## Benefits schedule for the Super Good Health Medical Plan 2

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".



Recommendation by a registered doctor in writing is required.

### **Core Benefits**

			Network Benefit (maximum benefit)						Non-Network Benefit (maximum benefit)							
			W	ard	Semi-l	Private	Standard Private		Ward		Semi-Private		Standard Private			
			US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$		
	1. 0	Confinement Benefits														
	1.	Hospital daily room & board benefit	106	848	212	1,696	475	3,800	96	768	192	1,536	432	3,456		
		(per day)	90 days per confinement													
	2.	Physician's visit	106	848	212	1,696	475	3,800	96	768	192	1,536	432	3,456		
		(per day)			1		90	days per	confineme	onfinement						
W X	<b>3</b> .	Specialist's fee (per confinement)	300	2,400	625	5,000	1,250	10,000			Not ap	plicable				
	4.	Miscellaneous hospital expenses benefit (per confinement)	1,250	10,000	2,500	20,000	3,750	30,000	935	7,480	1,540	12,320	2,200	17,600		
**	5.	Intensive care benefit (per day)	560	4,480	925	7,400	1,450	11,600	468	3,740	770	6,160	1,210	9,680		
			15 days per confinement													
	6.	Hospital companion bed benefit (per day)	40	320	80	640	95	760			Not an	nliaahla				
			Not applicable 90 days per confinement													
	II.	Surgical Benefits (inpat	ient and	l outpati	ent)											
	7.	Surgeon's fees (subject to the degree of complexity of the surgical procedure) (per confinement / covered surgical procedure)	5,940	47,520	8,975	71,800	13,200	105,600	4,950	39,600	7,480	59,840	11,000	88,000		
	8.	Anaesthetist's fees (per confinement / covered surgical procedure)								yable						
	9.	Operating theatre fees (per confinement / covered surgical procedure)	35% of surgeon's fees payable													
	III.	Other Medical Benefits														
	10	Emergency outpatient treatment benefit (Accident only) (per covered injury)	990	7,920	1,650	13,200	2,375	19,000	825	6,600	1,375	11,000	1,980	15,840		
W C	<b>11</b> .	1. Daily post-surgery home nursing benefit (per visit) - Within 31 days after hospital stay	53	424	106	848	238	1,904	Not apı	plicable	88	704	198	1,584		
			1 visit per day and max 15 visits per confinement													
<b>***</b>	12	. Chiropractor / Physiotherapist	32	256	47	376	66	528	Not ap	plicable	39	308	55	440		
		Consultation (per visit) - Within 90 days after hospital stay	1 visit per day and 10 visits per confinement													

# Benefits schedule for the Super Good Health Medical Plan 2 (continued)

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".



Recommendation by a registered doctor in writing is required.

#### **Core Benefits**

		Network Benefit (maximum benefit)					Non-Network Benefit (maximum benefit)							
		Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private		
		US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	
	III. Other Medical Benefits	(contin	ued)											
	13. Pre- / Post- surgery outpatient consultation (per visit)		co visit with	212 1,696 on 14 days before convered clinical surge in 31 days after confovered clinical surge		ry finement or		Not applicable						
36	14. Mental or nervous	2,500	20,000	3,125	25,000	3,750	30,000	2,000	16,000	2,500	20,000	3,000	24,000	
<b>R</b>	disorder benefit (per confinement)					30	days per	confinem	ent					
**************************************	15. Long term treatment for chemotherapy (including targeted therapy), radiotherapy and dialysis (per covered illness / covered injury)	7,500	60,000	15,000	120,000	22,500	180,000	6,250	50,000	12,500	100,000	18,750	150,000	
	IV. Other Benefits		Wa	ard		Semi-I		Private		Standar		d Private		
	iv. other belieffts	US\$		HK\$		US\$		HK\$		US\$		HK\$		
	16. Top-up subsidy benefit (per day) Payable if a claim is successfully reimbursed	37.5		300		75		600		150		1,200		
	by other insurance companies before remaining amounts are claimed under this plan	90 days per confinement; 1 day for covered clinical surgery												
	17. Compassionate death benefit	1,100		8,800		2,200		17,600		4,4	400	35,200		
	18. Accidental death benefit	1,100		8,800		2,200		17,600		4,400		35,200		
	19. Blood donation benefit Payable to the beneficiary if the insured donated blood at least 3 times in the past 2 years before death  20. Medical accident and incident extension benefit Payable to the beneficiary if death occurs within 30 days as a direct result of medical negligence		550		4,400		1,100		8,800		2,200		17,600	
			11,000		000	22,000		176,000		44,000		352,000		
	21. Worldwide emergency assistance services (cover up to the age of 75) a. Emergency medical evacuation b. Repatriation of remains						HK\$50 per							

### Benefits schedule for the Super Good Health Medical Plan 2 (continued)

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".



Recommendation by a registered doctor in writing is required.

### **Optional Benefit**

	Network Benefit (maximum benefit)							Non-Network Benefit (maximum benefit)						
Supplemental Major Medical Benefits Rider (SMM)	Ward		Semi-I	Semi-Private		Standard Private		Ward		Semi-Private		Standard Private		
	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$	US\$	HK\$		
Applicable where the insu	ıred is u	nder the	e age of	75 as a	t the mo	st recer	itly read	hed ann	iversar	y of cov	er			
Max. per confinement / covered surgical procedure / covered injury	11,250	90,000	22,500	180,000	45,000	360,000	9,350	74,800	18,700	149,600	36,300	290,400		
Applicable where the insu	ıred is a	t the ag	e of 75 (	or above	as at tl	ne most	recently	, reache	d anniv	ersary o	f cover			
Max. per confinement / covered surgical procedure / covered injury	9,000	72,000	18,000	144,000	36,000	288,000	7,480	59,840	14,960	119,680	29,040	232,320		
Lifetime Limit	27,000	216,000	54,000	432,000	108,000	864,000	22,440	179,520	44,880	359,040	87,120	696,960		
Overall SMM Lifetime Limit (for having more than 1 SMM cover)	US\$131,040 / HK\$1,048,320													
Eligible expenses for SMN	M — items 1 – 12 of Benefits Schedule (subject to the per day or per visit limit stated)													
Hospital daily room     board benefit     (per day)	& board benefit													
2. Physician's visit (per day)  Payable from 91st day of confinement in hospital														
6. Hospital companion bed benefit (per day)														
5. Intensive care benefit (per day)	5. Intensive care benefit  Payable from 16th day of confinement in hospital													
home nursing benefit														
12. Chiropractor / Physiotherapist consultation (per visit)	Physiotherapist consultation  Payable from 11th visit to 31st visit with 1 visit per day within 90 days after hospitalisation													
Other benefits from items 1 – 12	Payable after the maximum benefit crated in the Repetite Schedule													

	Network	<b>Benefit</b> (maximu	m benefit)	Non-Network Benefit (maximum benefit)					
Hospitalised ward category	Ward	Semi-Private	Standard Private	Ward	Semi-Private	Standard Private			
Ward	85%	85%	85%	80%	80%	80%			
Semi-Private	51%	85%	85%	48%	80%	80%			
Standard Private	34%	51%	85%	32%	48%	80%			
above Standard Private	17%	34%	51%	16%	32%	48%			