

Benefit Table



Core Coverage: Hospitalization & Surgical Benefit

Sub-limit Plan								
			Plan H1	Plan H2	Plan H3	Plan H4	Plan H5	Plan H6
			Maximum Benefit in HK\$ ⁽¹⁾					
Reimbursement %			100%					
Area of Cover			Worldwide					
Medical Service Provider			Free Choice					
Type of Room ⁽²⁾			Ward		Semi Private		Private	
Core Benefits								
a. Daily Room and Board		Per day per disability, maximum 90 days	600	950	1,350	1,800	2,300	3,000
b. In Hospital Doctor's Visit		Per day per disability, maximum 90 days	600	950	1,350	1,800	2,300	3,000
c. In Hospital Specialist Consultation ⁽³⁾		Per disability	1,200	1,900	2,700	3,600	4,600	6,000
d. Hospital Special Services (Hospital Expenses)		Per disability	6,000	10,000	15,000	20,000	25,000	35,000
e. Surgeon Benefit	Complex	Per disability	32,000	50,000	70,000	84,000	115,000	150,000
	Major	Per disability	16,000	25,000	35,000	56,000	76,000	100,000
	Intermediary	Per disability	8,000	12,500	17,500	28,000	38,000	50,000
	Minor	Per disability	3,200	5,000	6,000	7,000	10,000	12,500
f. Anaesthetist's Fees		Per disability	30% of Surgeon Benefit					
g. Operating Theatre		Per disability	30% of Surgeon Benefit					
h. Special Nursing		Per day per disability, maximum 30 days	Not covered	500	650	800	1,000	1,350
i. Pre- and Post-hospitalization Benefit ⁽⁴⁾		Per disability	3,000	8,000	10,000	12,000	15,000	20,000
j. Intensive Care		Per day per disability, maximum 10 days	1,600	3,000	4,000	5,000	6,000	8,000

Extra Benefits

		Plan H1	Plan H2	Plan H3	Plan H4	Plan H5	Plan H6	
k. Teladoc Teleconsultation		Free & Unlimited						
l. Emergency Assistance Programme ⁽⁵⁾		Unlimited						
m. Organ Transplant	Per year	50,000	80,000	112,000	150,000	192,000	250,000	
n. Outpatient Kidney Dialysis	Per year	Not covered	40,000	60,000	80,000	100,000	120,000	
o. Outpatient Cancer Treatment	Per year							
p. Parents Accommodation	Per day per disability, maximum 30 days		400	600	800	1,000	1,200	
q. Hospital Cash for Government Ward or Room Level Downgrade at Private Hospital	Per day per disability, maximum 90 days		400	400	800	800	800	
r. Hospital Income (Minimum 3 days in hospital)	Per day per disability, maximum 90 days	Not covered						500
s. Accidental Dental Benefits	Per year							20,000
t. Psychiatric Treatment (30% co-payment)	Per year							10,000
u. Ancillary Equipment	Per year							1,000
v. Accidental death								100,000

Remarks:

- (1) If the insured member's start date of insurance is other than the start/renewal date of the policy period, or if the end date is before the end of the policy period, the annual limit amount will be proportional.
- (2) If the hospital stay is in a type of room higher than the plan, the percentage we pay for Hospitalization & Surgical Benefits and SMM will be reduced:

Entitled Type of Room	Room Type Received	Percentage we reimburse
Ward	Semi Private	50%
Ward	Private	25%
Semi-private	Private	50%

We will not pay if the hospital stay is in a type of room higher than a regular private room (e.g. VIP suite, deluxe, etc.).

- (3) You need a referral from registered medical practitioner in western medicine for these benefits.
- (4) Cover 1 eligible outpatient visit 30 days before hospital stay (including X-ray/ laboratory test) and follow up visits (including physiotherapy and X-ray/ laboratory test) up to 6 weeks after leaving hospital.
- (5) The Emergency Assistance Programme is provided by Europ Assistance Worldwide Services Pte Ltd to members who travel outside Hong Kong. The Emergency Assistance Programme includes the following major services (and others):
 - 24-hour emergency hotline
 - Emergency medical evacuation and return
 - Return of body
 - Deposit that guarantees admission to hospital
 - Return of dependent children

Benefit Table



Core Coverage: Hospitalization & Surgical Benefit

Lump Sum Plan				
		Plan H7	Plan H8	Plan H9
		Maximum Benefit in HK\$ ⁽¹⁾		
Annual Limit ⁽¹⁾⁽⁶⁾		250,000	500,000	750,000
Reimbursement %		80% or 100%		
Area of Cover		Worldwide excluding USA 80% Reimbursement for elective treatment outside Hong Kong		
Medical Service Provider		Free Choice		
Type of Room ⁽²⁾		Ward	Semi Private	Private
Core Benefits				
a. Daily Room and Board	Per year	Covered up to annual limit	Covered up to annual limit	Covered up to annual limit
b. In Hospital Doctor's Visit	Per year			
c. In Hospital Specialist Consultation ⁽³⁾	Per year			
d. Hospital Special Services (Hospital Expenses)	Per year			
e. Surgeon Benefit	Complex			
	Major			
	Intermediary			
	Minor			
f. Anaesthetist's Fees	Per year			
g. Operating Theatre	Per year			
h. Special Nursing	Per year			
i. Pre- and Post-hospitalization Benefit ⁽⁴⁾	Per year			
j. Intensive Care	Per year			
k. Complications before and after birth Pre and Post Natal Complication (Waiting period 12 months)	Per year			

Extra Benefits

		Plan H7	Plan H8	Plan H9
l. Teladoc Teleconsultation		Free & Unlimited		
m. Emergency Assistance Programme ⁽⁶⁾		Unlimited		
n. Organ Transplant	Per year	100,000	200,000	300,000
o. Outpatient Kidney Dialysis	Per year	50,000	75,000	100,000
p. Outpatient Cancer Treatment	Per year	50,000	75,000	100,000
q. Parents Accommodation	Per day per disability, maximum 30 days	250	500	1,000
r. Hospital Cash for Government Ward or Room Level Downgrade at Private Hospital	Per day per disability, maximum 90 days	250	500	1,000
s. Hospital Income (Minimum 3 days in hospital)	Per day per disability, maximum 90 days	250	500	1,000
t. Accidental Death		50,000	100,000	150,000
u. Accidental Dental Benefits	Per year	20,000		
v. Psychiatric Treatment (30% co-payment)	Per year	10,000		
w. Ancillary Equipment	Per year	1,000		

Remarks:

- (1) If the insured member's start date of insurance is other than the start/renewal date of the policy period, or if the end date is before the end of the policy period, the annual limit amount will be proportional.
- (2) If the hospital stay is in a type of room higher than the plan, the percentage we pay for Hospitalization & Surgical Benefits and SMM will be reduced:

Entitled Type of Room	Room Type Received	Percentage we reimburse
Ward	Semi Private	50%
Ward	Private	25%
Semi-private	Private	50%

We will not pay if the hospital stay is in a type of room higher than a regular private room (e.g. VIP suite, deluxe, etc.).

- (3) You need a referral from registered medical practitioner in western medicine for these benefits.
- (4) Cover 1 eligible outpatient visit 30 days before hospital stay (including X-ray/ laboratory test) and follow up visits (including physiotherapy and X-ray/ laboratory test) up to 6 weeks after leaving hospital.
- (5) The Emergency Assistance Programme is provided by Europ Assistance Worldwide Services Pte Ltd to members who travel outside Hong Kong. The Emergency Assistance Programme includes the following major services (and others):
 - 24-hour emergency hotline
 - Emergency medical evacuation and return
 - Return of body
 - Deposit that guarantees admission to hospital
 - Return of dependent children
- (6) Annual Limit refers to the maximum total amount of all benefits we pay under Hospital and Surgical Benefits. This includes the Extra Benefits for each Insured Member during one policy year ⁽¹⁾.

Benefit Table



Optional Coverage - Supplementary Major Medical (SMM) Benefit

	Plan S1	Plan S2	Plan S3	Plan S4	Plan S5	Plan S6
	For Plan H1	For Plan H2	For Plan H3	For Plan H4	For Plan H5	For Plan H6
	Maximum Benefit in HK\$ ⁽⁷⁾					
Type of Room ⁽⁸⁾	Ward		Semi Private		Private	
Reimbursement %	80%					
Limit per Disability	65,000		120,000		180,000	
Deductible per Disability	1,000					

Extra Coverage

Pre and Post Natal Complication (Waiting period 12 months)	Per disability	50,000
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| This optional benefit only applies to sub-limit plans of Hospital & Surgical Benefit.

SMM covers the following items of Core Coverage – Hospitalization & Surgical Benefit when the eligible expenses are more than its maximum benefit. This is subject to the percentage we reimburse, deductible amount and the limit of SMM:

- Daily Room and Board
- In Hospital Doctor's Visit
- In Hospital Specialist Consultation
- Hospital Special Services (Hospital Expenses)
- Surgeon Benefits
- Anaesthetist's Fee
- Operating Theatre
- Intensive Care
- Parents Accommodation (Does not apply to Plan H1, which is not covered)
- Outpatient Kidney Dialysis (Does not apply to Plan H1, which is not covered)
- Outpatient Cancer Treatment (Does not apply to Plan H1, which is not covered)

📌 Extra Coverage: Pre and Post Natal Complications (Waiting period 12 months)

Remarks:

- (7) If the insured member's start date of insurance is other than the start/renewal date of the policy period, or if the end date is before the end of the policy period, the annual limit amount will be proportional.
- (8) If the hospital stay is in a room higher than the plan, the percentage we pay for Hospitalization & Surgical Benefits and SMM will be reduced:

Entitled Type of Room	Room Type Received	Percentage we reimburse
Ward	Semi Private	50%
Ward	Private	25%
Semi-private	Private	50%

We will not pay if the hospital is in a type of room higher than a regular private room (e.g. VIP suite, deluxe, etc.)



Optional Coverage - Outpatient Benefit

		Plan C1	Plan C2	Plan C3	Plan C4	Plan C5
		Maximum Benefit in HK\$				
Medical Service Provider		Network doctors ⁽⁹⁾ ⁽¹⁰⁾ & Free Choice				
Reimbursement %		Network ⁽⁹⁾ ⁽¹⁰⁾ : No co-payment Non-Network: (a) 80% or (b) 100%				
a. Teladoc Teleconsultation		Free & Unlimited				
b. General Medical Practitioner Consultation (Including western medication)	Limit per visit	160	200	300	400	500
	Maximum visit per day	1	1	1	1	1
	Maximum visit per year ⁽¹⁴⁾	30	30	30	30	40
c. Specialist Consultation (Including western medication) ⁽¹¹⁾	Limit per visit	320	400	600	800	1,200
	Maximum visit per day	1	1	1	1	1
	Maximum visit per year ⁽¹⁴⁾	10	10	10	10	12
d. Physiotherapy & Chiropractic Treatment ⁽¹²⁾	Limit per visit	200	400	500	600	750
	Maximum visit per day	1	1	1	1	1
	Maximum visit per year ⁽¹⁴⁾	10	10	10	10	12
e. Chinese Herbalist, Bonesetter & Acupuncturist (Including Chinese medication)	Limit per visit	160	200	250	300	400
	Maximum visit per day	1	1	1	1	1
	Maximum visit per year ⁽¹⁴⁾	10	10	10	10	12
(b) to (e) above	Maximum visit per year ⁽¹⁴⁾	30	30	30	30	40
f. X-Ray and Laboratory Test ⁽¹²⁾	Limit per year ⁽¹⁴⁾	500	1,000	1,500	2,000	3,000
g. Prescribed Western Medication ⁽¹³⁾	Limit per year ⁽¹⁴⁾	Not covered			1,500	2,000

! You can enrol Outpatient Benefit when you have selected any Hospitalization & Surgical Benefit plan.

Remarks:

- (9) Credit facility arrangement of network services is available to General Medical Practitioner Consultation, Specialist Consultation, Chinese Herbalist and Physiotherapist only
- (10) Network doctors may charge Insured Members for extra fees when they provide or use special medication other than standard one
- (11) You need a written referral from a Registered Medical Practitioner in Western medicine for these services. However you do not need one for specialist consultations in Paediatrics and Gynaecology
- (12) You need a written referral from a Registered Medical Practitioner in Western medicine for these services
- (13) Western medicines and drugs purchased outside doctor's clinic or hospital. You need a prescription by a Registered Medical Practitioner (Western doctor). The prescription is valid for 90 days from the issue date. Western prescription medication excludes over-the-counter drugs and all kinds of supplement.
- (14) If the insured member's start date of insurance is other than the start/renewal date of the policy period, or if the end date is before the end of the policy period, the actual number of visits or annual limit amount will be proportional.



Optional Coverage - Dental Benefit

		Plan D1	Plan D2	Plan D3
		Maximum Benefits in HK\$		
Medical Service Provider		Free Choice		
Annual Limit ⁽¹⁵⁾		2,000	3,000	4,500
Reimbursement %		80%		
a. Oral Examination / Cleansing (maximum 2 visits per year ⁽¹⁵⁾)		Covered up to annual limit		
b. Extraction & Filling				
c. Dental X-Ray				
d. Accidental Denture Treatment				

! You can enrol Dental Benefit when you have selected any Outpatient Benefit plans.

Remarks:

- (15) If the insured member's start date of insurance is other than the start/renewal date of the policy period, or if the end date is before the end of the policy period, the actual number of visits or annual limit amount will be proportional.

Eligibility



Policyholder

- Company registered in Hong Kong
- Minimum 3 full-time employees



Members

(1) Full-time employees

- Age below 65 when enrolling
- Actively at work
- Protection up to age 69

(2) Spouse of the employees

- Age below 65 when enrolling
- Protection up to age 69

(3) Unmarried children of the employees

- Age from 15 days to below 19 years old who is not employed as a full-time employee with a salary
- Age can be up to 23 if the child is still a full-time student, with a valid student proof.

Members must enrol within 31 calendar days when eligible. Otherwise, members must complete health declaration form for underwriting review and approval.



Participation Guidelines

- Must enrol all full-time employees of the same company
- Spouse and unmarried children must be in the same plan and benefits class as the employee
- Minimum 2 employees under one benefit class
- Maximum 3 classes of benefits per policy
- Policy start date can be any day of a month. Putting the start date in the past is not allowed
- The employer can change the plans and/or add optional benefits at each policy renewal