

## Basic Benefits

### Schedule of Benefits

Benefits (HKD)	HS0	HS1	HS2	HS3
Medical card	N/A	N/A	Provide <sup>4</sup>	Provide <sup>4</sup>
Entitled level of accommodation	Ward	Ward	Semi-Private	Private
Reimbursement percentage	100%	100%	100%	100%

  

Hospitalization and Surgical Expenses Benefit				
<b>Daily Hospital Room and Board (inclusive of meal allowance)</b>				
Maximum amount of benefit per day	300	500	800	1,500
Maximum days of confinement per disability	90	90	90	90
<b>Daily Doctor's Visit</b>				
Maximum amount of benefit per day	300	500	800	1,500
Maximum days of confinement per disability	90	90	90	90
<b>Miscellaneous Hospital Expenses</b>				
Maximum amount of benefit per disability	5,000	7,000	12,000	22,000
<b>Surgical Fees</b>				
Maximum amount of benefit per disability				
• Complex operation	20,000	30,000	40,000	80,000
• Major operation	10,000	15,000	20,000	40,000
• Intermediate operation	5,000	7,500	10,000	20,000
• Minor operation	2,500	3,750	5,000	10,000
<b>Anaesthetist's Fees</b>				
Maximum amount of benefit per disability				
• Complex operation	7,000	10,000	16,000	25,000
• Major operation	3,500	5,000	8,000	12,500
• Intermediate operation	1,750	2,500	4,000	6,250
• Minor operation	875	1,250	2,000	3,125
<b>Operating Theatre Fees</b>				
Maximum amount of benefit per disability				
• Complex operation	7,000	10,000	16,000	25,000
• Major operation	3,500	5,000	8,000	12,500
• Intermediate operation	1,750	2,500	4,000	6,250
• Minor operation	875	1,250	2,000	3,125
<b>Specialist Consultation Fees</b>				
Maximum amount of benefit per disability	1,000	1,500	2,000	5,000
<b>Intensive Care Room and Board</b>				
Maximum amount of benefit per day	300	500	800	1,500
Maximum days of confinement per disability	10	10	10	10
<b>Private Nursing</b>				
Maximum amount of benefit per day	N/A	N/A	280	600
Maximum days of confinement per disability	N/A	N/A	90	90
<b>Extra Bed for Family Members of Children and Elderly</b>				
Maximum amount of benefit per day	100	200	300	400
Maximum days of confinement per disability	30	30	30	30

<sup>4</sup> The issuance of medical card for hospitalization benefits is subject to a minimum premium threshold of HKD50,000 per annum. Employer is also required to undertake the Privilege Care Card service agreement.

## Schedule of Benefits (Con't)

Value-added Benefits				
Daily Hospital Cash (Government ward only in lieu of Daily Hospital Room and Board)				
Maximum amount of benefit per day	150	250	400	750
Maximum days of confinement per disability	90	90	90	90
Post Hospitalization Out-Patient (all related follow-up out-patient consultation fee within 6 weeks after discharge from Hospital)				
Maximum amount of benefit per disability	N/A	1,000	2,000	3,000
Emergency Out-Patient Treatment (Accidental injury only)				
Maximum amount of benefit per disability	400	800	1,200	2,000
Top-up Benefit for Hospitalization Overseas (Accidental injury only) (exclude Hong Kong, Macau and Mainland China)	Increase the maximum amount of benefits payable for each Benefit item under Hospitalization and Surgical Expenses Benefit except value - added Benefits by 50%			
Worldwide Emergency Assistance China Medpass Service				

Compassionate Death Benefit				
<b>Compassionate Death Benefit</b> (Employee only)	10,000	10,000	10,000	10,000



Customize  
the different level of  
Clinical Expenses  
Benefit with different  
benefits for  
different needs.

## Optional Benefits – Clinical Expenses Benefit

### Schedule of Benefits

Benefits (HKD)	OP0	OP1	OP2	OP3
Medical card	Provide	Provide	Provide	Provide
<b>Basic Health Check</b>	N/A	Provide	Provide	Provide
<b>General Consultation<sup>10</sup></b>				
By panel doctor : Co-payment per visit (inclusive of 3 days basic medication)	50	20	10	0
By reimbursement : Daily Benefit Limit	120	150	180	250
Reimbursement percentage	80%	80%	80%	100%
Maximum number of visits per policy year	30	30	30	30
<b>Chinese Medicine Practitioner Treatment<sup>10</sup></b>				
By panel doctor: Co-payment per visit (inclusive of 2 packs of Chinese medicine)	N/A	60	40	0
By reimbursement : Daily Benefit Limit	N/A	120	140	230
Reimbursement percentage	N/A	80%	80%	100%
Maximum number of visits per policy year	N/A	10	10	10
<b>Specialist Consultation<sup>11, 12</sup></b>				
By panel doctor : Co-payment per visit (inclusive of up to 5 days basic medication)	140	100	60	0
By reimbursement : Daily Benefit Limit	250	300	350	500
Reimbursement percentage	80%	80%	80%	100%
Maximum number of visits per policy year	10	10	10	10
<b>Diagnostic X-Ray &amp; Laboratory Test<sup>11</sup></b>				
Reimbursement percentage	N/A	100%	100%	100%
Maximum amount of benefit per policy year	N/A	1,000	1,500	3,000

<sup>10</sup> Maximum 1 visit per day. Subject to maximum 30 visits per Policy Year.

<sup>11</sup> A written referral letter provided by the General Medical Practitioner is required.

<sup>12</sup> Referral letter is waived for 6 types of Specialist Consultation (for panel doctor only), including otorhinolaryngology, ophthalmology, orthopaedics & traumatology, dermatology, gynaecology and paediatrics.

### Premium – Clinical Expenses Benefit

Annual premium per member (HKD)	OP0	OP1	OP2	OP3
Employee	904	2,583	2,913	4,492
Spouse	1,220	3,487	3,933	6,064
Child	1,220	3,487	3,933	6,064

# Dental Package Plan (DT1)

## 牙科保健計劃



To be provided by appointed dentists  
由特約牙醫提供牙科保健服務

### Primary Dental Care 基本牙科計劃

Items 計劃內容		Frequency per Policy Year 計劃年內次數
Routine oral examination	口腔檢查	Unlimited 無限次數
Treatment planning	治療計劃	
Scaling & polishing	洗牙服務	Once per year 每年一次
Oral hygienic instruction	口腔衛生護理指導	
Preventive advice	口腔疾病預防建議	
Anterior composite fillings due to decay (canines and incisors only)	由蛀牙引起的瓷粉補牙 (只限門牙及犬齒)	Unlimited 無限次數
Amalgam fillings due to decay	由蛀牙引起銀粉補牙	
Simple extraction (excluding wisdom teeth & surgical extraction)	簡單脫牙 (不包括智慧齒及手術脫牙)	
Intra-oral x-ray	口腔 — X光檢驗 (口內)	
Drugs therapy for relief of pain and infection	舒緩痛楚及感染之藥物	
Drainage of abscesses (without surgery)	清除牙瘡治療 (不需手術清除牙瘡)	
Dressing to relieve acute toothache	臨時補牙治療 (牙齒止痛)	
Emergency consultation within office hours	緊急診症服務 — 辦公時間內	
Annual Fee: \$525/member		費用：每位 \$525



The annual fee is payable in advance annually and will be adjusted on a daily pro-rata basis for any addition and termination of members at the end of each Policy Year.

每位客戶須於每一年預繳年費，任何成員人數的加減將於計劃年度期末按每日的比例作出調整。

#### EXCLUDED CONDITIONS AND ITEMS FOR DENTAL BENEFITS 牙科保健保障的不保項目

- Any extraction for orthodontic reasons. 任何因牙齒矯正所需之脫牙。
- Any dental treatment for the purpose of beautification. 任何美容性質之牙科治療。
- All re-treatments of previous dental procedures. 所有重做之牙科治療。
- Any treatments that require the attention of a dental specialist. 任何需要牙科專科醫生跟進之治療。

The Dental Package Plan is provided by appointed dentists who are third party service providers. The Dental Package Plan is not guaranteed renewal. The types and limit of Dental Benefits provided by the appointed dentists are governed by provision of the appointed dentists. Please contact your Sun Life Financial Consultant / insurance intermediary for details.

牙科保健計劃是由特約牙醫第三方供應商提供服務，該牙科保健計劃並非保證續保。有關牙科保健保障及限制均受特約牙醫之保障條款所約束，如欲了解細則，請聯絡永明金融理財顧問或保險中介人。

This insert should be read in conjunction with the SunMaster Group Medical Package Plan booklet or group insurance proposal.  
此單張應與「永明僱員福利計劃系列智選團體醫療保險計劃」小冊子或團體保險建議書一併閱讀。