



PrimaryCare International Medical Plan

Benefit Schedule



PrimaryCare International Medical Plan

The Benefits Schedule summarises coverage for each Period of Insurance and must be read with the Terms and Conditions, where all defined terms apply. All amounts are in US\$ unless otherwise specified and claims must be reasonable and customary.

Pre-authorisation is required for Hospitalisation Treatment and specified high-cost procedures. If not obtained, the Company may:

- (a) Recover costs deemed non-urgent, elective, or exceeding Normal, Usual and Customary Charges;
- (b) Reduce benefits if lower-cost treatment would have been possible; or
- (c) Decline claims if treatment is not normal, usual and customary charges.

	Core	Pulse	Complete
Plans			
Area of Cover	Worldwide excluding USA (Option to include USA)		
Maximum Limit per Policy Year	\$2,000,000	\$2,500,000	\$3,000,000
Annual Inpatient Deductible	\$1,000 Option: \$2,500 / \$5,000 / \$7,500 / \$10,000	Nil Option: \$1,000 / \$2,500 / \$5,000 / \$7,500 / \$10,000	
Hospitalisation Benefits			
Room and Board	Up to Standard Private Room (Option for Semi-Private Room Accommodation in Hong Kong)		
Parent Accommodation An extra bed in the same room for a parent accompanying an insured child under 12 years old	100%		
Intensive Care Unit, Coronary Care Unit and Operating Room	100%		
Surgeon's Fee Includes pre-surgical assessment and normal post-surgical care for each operation	100%		
Anaesthetist's Fee	100%		
Miscellaneous Inpatient Charges For required diagnostic laboratory tests, diagnostic imaging, prescribed medicines; Professional Fees; blood and plasma; wheelchair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company); and any types of lenses (up to \$800) following cataract surgery	100%		

	Core	Pulse	Complete
Hospitalisation Benefits – Continued			
Pre-hospitalisation Treatment For consultation, prescribed medicine, and medically necessary basic diagnostic tests by written referral from a Physician prior to a covered Hospitalisation for the same medical condition	100%, up to within 30 days prior to an eligible surgical procedure		
Post-hospitalisation Treatment For consultation, prescribed medicine, basic diagnostic tests, and physiotherapy ordered by written referral following a covered Hospitalisation for the same medical condition, rendered by the same Attending Physician or Surgeon	100% up to 30 days following discharge from hospital or after Hospitalisation Treatment of non-Inpatient case	100% up to 60 days following discharge from hospital or after Hospitalisation Treatment of non-Inpatient case	100% up to 90 days following discharge from hospital or after Hospitalisation Treatment of non-Inpatient case
Prescribed Advanced Diagnostic Imaging Medically necessary magnetic resonance imaging (MRI), computerised tomography (CT), and positron emission tomography (PET) scans received in covered inpatient Hospital, day surgery, or outpatient by written referral of a Physician	100%		
Newborn Acute Condition Cover For inpatient treatment only within 30 days from birth	N/A	Up to \$100,000 lifetime limit	Up to \$150,000 lifetime limit
Congenital and Hereditary Condition	N/A	Up to \$100,000 lifetime limit	
Organ Transplant Fees for kidney, heart, lung or liver transplants. This benefit is a lump sum maximum per organ and no other policy benefits such as expenses for regular medical care of consultation, diagnostic tests and long-term medication are payable in respect of Organ Transplant <i>Donor cost, covered at 50% up to the limits</i>	\$100,000 <i>Cover 50% up to \$50,000</i>	\$300,000 <i>Cover 50% up to \$75,000</i>	100% <i>Cover 50%, up to \$100,000</i>
Kidney Dialysis i. Treatment for Kidney Dialysis on an inpatient basis ii. Treatment for Kidney Dialysis on a day or outpatient basis	i. 100% ii. Up to \$50,000	i. 100% ii. Up to \$100,000	100%
HIV/AIDS Coverage will apply when HIV and/or its related illnesses present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of:	\$25,000	\$100,000	\$150,000
Hospital Cash Benefit For inpatient treatment received without charge or received at a public hospital	\$100 per night, up to 5 nights	\$100 per night, up to 15 nights	\$150 per night, up to 15 nights

	Core	Pulse	Complete
Hospitalisation Benefits – Continued			
Home Nursing Immediately after a hospital confinement and certified to be medically necessary by the attending physician	100% up to 20 days		100% up to 30 days
Rehabilitation When certified necessary by the attending physician for inpatient, day case or outpatient treatment starting within 14 days immediately after the hospitalisation	100% up to 30 days	100% up to 45 days	100% up to 60 days
Oncology Treatment Non-surgical treatment of Radiotherapy, Chemotherapy, targeted therapy, immunotherapy, hormonal therapy (by way of infusion, injections or oral medications) and fees for bone marrow transplant and peripheral stem cell transplants when treatment cancer with or without high dose chemotherapy received as inpatient, day case or outpatient treatments	100%		
Hospice Care For Terminal Illness with lifetime limit of	\$25,000	\$50,000	\$100,000
Psychiatric and Mental Disorders Hospital charges with lifetime limit of	\$50,000	\$150,000	\$200,000
Emergency Benefits			
Emergency Room Treatment	100%		
Walk-in Emergency Treatment	\$250	\$300	\$500
Accidental Damage of Teeth Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	100%		
Emergency Local Ambulance Service	100%		
Emergency Assistance Service	100%		
Repatriation of Mortal Remains Covers costs for repatriation of mortal remains of the Insured Person to home country or Country of Residence	100%		
Outpatient Benefits			
Annual Maximum Limit	Nil (\$3,000 option)	Up to \$7,000 combined limit	100%
General Practitioner and Specialist consultations	100%		
Prescribed Medicines and Drugs	100%		
Prescribed diagnostic laboratory tests, basic diagnostic tests	100%		
Physiotherapy Treatment	Up to 5 sessions per Policy Year	Up to 10 sessions per Policy Year	100% A referral letter for every 8 sessions

	Core	Pulse	Complete
Outpatient Benefits – Continued			
Psychiatric and Mental Disorders	N/A	Up to \$1,000	Up to \$2,500
Alternative Medicines/Treatment Fees for visits to chiropractor, homeopath, osteopath, podiatrist, acupuncturist, bonesetter, herbalist and Chinese Medicine Practitioner, and prescribed herbs Of which Traditional Chinese Medicine Practitioner	N/A	Up to \$2,000 combined limit Maximum 10 sessions per Policy Year	100% Maximum 20 sessions per Policy Year
Medical Check-up and Vaccination Annual limit for routine medical check-ups and vaccinations	N/A	\$250	\$350
Optional Benefits			
Outpatient Cover	\$3,000	N/A	
Worldwide including USA	Optional benefit		
Dental Care Benefit - Routine Dental Routine oral examination (Scaling, Polishing and prophylactic treatments), fillings, root canal treatment, extractions, treatment of dental abscesses, gum treatments, X-rays	N/A	\$1,000	
Dental Care Benefit - Major Dental Bridges, implants, orthodontic treatment and dental prostheses (dentures resulting from an accident to natural sound teeth only), crowns, inlays (orthodontic dental treatment paid up to 50%) (8 months waiting period applies)	N/A	\$3,000	
Maternity Benefit Maximum limit per pregnancy including pre- and post-natal treatment after 12 months waiting period (90 days for miscarriage and therapeutic abortion) Complications of pregnancy	N/A	\$5,000 & \$10,000 100%, up to the selected option limit	
Optical Care Benefit Eye examination, prescription lenses, glasses & frame	N/A	\$300	
Discount Options			
Annual Inpatient Deductible	\$2,500 / \$5,000 / \$7,500 / \$10,000	\$1,000 / \$2,500 / \$5,000 / \$7,500 / \$10,000	\$1,000 / \$2,500 / \$5,000 / \$7,500 / \$10,000
Semi-Private Room Accommodation For treatments received in Hong Kong	This option is only available to Insured Persons whose Country of Residence is Hong Kong.		
High-Cost Country	This option is available exclusively to Insured Persons whose Area of Cover is Worldwide excludes treatment in the USA and whose Country of Residence is within the APAC region, as determined by the Company. For Hospitalisation Treatment and non-surgical cancer treatment received in Hong Kong or Singapore, the Company will reimburse up to 70% of Eligible Expenses and payable under the Benefit Schedule, with the 30% Co-insurance applied first and the annual deductible applied after the Co-insurance. This applies regardless of whether the treatment is billed as inpatient, day-patient, or outpatient, provided it meets the definition of Hospitalisation Treatment.		

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