

Benefit schedule

A highlight of the key benefits of the policy is set out as below. Please refer to the terms and benefits stated in the policy contract for the full list of the benefits and relevant terms, conditions and exclusions.

The benefit amounts indicated below are per person each policy year unless otherwise specified and are reduced each time you claim only by the net amount (less any deductible or co-insurance) we have actually paid.

	Benefit levels ²			
	Prestige	Comprehensive	Standard	Essential
Benefit Coverage*				
Area of cover	For non-emergency treatment: Asia / Worldwide excluding USA / Worldwide ¹ (Depending on your chosen area of cover)			
	For emergency treatment: Worldwide ¹			
Annual benefit limit	Up to HKD60,000,000 / USD7,500,000	Up to HKD50,000,000 / USD6,250,000	Up to HKD40,000,000 / USD5,000,000	Up to HKD30,000,000 / USD3,750,000
Annual deductible options	HKD0 / USD0 HKD25,000 / USD3,125 HKD50,000 / USD6,250 HKD100,000 / USD12,500			
Waiver of deductible for major incidents ²⁵	Applicable			
Waiver of deductible for confinement across policy years	Applicable			
Entitled ward class	Standard private room	Standard private room	Standard private room	For confinement in Hong Kong, Macau and mainland China: Semi-private room For confinement outside Hong Kong, Macau and mainland China: Standard private room
I. In-patient and Daycare Treatment Benefits				
(a) Hospital charges	Paid in full [†]			
(b) Daily accommodation charges	Paid in full [†]			

Benefit schedule (cont'd)

	Benefit levels ²			
	Prestige	Comprehensive	Standard	Essential
(c) Hospital companion bed ¹⁵	Paid in full [‡]			
(d) Private nurse ^{13,14}	Paid in full [‡] if the private nurse arrangement is made by us or			
	Up to HKD2,500 / USD310 with maximum 2 time slots provided by 1 qualified nurse per day for a maximum of 90 days per policy year (Subject to pre-authorisation [#])	Up to HKD2,500 / USD310 with maximum 2 time slots provided by 1 qualified nurse per day for a maximum of 60 days per policy year (Subject to pre-authorisation [#])	Up to HKD2,500 / USD310 with maximum 2 time slots provided by 1 qualified nurse per day for a maximum of 30 days per policy year (Subject to pre-authorisation [#])	
(e) In-patient rehabilitation ¹²	Paid in full [‡] for a maximum of 28 days per policy year			
(f) Medical implants ¹⁶	Specified items: Paid in full [‡] Other items: Up to HKD200,000 / USD25,000			
(g) Cash benefit [~]	HKD2,200 / USD280 per night of hospital stay	HKD1,500 / USD190 per night of hospital stay	HKD1,000 / USD125 per night of hospital stay	HKD800 / USD100 per night of hospital stay
	Annual deductible and annual benefit limit do not apply			
II. Out-patient Treatment Benefits [≈]				
(a) Computerised tomography, magnetic resonance imaging, positron emission tomography, X-rays and gait scans ¹⁴	Paid in full [‡]		Paid in full [‡] if the treatment occurs within 90 days before in-patient treatment or daycare treatment and within 90 days after discharge from hospital as an in-patient or the date of daycare treatment	
(b) Pre- and post-hospitalisation out-patient consultation	(i) Pre-hospitalisation out-patient consultation Paid in full [‡] if consultations related to the hospitalisation occur within 90 days before in-patient treatment or daycare treatment (1 visit per day)			
	(ii) Post-hospitalisation out-patient consultation Paid in full [‡] if consultations or treatments related to the hospitalisation occur within 90 days after discharge from hospital as an in-patient or the date of daycare treatment (1 visit per day)			

Benefit schedule (cont'd)

	Benefit levels ²			
	Prestige	Comprehensive	Standard	Essential
(c) Active cancer treatment received as an out-patient ¹⁴	Paid in full†			
(d) Kidney dialysis treatment received as an out-patient [☆]	Paid in full†			
(e) Surgical procedures received as an out-patient	Paid in full† for consultations, associated prescribed investigations, diagnostic procedures and essential medications by a registered medical practitioner received by the insured as part of an eligible out-patient treatment within 90 days prior to and within 90 days immediately following the surgical procedures received as an out-patient (1 visit per day)			
(f) Courses of chiropractic treatment, acupuncture, homeopathy, osteopathy and physiotherapy ^{14,23}	For chiropractic treatment, acupuncture, homeopathy, osteopathy: Up to HKD9,000 / USD1,150 For physiotherapy: Paid in full†		Up to HKD1,600 / USD200 per visit if the consultation or treatment occurs within 90 days after discharge from hospital or the completion of daycare treatment	Up to HKD1,600 / USD200 per visit for up to 10 visits if the consultation or treatment occurs within 90 days after discharge from hospital or the completion of daycare treatment (1 visit per day)
(g) Traditional Chinese medicine	Up to HKD800 / USD100 per visit for up to 20 visits	Up to HKD700 / USD90 per visit for up to 20 visits	Up to HKD600 / USD75 per visit if the consultation or treatment occurs within 90 days after discharge from hospital or the date of daycare treatment	Up to 20 visits (1 visit per day) Not applicable

Benefit schedule (cont'd)

	Benefit levels ²			
	Prestige	Comprehensive	Standard	Essential
(h) Courses of physiotherapy due to Stroke ¹⁴	Please refer to benefit item (f) of II		Paid in full [†] if the treatment occurs within 90 days after discharge from hospital as an in-patient (1 visit per day)	
(i) Courses of speech therapy and occupational therapy ¹⁴	Paid in full [†] if treatment occurs within 90 days following discharge from hospital as an in-patient (1 visit per day)			
(j) General practitioner and specialist consultation charges ¹⁷	Paid in full [†] (including prescriptions and diagnostic procedures)		Not applicable	
III. Other Benefits [‡]				
(a) Health screen and child development assessment ¹⁸ (Available only after 12 months of continuous cover from the policy date [Ⓢ])	Up to HKD8,000 / USD1,000	Up to HKD2,400 / USD300	Not applicable	
	Annual deductible and pre-existing condition limitation do not apply			
(b) Pre-existing conditions ^{5,6} (Available only after 270 days of continuous cover from the policy date [Ⓢ])	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Subsequent years: Up to HKD36,000 / USD4,600		Not applicable	
(c) Manifested congenital conditions ^{6,7} (Available only after 270 days of continuous cover from the policy date [Ⓢ])				

Benefit schedule (cont'd)

	Benefit levels ²			
	Prestige	Comprehensive	Standard	Essential
(d) Non-manifested congenital conditions ⁷ (Available only after 270 days of continuous cover from the policy date ³⁶)	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Subsequent years: Up to HKD100,000 / USD12,500			
(e) Oral & maxillofacial surgery ¹⁹	Paid in full [‡]		Not applicable	
(f) Home nurse ¹⁴	Paid in full [‡] up to 2 time slots provided by 1 qualified nurse per day (within 120 days immediately following discharge from hospital as an in-patient, surgery or discharge from intensive care unit) (Subject to pre-authorisation [#])			
(g) Ambulance transport	Paid in full [‡]			
(h) Psychiatric treatment ^Δ	Up to HKD60,000 / USD7,600	Up to HKD50,000 / USD6,300	Up to HKD40,000 / USD5,000	Up to HKD30,000 / USD4,000
(i) Accidental damage to teeth	Paid in full [‡]			
(j) Experimental drugs ²⁴	Up to HKD2,000,000 / USD250,000 in an insured's lifetime	Up to HKD1,500,000 / USD187,500 in an insured's lifetime	Up to HKD1,000,000 / USD125,000 in an insured's lifetime	Up to HKD500,000 / USD62,500 in an insured's lifetime
(k) Pre- and post-natal complications ^{20,21} (Available only after 12 months of continuous cover from the policy date ³⁶)	Paid in full [‡]		Not applicable	
(l) Newborn accommodation ²²	Paid in full [‡]		Not applicable	
(m) Pregnancy and delivery ²¹ (Available only after 12 months of continuous cover from the policy date ³⁶)	Up to HKD110,000 / USD13,800	Not applicable		

Benefit schedule (cont'd)

	Benefit levels ²			
	Prestige	Comprehensive	Standard	Essential
(n) Vaccinations	Up to HKD5,600 / USD700	Up to HKD2,400 / USD300	Not applicable	
	Pre-existing condition limitation does not apply			
(o) Routine dental care	80% of eligible expenses incurred up to HKD9,500 / USD1,200	Not applicable		
	Annual deductible and pre-existing condition limitation do not apply			
(p) Routine optical care	Up to HKD2,200 / USD280	Not applicable		
	Annual deductible and pre-existing condition limitation do not apply			
(q) Palliative care and treatment (Available only after 12 months of continuous cover from the policy date [Ⓐ])	Up to HKD300,000 / USD38,000 in an insured's lifetime	Up to HKD240,000 / USD30,000 in an insured's lifetime	Up to HKD80,000 / USD10,000 in an insured's lifetime	Up to HKD50,000 / USD6,300 in an insured's lifetime
(r) HIV / AIDS treatment* (Available only after 5 years of continuous cover from the policy date [Ⓐ])	Up to HKD1,000,000 / USD125,000			
(s) Emergency out-patient treatment for accident	Please refer to benefit item (j) of II		Paid in full [‡] if treatment occurs within 24 hours after the accident	
IV. Compassionate Death Benefit				
Compassionate death benefit [Ⓓ]	HKD80,000 / USD10,000			
	Annual deductible and annual benefit limit do not apply			

Benefit schedule (cont'd)

- ★ Please refer to the policy contract applying to these benefits. All benefits shall be subject to the policy contract. Unless otherwise specified in the policy, all the benefits payable are to cover eligible expenses only and are subject to the annual benefit limit and other limits (if any) as stated in the terms and conditions of the policy, including those benefits which indicate “Paid in full”. Notwithstanding any other provisions of the policy, if at any time after the issuance of the policy, the insured changes his/her principal country of residence to USA and the area of cover is worldwide, and the insured has incurred any reasonable and customary charges in respect of medical services in USA, the maximum amount of benefits payable of charges incurred in USA in respect of In-patient and Daycare Treatment Benefits, Out-patient Treatment Benefits and Other Benefits for any medical condition will be capped at 60% of the relevant eligible charges.
- ‡ “Paid in full” shall mean no itemised benefit sub-limit and is only applicable to the reimbursement of the actual amount of eligible expenses and/or other expenses charged after deducting the remaining deductible (if any), and is subject to the annual benefit limit and other conditions as stated in this product brochure and the policy contract. “Paid in full” applies to certain benefit items only. Further details of the terms, conditions, exclusions and limitations are provided in the policy contract.
- ~ Cash benefit will be payable if the insured:
 - (i) receives an eligible in-patient treatment within the area of cover, provided no other cost is or will be borne by us for that eligible treatment; or
 - (ii) is a Hong Kong identity card holder and is confined in a general ward of a public hospital in Hong Kong, where he/she incurred charges for the in-patient treatment; or
 - (iii) is a Macau resident identity card holder and is confined in a general ward of a public hospital in Macau, where he/she incurred charges for the in-patient treatment; or
 - (iv) is confined in a public recognised hospital in mainland China, where he/she incurred charges for the in-patient treatment; or
 - (v) is confined in a ward class below his/her entitled ward class as stated in the benefit schedule of the benefit level of the policy of a private hospital in Hong Kong or Macau, where he/she incurred charges for the in-patient treatment.
- # Please seek pre-authorisation for any treatments or services under respective benefits and refer to the service guide for details.
- ≈ Please refer to the policy contract in relation to the limitation on the number of visits per day.
- ☆ The amount payable under kidney dialysis treatment received as an out-patient benefit is equal to:
 - (i) for haemodialysis or peritoneal dialysis at a medical facility, the amount actually charged by the medical facility for such regular haemodialysis or peritoneal dialysis; or
 - (ii) for haemodialysis or peritoneal dialysis at home, the amount of expenses actually incurred for the purchase of supplies and/or rental of the dialysis machine for such regular haemodialysis or peritoneal dialysis where such purchase of supplies and/or rental of dialysis machine is/are prescribed in writing by the insured’s attending registered medical practitioner.
- ⊕ Limitations and restrictions applicable to In-patient and Daycare Treatment Benefits and Out-patient Treatment Benefits as described here above will also apply to Other Benefits unless otherwise specified. The aggregate amount of eligible expenses actually incurred for in-patient treatment, daycare treatment and out-patient treatment is subject to the monetary limit shown for these Other Benefits.
- ⌘ Please refer to the policy contract for details of the waiting period requirements for each of these benefits.
- △ Treatment given by a psychologist must be referred in writing by a specialist.
- ✱ HIV / AIDS treatment benefit is payable if the HIV or AIDS is as a result of occupational accident or blood transfusion and the conditions stated in the terms and conditions of the policy are all fulfilled.
- ◇ For death within the 1st policy year, the amount payable under Compassionate Death Benefit is equal to the total premium paid or the Compassionate Death Benefit, whichever is lower.