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**Summary of Changes of Enhanced Supplementary Labour Scheme Policy Terms and Conditions**  
**(with effective from 1 September 2025)**

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Definition</u></b> <b>Co-payment</b>	No such definition.	means the charge that an Insured Person is required to pay for specified medical service incurred at a Provider within the Network of the Company, if any, provided under the Policy. A Co-payment, if applicable, is a defined dollar amount of eligible expenses. An Insured Person is responsible for the payment of any Co-payment directly to the Provider within the Network of the eligible medical service at the time of visit or when billed by the Provider within the Network.
<b><u>Definition</u></b> <b>Day Care Surgery</b>	No such definition.	means all Medically Necessary surgical procedures and related Treatment provided by or on the order of a Registered Medical Practitioner to the Insured Person at a clinic, day procedure centre or day-case unit of a Hospital. Day Care Surgery excludes all non-surgical procedures and related Treatment and is subject otherwise to the terms, conditions, exclusions, limits and sub-limits specified in the Schedule.
<b><u>Definition</u></b> <b>General Ward</b>	<b><u>Ward</u></b> means a room with triple occupancy or more, in a Hospital.	<b><u>General Ward</u></b> means a room categorised as a general ward or standard room by a Hospital in Hong Kong, or a room with more than double occupancy in a Hospital outside Hong Kong with a shared bath or shower room but excluding any semi-private room or above. For the avoidance of doubt, any room equipped with kitchen, dining and/or sitting room(s) shall be excluded.
<b><u>Definition</u></b> <b>Immediate Family Member</b>	The definition is currently in Exclusion No. 22	means the Insured Person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian.
<b><u>Definition</u></b> <b>Imported Worker</b>	means an employee employed by a company in Hong Kong through Enhanced Supplementary Labour Scheme (ESLS).	unless this Policy provides to the contrary, means an employee of the Insured who is: (a) employed by a company in Hong Kong through Enhanced Supplementary Labour Scheme or other sector-specific labour importation schemes; (b) below the age of sixty-five (65) years old on his coverage commencement date; (c) working on a full time basis; (d) generally required to be at work during the scheduled office hours of a standard week; (e) under a continuous contract of employment within the meaning of the Employment Ordinance (Cap. 57) of the laws of Hong Kong; and (f) registered in the payroll list of the Insured.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Definition</u></b> <b>Network</b>	No such definition.	means a network of health service Providers who have been appointed by the Company on behalf of the Insured and have entered into an agreement with the Company to provide health services to the Insured Persons under the Company's undertaking to pay for their health services so provided. A Provider may enter into an agreement to provide only specific covered health services but not all health services under the Policy. In such cases, the Provider shall be deemed a Provider within the Network for the health services specified in the agreement and a Provider outside the Network for other health services. The participation status of the Provider may be updated or reviewed by the Company from time to time.
<b><u>Definition</u></b> <b>Provider</b>	No such definition.	means all organisations, companies or individuals licensed to provide health services, including Hospitals, day procedure centres, clinics, diagnostic centres, Registered Medical Practitioners, Registered Physiotherapists, registered chiropractors, registered Chinese medicine practitioners, Registered Dentists and other health service providers.
<b><u>Definition</u></b> <b>Western Medication</b>	No such definition.	means medication legally registered with the Pharmaceutical Service of Department of Health in Hong Kong or with an equivalent legal authority in any other jurisdiction where medical expenses are incurred for the provision of western medicine and surgical services
<b><u>Eligibility and Participation</u></b>	<b>1. Eligible Person means:</b> (c) Imported Worker who has valid working permit to work in Hong Kong and who is the holder of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid.	<b>1. Eligible Person means:</b> (c) Imported Worker who has valid working permit to work in Hong Kong and who is the holder of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap. 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid.
<b><u>Eligibility and Participation</u></b>	<b>2. Additions, Terminations and Change of Insured Persons</b> The Insured should notify the Company in writing, on forms satisfactory to the Company, of the full details within two (2) months from the date of addition, termination or change of any Insured Person.	<b>2. Additions, Terminations and Change of Insured Persons</b> The Insured should notify the Company in writing, on forms satisfactory to the Company, of the full details within forty-five (45) days from the date of addition, termination or change of any Insured Person.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section A - Hospitalisation and Surgical Benefit</b> <b>Introduction</b>	<b>Section A Hospitalisation and Surgical Benefit (Applicable to General Ward in the Hospital Authority Facilities and public dental clinic under Department of Health Only)</b> <p>If an Insured Person, while insured hereunder and who is also an Eligible Person, is confined in a general Ward of a Hospital under the administration of the Hong Kong Hospital Authority as a result of Injury through an Accident or contracts a Sickness, Disease or Illness, condition or symptom not otherwise excluded hereunder, the Company will pay the public charges for Eligible Person as published in the Gazette under Hospital Authority Ordinance (Cap. 113) actually charged by the Hospital during his Hospital Confinement, which are Medically Necessary, Reasonable and Customary. The Company shall not be liable to pay any private charges for Eligible Person incurred in Hospitals.</p> <p>The benefits provided by Section A of this Policy are extended to cover Emergency Treatment received in Accident and Emergency Department in a Hospital managed by the Hong Kong Hospital Authority and Emergency dental Treatment received in a public dental clinic managed by Department of Health.</p>	<b>Section A Hospitalisation and Surgical Benefit</b> <p>If an Insured Person, while insured hereunder and who is also an Eligible Person, is confined in a General Ward of a Hospital under the administration of the Hong Kong Hospital Authority as a result of Injury through an Accident or contracts a Sickness, Disease or Illness, condition or symptom not otherwise excluded hereunder, the Company will pay the public charges for Eligible Person as published in the Gazette under Hospital Authority Ordinance (Cap. 113) actually charged by the Hospital during his Hospital Confinement, which are Medically Necessary, Reasonable and Customary. The Company shall not be liable to pay any private charges for Eligible Person incurred in Hospitals.</p> <p>The benefits provided by Section A of this Policy are extended to cover Day Care Surgery performed in Hospital or public clinic under the Hong Kong Hospital Authority (if applicable) and Emergency dental Treatment received in a public dental clinic managed by Department of Health.</p>
<b><u>Benefit Provisions</u></b> <b>Section A - Hospitalisation and Surgical Benefit</b> <b>Room and Board</b>	<b>1. Room and Board (Applicable to General Ward in the Hospital Authority Facilities only)</b> <p>A Daily Room &amp; Board Benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, an Insured Person is registered as a bed patient in a Hospital managed by the Hong Kong Hospital Authority. The amount of the said benefit shall be equal to the actual charges made by the Hospital during the Insured Person's Hospital Confinement. This benefit shall not cover guest meals.</p> <p>This benefit is extended to cover the Emergency Treatment cost incurred in the Accident and Emergency Department of Hospital under the Hospital Authority.</p>	<b>1. Room and Board</b> <p>A daily Room &amp; Board Benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, an Insured Person is registered as a bed patient in a General Ward of a Hospital managed by the Hong Kong Hospital Authority. The amount of the said benefit shall be equal to the actual charges made by the Hospital for the cost of accommodation and meals during the Insured Person's Hospital Confinement. This benefit shall not cover guest meals.</p>

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section A - Hospitalisation and Surgical Benefit</b> <b>Miscellaneous Hospital Services</b>	<p><b>2. Miscellaneous Hospital Services (Applicable to services incurred and provided when admitted to a General Ward in Hospital Authority Facilities only)</b></p> <p>If the Insured Person is entitled to benefit payable under Daily Hospital Room and Board Benefit, the Company shall also pay the expenses actually charged by the Hospital for any of the following services rendered during such Hospital Confinement which are customarily supplied by the Hospital:</p> <ol style="list-style-type: none"> <li>1. Drugs, medicines and curative materials consumed on premises;</li> <li>2. Medicines and drug reasonably and necessarily prescribed upon discharge from Hospital Confinement or completion of Day Care Surgery for use before follow-up visit(s);</li> <li>3. Dressing, ordinary splints and plaster casts;</li> <li>4. Implants including but not limited to stent and pacemaker;</li> <li>5. Anaesthesia and oxygen and their administration;</li> <li>6. Laboratory examinations;</li> <li>7. Physical therapy;</li> <li>8. X-ray, films, imaging including magnetic resonance imaging (MRI), CT scan, PET scan and their interpretation;</li> <li>9. Intravenous infusions;</li> <li>10. Administration of blood or blood plasma, but not the cost of blood or blood plasma;</li> <li>11. Ambulance service to and/or from the Hospital.</li> </ol> <p>If an Insured Person receives Treatment in facilities outside of Hospital under the Hong Kong Hospital Authority, the medical expenses shall not be covered.</p>	<p><b>2. Miscellaneous Hospital Services</b></p> <p>If the Insured Person is entitled to benefit payable under daily Hospital Room and Board Benefit, the Company shall also pay the expenses actually charged by a Hospital managed by the Hong Kong Hospital Authority for any of the following services rendered during such Hospital Confinement which are customarily supplied by the Hospital:</p> <ol style="list-style-type: none"> <li>1. Road ambulance service to and/or from the Hospital;</li> <li>2. Anaesthesia and oxygen and their administration;</li> <li>3. Drugs, medicines and curative materials consumed on premises;</li> <li>4. Blood transfusion, except charges for blood or blood plasma;</li> <li>5. Medicines and drug reasonably and necessarily prescribed upon discharge from Hospital Confinement or completion of Day Care Surgery for use before follow-up visit(s);</li> <li>6. Dressing, ordinary splints and plaster casts;</li> <li>7. Implants including but not limited to stent and pacemaker;</li> <li>8. Laboratory examinations;</li> <li>9. Radioactive isotopes;</li> <li>10. Physical therapy;</li> <li>11. Films, imaging and X-ray and their interpretation;</li> <li>12. Intravenous infusions;</li> <li>13. Consumables used in the operating theatre;</li> <li>14. Advanced diagnostic imaging, including but not limited to Magnetic Resonance Imaging (MRI), Computerized Tomography Scan (CT Scan) and Positron Emission Tomography Scan (PET Scan), performed either on an inpatient or outpatient basis recommended in writing by the attending Registered Medical Practitioner;</li> <li>15. Chemotherapy, radiotherapy, immunotherapy, hormone therapy and targeted therapy for Treatment of cancer received by an Insured Person during Hospital Confinement, day-case unit in a Hospital or clinic under the recommendation of the attending Registered Medical Practitioner;</li> <li>16. Regular haemodialysis and peritoneal dialysis for Treatment of chronic and irreversible renal failure received by an Insured Person during Hospital Confinement, day-case unit in a Hospital or clinic under the recommendation of the attending Registered Medical Practitioner.</li> </ol>

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section A - Hospitalisation and Surgical Benefit</b> <b>Miscellaneous Hospital Services - Continued</b>		<p>Medicine and curative material shall include all Western Medications, IV fluid, dressings, gauze, swabs, and other medical disposables and consumables used during Hospital Confinement for medical and nursing care. Instruments and other hardware used in an operation such as anaesthesia machine, gastroscop, colonoscope, lithotripter, x-knife, cyberknife and gamma knife do not belong to this category.</p> <p>This benefit is extended to cover actual charges incurred for diagnostic imaging and laboratory tests conducted at outpatient facilities under the Hong Kong Hospital Authority, provided that they are recommended in writing by a Registered Medical Practitioner and are consistent with the Insured Person's symptoms or diagnosis.</p> <p>This benefit is also extended to cover surgical implants which are surgically required.</p> <p>If an Insured Person receives Treatment outside Hospitals or outpatient facilities managed by the Hong Kong Hospital Authority, the medical expenses shall not be covered.</p>
<b><u>Benefit Provisions</u></b> <b>Section A - Hospitalisation and Surgical Benefit</b> <b>Surgeon's Fees</b>	<b>3. Surgeon's Fees (Applicable to services incurred and provided when admitted in a General Ward in Hospital Authority Facilities only)</b>  This benefit shall be payable for the eligible expenses charged for Surgeon's Fees for surgical procedure performed in Hospital managed by the Hong Kong Hospital Authority.  No Schedule of Surgical Operations shall be applied for this Policy.	<b>3. Surgeon's Fees</b>  This benefit shall be payable for eligible expenses charged by the Registered Medical Practitioner(s) in performing surgery in a Hospital managed by the Hong Kong Hospital Authority and that surgery is qualified to render and consistent with the diagnosis during the Insured Person's Hospital Confinement. The amount payable under this benefit shall be equal to the actual surgeon charges for such surgical operation performed by one or more Registered Medical Practitioners.  No Schedule of surgical operations shall be applied for this Policy.
<b><u>Benefit Provisions</u></b> <b>Section A - Hospitalisation and Surgical Benefit</b> <b>Accidental Dental Treatment</b>	<b>4. Accidental Dental Treatment (Applicable to public dental clinic under Department of Health only)</b>  This benefit shall be payable if an Insured Person sustains an Injury to any sound natural teeth, the Company shall reimburse the expenses incurred for such Emergency dental Treatment provided that such Treatment is received within fourteen (14) days from the date of Accident and performed by a Registered Dentist in a public dental clinic under Department of Health.	<b>4. Accidental Dental Treatment</b>  This benefit shall be payable if an Insured Person sustains an Injury to any sound natural teeth, the Company shall reimburse the expenses incurred for such Emergency dental Treatment provided that such Treatment is received within fourteen (14) days from the date of Accident and performed by a Registered Dentist in a public dental clinic under Department of Health.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section B – Outpatient Benefit</b> <b>Introduction</b>	<b>Section B Outpatient Benefit (Panel doctor with the use of medical card only)</b> <p>If an Insured Person, while insured hereunder and who is also an Eligible Person, sustains an Injury through an Accident or contracts a Sickness, Disease or Illness not otherwise excluded hereunder and necessarily incurs the following expenses, which are Medically Necessary, Reasonable and Customary, the Company will pay such expenses equal to the actual charges of such services described below.</p> <p>The following benefits shall only be payable when the Insured Person presents the medical card to the Company's panel doctor to obtain direct billing services for medical Treatment.</p> <p>The benefits provided under Section B of this Policy are extended to cover outpatient Treatment received in public clinics or outpatient department in Hospitals under the Hong Kong Hospital Authority and the Company will pay the public charges for Eligible Person as published in the Gazette under Hospital Authority Ordinance (Cap.113). The Company shall not be liable to pay any private charges for Eligible Person incurred in public clinics or outpatient department in Hospitals.</p> <p>This Policy does not cover Treatment provided by Chinese Medical Practitioner. Any Treatment provided by Chinese Medical Practitioner including but not limited to herbal medicine, bone-setting, acupuncture shall not be covered under this Policy.</p>	<b>Section B Outpatient Benefit</b> <p>If an Insured Person, while insured hereunder, sustains an Injury through an Accident or contracts a Sickness, Disease or Illness not otherwise excluded hereunder and necessarily incurs the following expenses, which are Medically Necessary, Reasonable and Customary, at the Provider who participates in the Network, the Company will pay such expenses equal to the actual charges of such services described below.</p> <p>The following benefits shall only be payable when the Insured Person presents the medical card upon registration to the Provider within the Network to obtain direct billing services for medical Treatment.</p> <p>The benefits provided under Section B of this Policy are extended to cover outpatient Treatment received in public clinics or outpatient department in Hospitals under the Hong Kong Hospital Authority and the Company will pay the public charges for Eligible Person as published in the Gazette under Hospital Authority Ordinance (Cap.113). The Company shall not be liable to pay any private charges for Eligible Person incurred in public clinics or outpatient department in Hospitals.</p> <p>This Policy does not cover Treatment provided by registered Chinese medicine practitioner. Any Treatment provided by registered Chinese medicine practitioner including but not limited to herbal medicine, bone-setting, acupuncture shall not be covered under this Policy.</p>
<b><u>Benefit Provisions</u></b> <b>Section B – Outpatient Benefit</b> <b>General Medical Practitioner</b>	<b>1. General Medical Practitioner (Panel doctor with the use of medical card only)</b> <p>This benefit shall be payable when an Insured Person is treated by a General Practitioner on an out-patient basis and incurs charges for consultation and basic Medically Necessary western medication prescribed by such General Practitioner and obtained at the clinic on the same date of consultation for Treatment of a covered Disability. Extra prescribed medication would not be covered.</p>	<b>1. General Medical Practitioner</b> <p>This benefit shall be payable when an Insured Person is treated by a general practitioner who participates in the Network on an out-patient basis and incurs charges for consultation and up to three (3) days basic Medically Necessary Western Medication prescribed by such general practitioner and obtained at the clinic on the same date of consultation for Treatment of a covered Disability. The Insured Person shall present the medical card upon registration and pay a Co-payment fee (if applicable) for the consultation. The benefit payable shall be subject to the benefit limit and maximum as specified in the Network service agreement.</p>

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section B – Outpatient Benefit</b> <b>General Medical Practitioner - Continued</b>		<p>This benefit shall also be payable when an Insured Person is treated by a general practitioner in public clinics or Outpatient Department in hospitals under the Hong Kong Hospital Authority on an out-patient basis and incurs charges for consultation and Medically Necessary Western Medication prescribed by such general practitioner and obtained at the clinic on the same date of consultation for Treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum as specified in the Schedule.</p> <p>This benefit is extended to cover charges incurred for Emergency Treatment received in the Accident and Emergency Department of Hospitals under the Hong Kong Hospital Authority.</p>
<b><u>Benefit Provisions</u></b> <b>Section B – Outpatient Benefit</b> <b>Specialist Medical Practitioner</b>	<b>2. Specialist Medical Practitioner (Panel doctor with the use of medical card only)</b> <p>This benefit shall be payable when an Insured Person is treated by a Specialist, upon recommendation by a Registered Medical Practitioner in writing, on an out-patient basis and incurs charges for consultation and basic Medically Necessary western medication prescribed by such Specialist and obtained at the clinic on the same date of consultation for Treatment of a covered Disability. Extra prescribed medication would not be covered.</p>	<b>2. Specialist Medical Practitioner</b> <p>This benefit shall be payable when an Insured Person is treated by a Specialist who participates in the Network on an out-patient basis and incurs charges for consultation and up to three (3) days basic Medically Necessary Western Medication prescribed by such Specialist and obtained at the clinic on the same date of consultation for Treatment of a covered Disability. The Insured Person shall present the medical card upon registration and pay a Co-payment fee (if applicable) for the consultation. The benefit payable shall be subject to the benefit limit and maximum as specified in the Network service agreement.</p> <p>This benefit shall also be payable when an Insured Person is treated by a Specialist in public clinics or Outpatient Department in hospitals under the Hong Kong Hospital Authority on an out-patient basis and incurs charges for consultation and Medically Necessary Western Medication prescribed by such Specialist and obtained at the clinic on the same date of consultation for Treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum as specified in the Schedule.</p> <p>Recommendation by a Registered Medical Practitioner in writing is required for all Specialist consultations.</p>
<b><u>Benefit Provisions</u></b> <b>Section B – Outpatient Benefit</b> <b>Physiotherapist</b>	<b>3. Physiotherapist (Panel Physiotherapist with the use of medical card only)</b> <p>This benefit shall be payable when an Insured Person is treated by a Registered Physiotherapist, upon recommendation by a Registered Medical Practitioner in writing, on an out-patient basis and incurs charges for physiotherapy for Treatment of a covered Disability.</p>	<b>3. Physiotherapist</b> <p>This benefit shall be payable when an Insured Person is treated by a Registered Physiotherapist who participates in the Network, upon recommendation by a Registered Medical Practitioner in writing, on an out-patient basis and incurs charges for physiotherapy Treatment of a covered Disability. The Insured Person shall present the medical card upon registration and pay a Co-payment fee (if applicable) for the visit.</p>



	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section B – Outpatient Benefit</b> <b>Physiotherapist - Continued</b>	<p>For Insured Person with Plan 1, Physiotherapy is covered up to five (5) sessions per Disability per year.</p> <p>For Insured Person with Plan 2, a medical report and pre-authorisation is required from the attending Registered Medical Practitioner after five (5) physiotherapy sessions per Disability prior to continuation of physiotherapy Treatment. Otherwise, no payment shall be made for additional Treatment.</p>	<p>The benefit payable shall be subject to the benefit limit and maximum as specified in the Network service agreement.</p> <p>This benefit shall also be payable when an Insured Person is treated by a Registered Physiotherapist in public clinics or Outpatient Department in hospitals under the Hong Kong Hospital Authority, upon recommendation by a Registered Medical Practitioner in writing, on an out-patient basis and incurs charges for physiotherapy Treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum as specified in the Schedule.</p> <p>For Insured Person with Plan 1, Physiotherapy is covered up to five (5) sessions per Disability per year.</p> <p>For Insured Person with Plan 2, a medical report and pre-authorisation is required from the attending Registered Medical Practitioner after five (5) physiotherapy sessions per Disability prior to continuation of physiotherapy Treatment. Otherwise, no payment shall be made for additional Treatment.</p>
<b><u>Benefit Provisions</u></b> <b>Section C – Personal Accident Benefit</b> <b>Introduction</b>	<p><b>Section C Personal Accident Benefit</b></p> <p>If during the period of insurance any Insured Person suffers Injury resulting solely and directly from an Accident caused by violent, external and visible means, the Company shall pay to the Insured Person the sum specified in the Schedule under Section C. In no event shall the Company's liability for Death, Permanent Disablement or Repatriation Expenses exceed the aggregate limit specified in the Schedule.</p> <p>This Benefit offers the scope of coverages for Plan A and Plan B and are shown as below:</p> <p><b>Scope of Coverage - Plan A</b></p> <p>The coverage is provided for the Insured Person while he is engaging in his job duty arranged by the Insured as per employment contract.</p> <p>The coverage commences when the Insured Person leaves his place of residence to the appointed workplace or two (2) hours before the Insured Person arrives at the appointed workplace for the purpose of performing his job duty whichever occurs later. Coverage ceases when the Insured Person arrives at his place of residence or two (2) hours after the completion his job duty, whichever occurs earlier.</p> <p><b>Scope of Coverage - Plan B</b></p> <p>The coverage is provided on twenty-four (24) hour basis during the period of insurance.</p>	<p><b>Section C Personal Accident Benefit</b></p> <p>If during the period of insurance any Insured Person suffers Injury resulting solely and directly from an Accident caused by violent, external and visible means, the Company shall pay to the Insured Person the sum specified in the Schedule under Section C. In no event shall the Company's liability for death or permanent disablement exceed the aggregate limit specified in the Schedule.</p> <p>This benefit offers the scope of coverages for Plan A and Plan B and are shown as below:</p> <p><b>Scope of Coverage - Plan A</b></p> <p>The territorial limit is Hong Kong only.</p> <p>The coverage is provided for the Insured Person while he is engaging in his job duty arranged by the Insured as per employment contract.</p> <p>The coverage commences when the Insured Person leaves his place of residence to the appointed workplace or two (2) hours before the Insured Person arrives at the appointed workplace for the purpose of performing his job duty whichever occurs later. Coverage ceases when the Insured Person arrives at his place of residence or two (2) hours after the completion his job duty, whichever occurs earlier.</p> <p><b>Scope of Coverage - Plan B</b></p> <p>The territorial limit is extended to Guangdong-Hong Kong-Macao Greater Bay Area.</p> <p>The coverage is provided on twenty-four (24) hour basis during the period of insurance.</p>



	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Benefit Provisions</u></b> <b>Section C – Personal Accident Benefit</b>	No such wordings.	<b>Permanent Total Disability Indemnity</b> The maximum amount payable under Section C for each Insured Person is specified in the Schedule.
<b><u>Benefit Provisions</u></b> <b>Section D – Repatriation Expenses Benefit</b> <b>Headings</b>	No such headings. (Repatriation Expenses benefit is currently under Section C)	<b>Section D – Repatriation Expenses Benefit</b>
<b><u>Benefit Provisions</u></b> <b>Section D – Repatriation Expenses Benefit</b>	<b>Section C – Personal Accident Benefit Repatriation Expenses</b> The maximum amount payable under this Section for Imported Worker is specified in the Schedule.	<b>Section D – Repatriation Expenses Benefit</b> For Insured Person with Plan A, the territorial limit is Hong Kong only. The Company shall not be liable in respect of any repatriation or transportation of the Insured Person or his mortal remains originating outside Hong Kong.  For Insured Person with Plan B, the territorial limit is extended to Guangdong-Hong Kong-Macao Greater Bay Area. The Company shall not be liable in respect of any repatriation or transportation of the Insured Person or his mortal remains originating outside Guangdong-Hong Kong-Macao Greater Bay Area.  The maximum amount payable under Section D for each Insured Person is specified in the Schedule.
<b><u>Exclusions Applicable to Sections A and B Only</u></b> <b>Headings</b>	<b>Exclusions for Section A to B</b>	<b>Exclusions Applicable to Sections A and B Only</b>
<b><u>Exclusions Applicable to Sections A and B Only / General Exclusion</u></b> <b>Exclusion No. 1</b>	<b>Exclusion No. 1 for Section A to B</b>	<b>Move to Exclusion No. 1 of General Exclusions Applicable to All Sections</b>
<b><u>Exclusions Applicable to Sections A and B Only</u></b> <b>Exclusion No. 2</b>	<b>Exclusion No. 2 for General Exclusion</b> 2. Human Immunodeficiency Virus (HIV) related Sickness, Disease or Illness, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof, which proceeds from an HIV infection;	<b>Exclusion No. 2 Applicable to Sections A to B Only</b> 2. Human Immunodeficiency Virus (HIV) related Sickness, Disease or Illness, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof, which proceeds from an HIV infection occurring prior to the coverage commencement date. For purposes of this exclusion, an HIV related Disability emerging within five (5) years of coverage commencement date will be conclusively presumed to proceed from an HIV infection occurring prior to the effective date of coverage, in the absence of clear and convincing evidence to the contrary.
<b><u>Exclusions Applicable to Sections A and B Only</u></b> <b>Exclusion No. 3</b>	<b>Exclusion No. 3 for Section A to B</b> 3. venereal diseases or their sequelae;	<b>Exclusion No. 3 Applicable to Sections A to B Only</b> 3. Venereal and sexually transmitted diseases or their sequelae.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 4</b>	<b>Exclusion No. 4 for Section A to B</b> 4. any Injury, Sickness, Disease or Illness arising from the use of, or consumption of narcotics or alcohol, or Injury occurring whilst under the influence of narcotics or alcohol unless they had been prescribed by a Registered Medical Practitioner;	<b>Exclusion No. 4 Applicable to Sections A to B Only</b> 4. Any Injury, Sickness, Disease or Illness arising from the misuse, overdose or abuse of drugs or being under the influence of alcohol.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 5</b>	<b>Exclusion No. 5 for Section A to B</b> 5. cosmetic, plastic surgery, or any Treatment for the purpose of beautification unless necessitated by an Accident or Illness arising during the period of insurance;	<b>Exclusion No. 5 Applicable to Sections A to B Only</b> 5. Cosmetic, reconstructive or plastic surgery, or any Treatment for the purpose of beautification unless necessitated as a direct result of a Disability arising during the period of insurance and covered under the Policy.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 7</b>	<b>Exclusion No. 7 for Section A to B</b> 7. eye tests, fitting of eye glasses, contact lens, or any surgery and related services for the purpose of correcting visual acuity or refractive error;	<b>Exclusion No. 7 Applicable to Sections A to B Only</b> 7. Any charges in respect of Treatment or services for correcting visual acuity or refractive error, including but not limited to routine eye tests, LASIK, fitting of spectacles or lens, or any related operational procedure, services and Treatment.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 8</b>	<b>Exclusion No. 8 for Section A to B</b> 8. experimental, investigational, or unproven medical technology, procedure or service except when authorised by the Company;	<b>Exclusion No. 8 Applicable to Sections A to B Only</b> 8. Expenses incurred for experimental or unproven medical technology or procedure not in accordance with the standards of good and prudent medical practice. For the purposes of interpreting "standards of good and prudent medical practice", the Company shall consider (a) standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals; (b) relevant specialty body recommendations; and/or (c) the views of specialists practising in the relevant clinical area.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 10</b>	<b>Exclusion No. 10 for Section A to B</b> 10. non-medical services, including but not limited to guest meals, radio, telephone, photocopy, medical report charges and the like;	<b>Exclusion No. 10 Applicable to Sections A to B Only</b> 10. Non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (except the Value-Added Tax or Goods and Services Tax for medical services), medical report charges and the like.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 11</b>	<b>Exclusion No. 11 for Section A to B</b> 11. alternative Treatment including but not limited to hypnotism, rolfing, massage therapy, aroma therapy, naturopathy, hydrotherapy, homeopathy and osteopathy and Chinese medical Treatment including but not limited to herbal medicine, moxibustion, acupressure, tui na, qi gong, ear reflexology, cupping, scaping;	<b>Exclusion No. 11 Applicable to Sections A to B Only</b> 11. Alternative Treatment including but not limited to moxibustion, acupressure, tian jiu, tui na, qi gong, ear reflexology, cupping, scaping hypnotism, rolfing, massage therapy, aroma therapy, naturopathy, hydrotherapy, homeopathy, osteopathy, chiropractic Treatment and Chinese medicine Treatment including but not limited to herbal medicine, bone-setting and acupuncture.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 13</b>	<b>Exclusion No. 13 for Section A to B</b> 13. psychological Treatment for psychotic, mental or nervous disorders;	<b>Exclusion No. 13 Applicable to Sections A to B Only</b> 13. Insomnia and psychological counselling
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 14</b>	<b>Exclusion No. 14 for Section A to B</b> 14. rest cures or sanatoria care;	<b>Exclusion No. 14 Applicable to Sections A to B Only</b> 14. Any charges for accommodation, nursing and services received in health hydros, nature cure clinics, convalescent home, rest home, home for the aged or similar establishments.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 16</b>	<b>Exclusion No. 16 for Section A to B</b> 16. routine physical examinations, medical check-ups, vaccination and immunization injections, hearing tests, Hair Mineral Analysis (HMA), health supplements, over-the-counter medicines, body weight control or tests not incident to Treatment or diagnosis of a covered Injury, Sickness, Disease or Illness, or any Treatment which is not Medically Necessary;	<b>Exclusion No. 16 Applicable to Sections A to B Only</b> 16. Routine physical examinations and medical check-ups (unless payable under the routine medical check-up benefit), vaccination and immunization injections (unless payable under vaccination benefit), hearing tests, Hair Mineral Analysis (HMA), health supplements, over-the-counter medicines, body weight control or tests not incident to Treatment or diagnosis of a covered Injury, Sickness, Disease or Illness.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 17</b>	<b>Exclusion No. 16 for Section A to B</b> 16. routine physical examinations, medical check-ups, vaccination and immunization injections, hearing tests, Hair Mineral Analysis (HMA), health supplements, over-the-counter medicines, body weight control or tests not incident to Treatment or diagnosis of a covered Injury, Sickness, Disease or Illness, or any Treatment which is not Medically Necessary;	<b>Exclusion No. 17 Applicable to Sections A to B Only</b> 17. Any Treatment, medical service, medication or investigation which is not Medically Necessary.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 19</b>	<b>Exclusion No. 18 for Section A to B</b> 18. Injury, Sickness, Disease or Illness for which benefits are paid to the Insured Person under any Employees' Compensation Law, plan or scheme, occupational disease acts, or any other health and welfare programs, insured or otherwise;  <b>Exclusion No. 19 for Section A to B</b> 19. any costs of Treatment which are covered by any other insurance or from of legal indemnity or Treatment for which the Insured Person is not required to pay;  <b>Exclusion No. 21 for Section A to B</b> 21. care provided for or for which care may be obtained upon application under any contract of employment;	<b>Exclusion No. 19 Applicable to Sections A to B Only</b> 19. Any Injury, Sickness, Disease or Illness for which compensation is payable under any laws or regulations or any other insurance Policy or any other sources except to the extent that such charges are not reimbursed by any such compensation, insurance Policy or sources.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 20</b>	<b>Exclusion No. 20 for Section A to B</b> 20. any costs of Treatment arising from surgical, mechanical or chemical contraceptive methods of birth control, sterilization of either sex or Treatments pertaining to infertility or in-vitro fertilization;	<b>Exclusion No. 20 Applicable to Sections A to B Only</b> 20. Treatment and investigation relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction and pre-mature ejaculation, regardless of cause.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 21</b>	<b>Exclusion No. 22 for Section A to B</b> 22. Treatment or referral provided by the Insured Person himself, the Insured, Immediate Family Member(s) or business partner(s) of the Insured Person unless approved by the Company. "Immediate Family Member" shall mean the Insured Person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian;	<b>Exclusion No. 21 Applicable to Sections A to B Only</b> 21. Any Treatment or referral provided or performed by the Insured Person, the Insured, an insurance intermediary, employer, Imported Worker, Immediate Family Member, or business partner(s) of the Insured Person. For the avoidance of doubt, this exclusion extends to any Treatment, including but not limited to viral warts and skin lesions procedure, performed by: (a) any Imported Worker or Registered Medical Practitioner of the Insured; or (b) any medical facilities, medical aesthetic centres, or entities providing medical or cosmetic services in which the Insured, or any of its directors, shareholders, or beneficial owners (holding 25% or more of the Insured's shares or voting rights), or any of its subsidiaries, affiliates, related entities or Insured Person, holds any ownership interest, financial interest, or other interest. Treatments or referrals falling under this exclusion will only be eligible for coverage if expressly pre-approved in writing by the Company.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 22</b>	No such exclusion.	<b>Exclusion No. 22 Applicable to Sections A to B Only</b> 22. Any charges incurred for operating theatre, operating room, procedure room or Treatment room, and rental of machine or equipment related to viral warts and skin lesions procedure.
<u><b>Exclusions Applicable to Sections A and B Only</b></u> <b>Exclusion No. 23</b>	<b>Exclusion No. 23 for Section A to B</b> 23. Hospital Confinement for conditions which can be properly treated in an outpatient facility. This includes Hospital Confinement primarily for diagnostic scanning, X-ray examinations or physiotherapy Treatment.	<b>Exclusion No. 23 Applicable to Sections A to B Only</b> 23. Hospital Confinement for conditions or purposes which can be properly treated in an outpatient facility. This includes Hospital Confinement solely for the purpose of routine medical check-up, diagnostic imaging or physiotherapy Treatment.

	Before 1 September 2025 (Existing Terms)	On or after 1 September 2025
<b><u>Exclusions Applicable to Section C Only</u></b> Headings	<b>Exclusions for Section C</b>	<b>Exclusions Applicable to Section C Only</b>
<b><u>Exclusions Applicable to Sections C and D Only</u></b> Headings	No such headings for Section D	<b>Exclusions Applicable to Sections C and D Only</b>
<b><u>Exclusions Applicable to Sections C and D Only</u></b> Exclusion No. 1 & 2	<b>Exclusion No. 6 &amp; 7 for Section C</b>	<b>Move to Exclusion No. 1 &amp; 2 Applicable to Sections C and D Only</b>
<b><u>Exclusions Applicable to Sections C and D Only</u></b> Exclusion No. 3 & 4	<b>Exclusion No. 1 &amp; 2 for General Exclusions</b>	<b>Move to Exclusion No. 3 &amp; 4 Applicable to Sections C and D Only</b>
<b><u>General Exclusions Applicable to All Sections</u></b> Headings	<b>General Exclusions</b>	<b>General Exclusions Applicable to All Sections</b>
<b><u>General Conditions</u></b> <b>Certificate, Information and Evidence</b>	<b>5. Certificate, Information and Evidence</b> <p>The Insured Person (or his legal personal representatives) shall at his own expense furnish to the Company all such certificates, information and evidence as may be required by the Company and the Insured Person shall, whenever reasonably required to do so, submit to medical examination on behalf of the Company. In the event of the death of the Insured Person the Company shall be entitled to have a post mortem examination at his own expense and notice shall, when practicable, be given to the Company before interment or cremation, stating the time and place of any inquest appointed.</p>	<b>5. Certificate, Information and Evidence</b> <p>The Insured Person (or his legal personal representatives) shall at his own expense furnish to the Company all such certificates, information and evidence as may be required by the Company and the Insured Person shall, whenever reasonably required to do so, submit to medical examination on behalf of the Company. The Company shall not be liable for any claim if the required information is not received within sixty (60) days from the date of its written request, unless otherwise agreed by the Company.</p> <p>In the event of the death of the Insured Person, the Company shall be entitled to have a post mortem examination at his own expense and notice shall, when practicable, be given to the Company before interment or cremation, stating the time and place of any inquest appointed.</p>
<b><u>General Conditions</u></b> <b>Use of the Medical Card</b>	<b>27. Use of the Medical Card</b> <p>Subject to the terms and conditions as stipulated in the Policy, the Insured Person must use the medical card to obtain direct billing service for medical services from the panel doctor. Use of the medical card constitutes acceptance of the following terms and conditions issued under the medical card:</p> <p>(a) The Insured Person is required to present the medical card along with their HKID card when seeking medical services from the panel doctor.</p>	<b>27. Use of the Medical Card</b> <p>Subject to the terms and conditions as stipulated in the Policy, the Insured Person must use the medical card to obtain direct billing service for medical services from a Provider within the Network. Use of the medical card constitutes acceptance of the following terms and conditions issued under the medical card:</p> <p>(a) The Insured Person is required to present the medical card along with their HKID card upon registration. The Provider within the Network will verify Insured person's eligibility and provide direct billing service to Insured Person.</p>