900 every 3 years

Vision Options (can only be chosen if Dental has been selected)

	Serenity	Prestige
Spectacle Lenses (excluding sunglasses), Frames and Contact Lenses 6 ☺ This covers an eye examination carried out by an optician or optometrist as well as corrective lenses or glasses. A copy of a prescription or corresponding invoice indicating the corrective value for each eye is needed as supporting document for claims purposes.	Up to USD 500	Up to USD 800
Lasik Surgery and Lens Implants 12 ☺ 📄 This covers lasik or laser eye surgery to treat myopia, hyperopia, and astigmatism.	-	Within the USD 800 Vision limit above

📄 These benefits are subject to prior agreement. Failure to apply for prior agreement (when necessary) may result in the possibility of claim denial or partial refund. ☺ Applicable waiting period (corresponding number denotes length of waiting period in months)

Options to reduce costs

<p>Annual inpatient deductible</p>	<p>USD 2 500, USD 5 000 or USD 10 000 annual inpatient deductible options are available. The option chosen is the total amount that you will have to pay per policy year for any inpatient related claims including day patient, maternity option (if selected) and pre and post hospitalization claims that would otherwise be covered under your plan. The annual deductible applies separately to each person covered. Depending on the design of your plan the discount can go up to 40%.</p>
<p>Semi- Private room restriction Available with Area 1 cover only</p>	<p>This covers inpatient and day patient treatment up to a semi-private room and corresponding rates. Selecting this option means that any hospital rooms stay will be restricted to ward or semi-private room. Should a higher room category be selected the difference in accommodation costs between the actual room selected and the semi-private room will be at the charge of the member and all other eligible hospital expenses will be subjected to a co-insurance of 20%. This option is applicable to all benefits.</p>
<p>Outpatient co-insurance</p>	<p>Unless co-insurance is specifically stated in the Table of Benefits, a 10% or 20% co-insurance option is available for the following benefits: Outpatient Services and Medical prostheses, Orthopaedic and Mobility Aids, Wellness, Maternity & Vision. The same level of co-insurance selected will apply to these benefits. The total amount payable for an eligible claim will be either 100%, 90% or 80% of the benefit limit shown under your plan, depending on the co-insurance you have selected. The coinsurance will not apply to treatment regarding renal dialysis, cancer and HIV. This option is not available for Primary plan.</p>
<p>Restricted Providers (Tier-1 Providers restriction) Available with Area 1 cover only</p>	<p>Network hospitals are grouped into 2 benefit tiers, based on costs. Expenses incurred from Tier-1 Providers shall be rejected. <i>Tier-1 providers list - Singapore: i) Mount Elizabeth Novena and Orchard Hospital, ii) Gleneagles Hospital, iii) Parkway East Hospital// Hong Kong: i) Hong Kong Sanatorium & Hospital, ii) Matilda International Hospital, iii) Hong Kong Adventist Hospital// China: i) Shanghai United Family Hospital, ii) Beijing United Family Hospital & Clinic, iii) Parkway Health Group of Hospitals.</i></p>
<p>Areas of coverage</p>	<p>Area 1 - Worldwide excluding the USA Area 2 - ASEAN excluding Singapore</p> <p>Area 2 includes Indonesia, Malaysia, Philippines, Thailand, Brunei, Vietnam, Laos, Myanmar and Cambodia. The benefits under the plan can be claimed</p> <ul style="list-style-type: none"> • in the area where your country of residence is located as well as the lower areas • worldwide in case of accident and unexpected illness during temporary trips of less than 90 consecutive days outside your area of cover

The benefits stated are per beneficiary and per policy year (12 months after the inception of the policy), unless stated otherwise in the benefit table. Stated age restrictions refer to age attained on the 1st day of the policy period. Refer to the Membership Guide and Policy Terms and Conditions for detailed terms of application, waiting periods and exclusions.

Any persons and/or their eligible dependents, who at the point of application, is employed or seeking employment in the following occupations are not eligible for coverage under the plan: Airplane Pilots or Co-Pilot, Boiler Operator, Chemical Plant and System Operator, Embalmer, Flight Attendants, Flight Engineer, Metal-Refining Furnace Operator, Nuclear Medicine Technologist, Nuclear Power Plant Worker, Professional Athlete, Radiologist, Stationary Engineer, Water and Wastewater Treatment Plant and System Operator.

Administered by:



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Insured by:



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