Innovation for Wellbeing

SOMPO HONG KONG

Business Health Policy T&Cs

For Employers Based in Hong Kong

William Russell

For employers with a business health plan whose period of cover starts on or after **01 March 2020**

Introduction

Welcome to William Russell! **We** want to provide **you** with an insurance policy **you** can rely on, so it is important that **you** fully understand the scope of the cover **we** provide. This **plan policy terms & conditions document** explains what is and what is not covered by **your policy**, and how y**our employees' claims** will be administered.

Your policy

This **policy terms & conditions documen**t, together with **your Master Certificate of Insurance** and the information **you** have declared on **your business application form**, make up the **policy** between **you** and the **insurer**. If **you** have applied for **direct billing services**, this will also form part of **your policy**.

The cover **we** provide for **your eligible employees** and their **eligible dependants** is also governed by this **policy terms & conditions document**, together with their completed **employee application forms**, their **Certificates of Insurance**, and the **business health plan handbook**.

The **policy** will commence on the **policy start date** stated on **your Master Certificate of Insurance**, and, unless stated otherwise, will last for a period of 12 months, subject to payment of the **premiums** due in accordance with this **policy terms & conditions document**.

The significance of defined terms

Certain words and terms used within this **policy terms & conditions document** have a special meaning. These words and terms appear in bold type. Whenever any word or term appears in bold type, it has the meaning given to it in the *definitions* section of this **policy terms & conditions document** (*Section A, Part A1*).

William Russell

William Russell Ltd is the administrator of **your policy**. **Your policy** is underwritten by Sompo Insurance (Hong Kong) Co., Ltd. William Russell Ltd is an Appointed Insurance Agency of Sompo Insurance (Hong Kong) Co, Ltd, Hong Kong Federation of Insurers, Agent Registration Number 14975092.

Sompo

Sompo Insurance (Hong Kong) Co, Ltd, is the **insurer** of your **policy**.

Sompo Insurance (Hong Kong) Co., Ltd. is a member of SOMPO Holdings, one of the largest globally competitive insurance groups and listed on the Tokyo Stock Exchange. Having its origins in 1888, **our** shareholding company–Sompo Japan Nipponkoa Insurance Inc.–is the oldest fire insurance company in Japan and one of Japan's largest Property & Casualty (P&C) insurance companies in terms of premiums written on a stand-alone basis, with an A+ rating from Standard & Poor's.

Contact details

If you have an enquiry about your plan or insurance	**Phone** 852-3702-6162 **Email** hkadmin@william-russell.com
If you'd like to write to us	**William Russell Ltd.** Suite 1304, 13/F Office Plus No. 303 Hennessy Road Wan Chai, Hong Kong

Section A, General Conditions

Part A1, Definitions

This section explains what **we** mean by certain emboldened words and phrases bolded in this **policy terms & conditions document**.

Accident
A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place independently of all other causes, which results directly, immediately and solely in physical bodily injury which results in a loss. In no event shall the contracting of any disease and/or illness (including, but not limited to, heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an **accident**. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an **accident**.

Acute medical condition
A disease, injury or illness that is likely to respond quickly to **treatment** which aims to return an **insured person** to the state of health they were in immediately before suffering the disease, illness or injury, or which leads to their full recovery.

Advanced diagnostics
Diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET).

Area of cover
The territorial limits of each **insured person's** cover, as indicated on each **eligible employee's Certificate of Insurance** and described in this **policy terms & conditions document**.

Artificial life maintenance
When an **insured person** requires medical equipment that assists or replaces important bodily functions, including mechanical ventilation, percutaneous endoscopic gastronomy (PEG), and nasal feeding.

Assistance Service
The emergency assistance company contracted by **us** to provide assistance services to **insured persons** at the time of their **claim**.

Assisted reproduction
The use of medical techniques, including, but not limited to, in-vitro fertilisation (IVF) with or without intra-cytoblastic sperm injection (ICSI), gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction, received during the 3-month period prior to conception.

Business application form
The application form **you** completed and signed on behalf of **your** company when applying for **your policy**.

Certificate of Insurance
The confirmation of insurance cover issued by **us** to each of **your eligible employees**. It confirms the **plan you** have chosen for them, the **plan** currency, the **area of cover**, **period of cover**, **date of entry**, **renewal date**, **excess** amount, **special terms**, the **employee's place of residence**, the **employee's country of nationality**, and the schedule of **insured persons**. The schedule of **insured persons** lists the persons insured by **us** under **your policy**. If there are any changes to the details on the **Certificate of Insurance we** will issue the **employee** with a new one confirming the changes.

Chronic condition
A disease, illness or injury that has one or more of the following characteristics: -

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- an **insured person** needs to be rehabilitated or specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

Claim
A course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy, or the use of a benefit in the *Expat benefits* section of the **table of benefits**.

Close family member
An **insured person's spouse**, civil or co-habiting **partner**, parent, brother, sister, child or grandchild.

Co-insurance
A contribution that an **insured person** must make towards the eligible costs of their **claim**.

Complications of pregnancy
Treatment received for a medical condition which arises because of the antenatal or postnatal stages of pregnancy.

Congenital condition
Whether hereditary or not, any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy, or caused during childbirth.

Country of nationality
The **insured person's** country of origin, for which they hold a passport. If the **insured person** holds more than one passport, the **country of nationality** will be the country they have declared on their **employee application form**.

Cover Note
The temporary document issued to **you** by **us** as confirmation of **your** insurance cover while we prepare **your Master Certificate of Insurance**. It confirms the **plan you** have bought for **your eligible employees** and **their eligible dependants**, the currency and payment frequency **you** have selected, the **area of cover**, **period of cover**, eligibility and categories of **employees** to be insured on the **policy,** and whether their **eligible dependants** are to be insured, the **renewal date**, **excess** amount, **special terms**, and **medical underwriting** type.

Date of entry
The date on which cover first commenced for each of **your eligible employees** and each of **their eligible dependants**. The **date of entry** is as stated on each **employee's Certificate of Insurance**.

Day-patient
A patient admitted to a **hospital** or **day-patient** unit for a medical procedure which for medical reasons could not have been performed on an **out-patient** basis and which requires them to occupy a **hospital** bed for a period of medically supervised recovery, but it is not **medically necessary** for them to occupy a bed overnight.

Dental treatment
Dental procedures undertaken by a **dental practitioner** which are clinically necessary for the maintenance and/or restoration of oral health, and are provided in accordance with accepted standards of dental practice.

Dentist or dental practitioner
A qualified person legally carrying out this profession in the country in which he or she is located.

Diagnostic tests
Investigations, such as x-rays or blood tests, to diagnose the cause of an **insured person's** symptoms.

Direct billing medical services provider
A **medical services provider** with whom **we** hold a current direct billing agreement and which forms part of our **direct billing network**.

Direct billing network
The network of **direct billing medical services providers** that form part of **our direct billing service**.

Direct billing services
The service which enables qualifying **insured persons** to receive eligible **treatment** that is covered by their **plan** at a **direct billing medical services provider**. Full details of this service are provided within *Section D* of this **policy terms & conditions document**.

Doctor
See **medical doctor**.

Eligible dependants
An eligible employee's spouse or **partner**, provided they are under age 70 at their **date of entry**, and their unmarried children (i.e. son, daughter, step-son, step-daughter, adopted children and children subject to legal guardianship), provided the unmarried children are aged less than 18 years old, or less than 25 years old if in continuous full-time education. If a child is adopted or the subject of legal guardianship **we** may require proof. **We** may also require proof of a dependent child being in full-time education. **Eligible dependants** must also be **Hong Kong residents**.

Emergency caesarean section
A caesarean section, which must take place immediately and cannot be planned.

Emergency treatment
Essential **treatment**, covered by an **insured person's plan**, that is immediately required if they suffer an **accident** or a sudden and unforeseen illness they have never suffered from before, which is not a **pre-existing medical condition**, or a **related condition**, or a condition for which they have a **personal medical exclusion**.

Employee
A person in **your** employment, covered under this **policy** and named as the ***Employee*** on the **Certificate of Insurance** that **we** provide to each of **your employees** covered under this **policy**.

Employee application form
The application form completed and signed by each of **your employees** applying for cover under **your policy**, on behalf of themselves and on behalf of any **eligible dependants** for whom cover is requested. Please note that on some occasions an alternative or additional form such as a health declaration or an upgrade form may be required to be completed instead of a full **employee application form**. **We** will advise **you** or **your employee** when this is the case. The alternative or additional form will then be classed as an application/application form for the purpose of **your policy**. Information on previously completed application forms, if applicable, may also be used by **us** for **medical underwriting** and assessment of **claims**.

Employer
The **policyholder**, named as the *company* on **your Master Certificate of Insurance**.

Excess
The amount stated as the **excess** on the **Master Certificate of Insurance** and on each **eligible employee's Certificate of Insurance**, being the amount **insured persons** must contribute to each **claim**. If the **excess** is per annum, the **excess** stated on the **Certificate of Insurance** is the amount **insured persons** must contribute towards the cost of eligible **treatment** covered by their **plan** and received within the same **period of cover**.

Hong Kong resident
A person whose permanent place of residence is Hong Kong, or who is living in Hong Kong for a period longer than 180 days and

who (if aged 11 or more) holds a current Hong Kong Identity Card.

Hospital
An establishment which is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is situated.

Innocent bystander
Someone who is not involved with, participating in or reporting on war, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, or actively participating in operations countering any such activities.

In-patient
A patient who is admitted to **hospital** and who occupies a bed overnight or longer for medical reasons.

Insured person
Your eligible employees named on a **Certificate of Insurance** that **we** have provided and any **eligible dependants** specified on those **Certificates of Insurance** as being included in **your policy**.

Insurer
The insurance company that provides the insurance cover for **your policy**. The **insurer** is Sompo Insurance (Hong Kong) Co., Ltd.

Life-threatening condition
A critical medical condition covered by an **insured person's plan**, which in the opinion of the **Assistance Service** constitutes a life-threatening situation which requires immediate **in-patient treatment**.

Master Certificate of Insurance
The document issued to **you** that, together with this **policy terms & conditions document**, contains the terms, conditions, and exclusions that apply to **you**, **your employees**, and their **eligible dependants**. It confirms the plan **you** have bought for **your eligible employees** and their **eligible dependants**, the **plan** currency and payment frequency **you** have selected, the **area of cover, period of cover**, eligibility and categories of **employees** to be insured on the **policy** and whether their **eligible dependants** are to be insured, the **renewal date**, **excess** amount, **special terms**, and **medical underwriting type**.

Medical doctor
A person who is legally qualified in medical practice following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation) to provide medical **treatment** and who is licensed to practise medicine in the country where the **treatment** is received.

Medically necessary
Treatment that is **medically necessary** and appropriate. The **treatment** must be: -

- essential to diagnose or treat a patient's condition, illness or injury;
- consistent with the patient's symptoms, diagnosis or **treatment** of the underlying condition;
- in accordance with generally accepted medical practice and professional standards of medical care at the time;
- required for reasons other than the comfort or convenience of the patient or his or her physician
- proven and been demonstrated to have medical value, with international medical and scientific evidence of the effectiveness and safety of the **treatment**;
- considered to be the most appropriate type and level of **treatment** taking patient safety and cost effectiveness into consideration;
- provided at an appropriate facility, in an appropriate setting, and at an appropriate level of care for the **treatment** of the patient's medical condition;
- provided only for an appropriate duration of time.

Medical practitioner
A person who has full registration under the Medical Acts of the country where they practice and who specialises in nursing, homeopathy, acupuncture, orthopaedic medicine, traditional Chinese medicine, osteopathy, chiropractic, chiropody, podiatry or physiotherapy **treatment**, and to whom an **insured person** has been referred by a **medical doctor**.

Medical referral letter
A letter from a **medical doctor** or **specialist** which refers an **insured person** to another **medical practitioner** for **treatment** covered by the **insured person's plan**. **We** will only pay for **treatment** when the start date of an **insured person's treatment** is within 3 months of the date of their **medical referral letter**.

Medical services provider(s)
A **hospital**, **out-patient** clinic, **medical practitioner**, **dental practitioner**, optician or pharmacy.

Medical underwriting
The process of an **insured person** providing and **us** assessing the health and medical information **we** ask for to decide the terms under which **we** will accept their **application** for cover, or for enhanced cover. Based on the information the **insured person** gives **us**, **we** may decide to place **special terms** on their cover, such as **personal medical exclusions**, or **we** may decide not to offer them cover.

Out-patient
A patient who attends a **hospital** consulting room, emergency room or **out-patient** clinic, when it is not **medically necessary** for them to be admitted as a **day-patient** or an **in-patient**.

Out-patient surgical procedure
An **out-patient** procedure where one or more of the following is **medically necessary**: -

- general or local anaesthesia or intravenous sedation
- manipulation or relocation of a fractured bone or dislocated joint by a **medical doctor**
- invasive surgical procedures
- invasive diagnostic procedures involving venous cannulation
- the use of endoscopic equipment

Partner
Someone in a long-term, civil or domestic partnership with an **eligible employee**.

Period of cover
A period of 12 months from the **start date** of **your policy** or from any subsequent **renewal date**. The **period of cover** is as shown on **your Master Certificate of Insurance** and on each **employee's Certificate of Insurance**.

Personal medical exclusions
A restriction on an **insured person's** cover that is stated on their **Certificate of Insurance** and specifically excludes **treatment** of a certain medical condition or conditions and any **related conditions**.

Place of residence
The country or region in which an **insured person** is habitually resident, as specified on their **application form** or subsequently advised to **us** in writing.

Plan
The Bronze **plan**, Silver **plan** or Gold **plan** on which **your employees** and their **eligible dependants** are covered.

Plan handbook
The booklet provided to **you** for distribution to **your eligible employees**, which sets out the benefits provided by **your policy**, its exclusions, and other terms and conditions of importance to the **eligible employees** and their **eligible dependants**.

Planned caesarean section
A caesarean section which has been scheduled to take place more than 24 hours in advance, whether this be for medical or elective reasons.

Policy
The contract of insurance between **you** and **us**. The following documents together make up **your policy**: -

- this **policy terms & conditions document**
- **your business application form**
- **your** application for **direct billing services**
- **your Master Certificate of Insurance**
- each **eligible employee's employee application form**
- each **eligible employee's Certificate of Insurance**

Policy start date
The date on which **your policy** first commenced, which is stated on **your Master Certificate of Insuranc**e.

Policy terms & conditions document
This document, which sets out the benefits, terms, conditions, and exclusions of **your policy**.

Policyholder
The company that has taken out the **policy** on behalf of its **eligible employees** and their **eligible dependants**.

Post-hospital treatment
Medically necessary follow-up consultations, physiotherapy, **diagnostic tests** and/or **treatment** required on an **out-patient** basis following **in-patient** or **day-patient treatment** covered by an **insured person's plan**.

Pre-admission tests
An **out-patient** assessment during which **your** health is assessed in order to confirm that an **insured person** is medically fit to undergo the planned **treatment** and that they are sufficiently prepared for it. The assessment may include an electrocardiogram, blood and/or urine tests and a chest x-ray.

Pre-existing medical conditions
Any disease, illness or injury, whether the condition has been diagnosed or not before an **insured person's date of entry**, for which: -

- they have received medication, advice or **treatment**; or
- they have experienced symptoms

Premium
The amount(s) **you** are required to pay to **us** either annually, half-yearly, quarterly or monthly for **your policy**.

Premium due date
The date on which **your premium** is due to be paid.

Preventive health checks
Health tests, screening and/or clinical procedures specifically designed for disease prevention and early detection.

Qualified nurse
A nurse whose name is currently on any official register of nurses maintained by a statutory nursing registration body within the country where **treatment** is provided.

Reasonable and customary
The charge that would typically be made for an **insured person's treatment** by **medical services providers** in the country where they receive their **treatment**, and for the **medically necessary** length of stay required. If the cost of an **insured person's treatment** is not **reasonable and customary**, **we** will only pay up to the amount which is typically charged in that country. If the length of stay is not **reasonable and customary**, **we** will only pay for the **medically necessary** length of stay required.

Rehabilitation
Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

Rehabilitation hospital or unit
A medical facility licensed under the regulations of the country in which it operates and designed for patients who no longer need acute **hospital** care but who still require medical or nursing supervision and/or assistance with activities of daily living because of their medical disability.

Related condition
Any disease, illness or injury that is caused by a **pre-existing medical condition** or results from the same underlying cause as a **pre-existing medical condition**.

Renewal date
The **renewal date** of **your policy** as shown on **your Master Certificate of Insurance**. f

Restricted hospitals in Hong Kong
- Matilda International Hospital
- Hong Kong Adventist Hospital
- Hong Kong Sanatorium & Hospital

Session
A single continuous consultation during which time an **insured person** may receive advice, **treatment** and/or prescribed medication.

Specialist
A **medical practitioner** who is fully registered by the regulatory body of the country in which he or she practices following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation). They must be on a **specialist** register appropriate for the condition for which **treatment** is sought. Where regulation demands, the **medical practitioner** must also have a licence to practice. **We** reserve the right to withhold or remove recognition of any **specialist** for reasons such as suspension of registration, fraud or unreasonable charges.

Special terms
Any **personal medical exclusions**, restrictions or **premium** adjustments **we** may apply to **your policy**. Any **special terms** relating to an **insured person's plan** will appear on their **Certificate of Insurance**.

Spouse
The husband or wife of an **eligible employee**.

Table of benefits
The table in *Section B* of this **policy terms & conditions document** that sets out the benefits covered by each **plan**.

Temporary trip
A trip for business and/or recreational purposes, which has a defined return date and is for a period that is no longer than the maximum duration specified for relevant USA cover option. If an **insured person's treatment** extends beyond the end of their trip's specified return date, their cover will cease at the end of the term defined in the relevant USA cover option wording.

Terminal medical condition
A condition that has become incurable and all the **treatments** given are to prolong life.

Treatment
Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

Unused premium
The amount of **premium** that is attributable to the period from the date after the date of cancellation, up to the date before the next **premium due date**.

In the event of a refund of **unused premium** being eligible, the **unused premium** amount refunded will be the annual **premium** paid, divided by 12, and multiplied by the number of whole calendar months remaining in the **period of cover**. If the **plan** cancelled is part way through a month, an additional amount, equal to one twelfth of the annual **premium** paid, multiplied by the proportion of days without cover in the calendar month of cancellation will also be paid.

Us, we, our
William Russell Ltd on behalf of the **insurer**.

Vegetative state
A state where there is no sign of awareness or any cognitive function, even if the **insured person** can open their eyes and/or breathe unaided. If the **insured person** is in a **vegetative state** for a continuous period of eight weeks, they will be considered to be in a persistent **vegetative state**.

Waiting period
When specified, the amount of time an **insured person** must be covered by the same **plan** before they can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**. When a **waiting period** is not specified there is no **waiting period** applicable.

You, your, yourself
The **policyholder**, as stated **your Master Certificate of Insurance**.

Part A2, The Policy

Eligibility for cover

We offer cover under **your policy** on the basis of international private medical insurance being a company-paid **employee** benefit, with all **eligible employees** and, when you have elected for **eligible dependants** to be included, all of their **eligible dependants** being insured on a compulsory basis.

Eligbility criteria

The eligibility criteria are as stated on **your Master Certificate of Insurance**. They confirm which of your **employees** are eligible for over under **your policy**. This may be all of **your employees**, or all of **your employees** within a certain category (e.g. all managers or all directors).

You can only include **employees** within the category specified on **your business application form** (provided **we** have agreed to cover them), and **you** must include all **employees** within this category.

If you cover **dependants**, you must cover all the eligible **dependants** of all the **eligible employees**.

Age limits

Only **eligible employees** and **eligible dependants** under 70 years of age at their **date of entry** will be eligible to be insured by **your policy**.

Part A3, Medical Underwriting

The type of **medical underwriting** that applies for **your policy** refers to the type of **employee application form** completed by **your eligible employees** and determines how **we** will treat **claims** for **pre-existing medical conditions** and **related conditions**.

The **medical underwriting** type for **your policy** is stated on **your Master Certificate of Insurance**, and will be one of the following:-

- full **medical underwriting**
- moratorium
- continued personal medical exclusions
- medical history disregarded

These **medical underwriting** types and the application process for each are explained below.

Full medical underwriting

With full **medical underwriting**, each **eligible employee** must complete the relevant **employee application form** and make a full disclosure of any **pre-existing medical conditions** in respect of themselves and their **eligible dependants**.

A **policy** with full **medical underwriting** does not cover the **treatment** of: -

- Any **pre-existing medical condition** and **related conditions** which the **insured person** has had during the five years before their **date of entry**, unless **we** have agreed otherwise.
- Any **pre-existing medical condition** and **related condition** of the following types that the **insured person** has had at any time before their **date of entry**, unless **we** have agreed otherwise: -
    - Brain or nervous system conditions
    - Cancer, tumours or growths,
    - Heart or circulatory conditions
    - Joint replacements
    - Mental health conditions, drug and alcohol issues or sleep disorders.

Upon receipt of an **employee application form**, **we** will assess the information the employee has given **us**, and **we** will confirm the terms at which **we** can accept them for cover.

We reserve the right to accept the **eligible employee** and **eligible dependants** with **special terms**, or **we** can refuse to offer cover at **our** sole and complete discretion and without having to give any reason for **our** decision.

We rely on the information the **eligible employee** gives us in their **employee application form** when **we** decide whether or not to accept their application, and whether or not **we** need to apply **special terms**.

If an **insured person** submits a **claim** for the **treatment** of any **pre-existing medical condition** or **related condition** which the **employee** omitted to tell **us** about on their **employee application form**, or they omitted to tell **us** everything about, **we** will refuse to pay that **claim**.

If an **eligible employee's application form** omits facts or contains materially incorrect or incomplete facts, **we** have the right to declare cover for the **employee** and their **eligible dependants** void. Alternatively, **we** may apply **special terms** to their cover which will apply from their **date of entry**.

Moratorium

If **you** have moratorium **medical underwriting**, each **eligible employee** must complete the relevant **employee application form**.

With moratorium **medical underwriting**, **your eligible dependants** are not covered for the **treatment** of **pre-existing medical conditions** and **related conditions**.

However, **pre-existing medical conditions** will become eligible for cover if, at the first time of suffering renewed symptoms, the **insured person** has not consulted any **medical doctor** or **medical practitioner** for treatment or advice (including check-ups) and/or taken medication (including prescribed drugs and injections) and/or been advised to follow a special diet for that condition, for a continuous two-year period after their **date of entry**.

Continued personal medical exclusions

With the continued personal medical exclusions type of **medical underwriting**, **we** will accept all those **eligible employees** and their **eligible dependants** who have transferred into **your policy** from **your** previous health insurance policy, without any break in their cover, with the same **personal medical exclusions** and/or **special terms** as were applied to them by **your** previous health insurer.

You must provide **us** with a copy of each **eligible employee's application** for cover to the previous insurer, together with a copy of the Certificate of Insurance issued by the previous insurer which states the terms upon which they accepted the employee and their dependants for cover.

Eligible employees and **eligible dependants** who join **your** company after the commencement date of **your policy** will be covered with full **medical underwriting** or moratorium **medical underwriting**. The **medical underwriting** type that applies to **your policy** will be as stated on **your Master Certificate of Insurance**.

Medical history disregarded

With medical history disregarded as **your medical underwriting** type, then subject to the terms and conditions of this **policy** there is no exclusion for the **treatment** of **pre-existing medical conditions** and **related conditions**.

To apply for cover, **you** must complete and sign a **business application form** and send it to **us**, together with a list of **your eligible employees** and their **eligible dependants** showing the following information: -

- Full name
- Gender
- Date of birth
- **Country of nationality**
- **Place of residence**
- Hong Kong Identity Card number
- Occupation (with job description if not 100% office-based)
- Date of joining **your** company
- Category of **employee** for eligibility purposes
- Relationship to **employee** (for **eligible dependants**)

We will rely on the information **you** give **us** in **your business application form**, including the information **you** give **us** about the knowledge of serious medical conditions of any of **your eligible employees** or their **eligible dependants**, when **we** assess **your** application for cover and issue **our** acceptance terms.

If any of the answers in **your business application form** was not complete and accurate to the best of **your** knowledge and belief, **we** may cancel cover from inception for any **eligible employee** or any **eligible dependant**, or **we** may apply **personal medical exclusions** or **special terms** to their cover which will apply from their **date of entry**.

Part A4, Commencement of your policy

This **policy** will commence from the date stated on **your Master Certificate of Insurance**, provided the **medical underwriting** process has been completed, and **we** have agreed to accept **your** application, and the applications of **your eligible employees**, and their **eligible dependants**, and **we** have received payment of the full **premium** invoiced by **us**.

Commencement of cover for eligible employees and their eligible dependants

Cover for **eligible employees** and their **eligible dependants** will commence from their **date of entry** shown on their **Certificate of Insurance**.

Adding new eligible employees and their eligible dependants

Eligible employees who join **your** company after the commencement date of this **policy** must join within 30 days of the start of their employment with **you** (or within 30 days of them becoming eligible for cover if they are promoted into the category of an employee eligible for cover). If there is a probationary period before the **employee** is eligible for employee benefits such as health insurance, then eligible **employees** must join **your policy** within 30 days of passing their probationary period.

New **eligible employees** and their **eligible dependants** can be covered provided **we** receive their **employee application form** within 30 days of the commencement of their employment with **you**, subject to **medical underwriting** and subject to **us** receiving payment of the **premium** as invoiced by **us**. If **your medical underwriting** type is medical history disregarded**,** then **we** require the information listed under the medical history disregarded heading of *Section A, Part A3* above.

Eligible employees and/or eligible dependants who do not apply to join within 30 days of becoming eligible

Any **eligible employee** and/or **eligible dependant** who does not join **your policy** within 30 days of becoming eligible must complete an **employee application form** and will only be considered for cover on the basis of full **medical underwriting**. **We** reserve the right to apply **personal medical exclusions** and/or **special terms** to their cover and **we** reserve the right to decline them cover.

Adding newborn babies

If **your policy** includes cover for **eligible dependants**, **you** may add **your eligible employees'** newborn children to the **policy** without any **medical underwriting** provided that **you** notify **us** of their full name and date of birth, and **you** pay the additional **premium** invoiced by **us** within 30 days of their date of birth. If an **insured person** has been insured with **us** for a continuous period of twelve months or more at the date of birth**,** the newborn baby's **date of entry** can be backdated to their date of birth.

If **we** are not asked to cover the newborn baby within 30 days of their date of birth, the child will only be considered for cover on the basis of full **medical underwriting** type. **We** reserve the right to apply **personal medical exclusions** and/or **special terms** to their cover and **we** reserve the right to decline to accept them.

There will be no cover for newborn babies under any benefit until the baby is insured under the **eligible employee's plan**.

Newborn children who have been born a result of **assisted reproduction treatment** and born within 36 weeks of conception are always subject to full **medical underwriting**.

Part A5, Termination of cover

When an employee leaves your employment

You must inform **us** immediately when an **eligible employee** ceases to be employed by **you**. If the **eligible employee** is eligible for **direct billing services you** must return their membership card to **us** before they leave **your** employment.

An **eligible employee's** cover will cease automatically from the date on which his or her employment with **you** is terminated.

If an **eligible employee** has **eligible dependants** insured under **your policy**, their cover will also cease automatically from the date on which the **eligible employee's** cover terminates.

We will refund the **unused premium** from the date of termination of employment. However, if the **eligible employee** is eligible for **direct billing services**, **we** will refund the **unused premium** from the date on which **we** receive their membership card.

If **we** are not informed that an **eligible employee's** employment has ceased within 30 days of the date on which their employment is terminated, the refunded **unused premium** will be calculated from the date on which **we** receive notice that the employment has ceased.

You will be responsible for any claims submitted through **direct billing services** where the **treatment** date is after the date an **employee** leaves **your** employment.

When a child dependant is no longer eligible to be covered under your policy

When an **eligible dependant** child marries, or reaches the age of 18 (or the age of 25 if they are in full-time education), they will no longer be eligible for cover under **your policy** from the **renewal date** following their marriage or birthday.

In the event of the death of an insured person

If an **eligible employee**, who has **eligible dependants** insured under **your policy**, dies, then those **eligible dependants** will no longer be eligible to be insured and will be removed from **your policy** on the date of the **eligible employee's** death. However, they may apply to be insured on their own individual plan under the terms of the continuation of cover option, provided that they are over the age of 18.

If an **insured person** dies, please inform **us** as soon as possible.

If an insured person ceases to be a Hong Kong resident

You must tell **us** as soon as any **insured person** ceases to be **Hong Kong resident**. Their **plan** will automatically cease from the **renewal date** following the date on which they cease to be a **Hong Kong resident**. **We** may be able to offer to continue them cover under a similar plan if the laws of the country in which they become resident allow **us** to do so. **We** reserve the right to refuse to offer cover in certain countries.

If the USA is or becomes an insured person's place of residence

Under the terms of **your policy**, cover will automatically cease when an **insured person** takes up residence in the United States of America. **We** cannot cover residents of the United States of America under **your policy**.

If Switzerland is or becomes an insured person's place of residence

Under the terms of **your policy**, cover will automatically terminate from the **renewal date** after an **insured person** takes up residence in Switzerland. **We** cannot cover residents of Switzerland under **your policy**.

Part A6, Continuation of cover

On leaving **your** employment, an **employee** whose **medical underwriting** type is full **medical underwriting** or moratorium **medical underwriting** or continued personal medical exclusions **medical underwriting** can apply to continue their cover without break and without further **medical underwriting**, provided that **we** receive their application for continued cover within 14 days of the date they leave **your** employment. Upon receipt of their application form, **we** will issue **our** acceptance terms invoice for one of **our** individual health plans that offers similar cover. **Our** premiums for personal health plans will be charged. Provided **we** receive the invoiced premium within 7 days of its issue, there will be no break in cover. Their new personal health plan will be subject to the benefits, terms, conditions, and exclusions of the plan **we** offer them.

Applications for continuation of cover received after 14 days of an **employee** leaving **your** employment will be subject to full **medical underwriting.**

For **insured persons** whose **medical underwriting** type is medical history disregarded, they must have been insured under **your policy** for a continuous period of 24 months before they are entitled to apply for the continuation of cover option.

Part A7, Payment of premiums

You must pay the **premiums we** invoice in respect of each **eligible employee** and **eligible dependant** included in **your policy**.

Premiums can be paid annually with no surcharge, monthly or quarterly with a 5% surcharge, or semi-annually with a 3% surcharge.

Annual **premiums** can be paid to **us** by cheque drawn on a Hong Kong bank, by bank transfer or by an acceptable credit or debit card. **We** accept VISA and Mastercard.

If **you** pay **your premiums** by bank transfer, **you** will be responsible for ensuring that the full **premium** reaches **our** account and **you** will be responsible for any **premium** shortfall due to bank charges.

Premiums are due on the specified **due date**.

Unpaid or late premiums

We will automatically cancel **your policy** and cover for **your eligible employees** and their **eligible dependants** if **you** fail to pay a **premium** on or before its **due date**. However, **we** may allow cover to continue if **you** pay the outstanding **premium** within 30 days of the **due date.** If medical expenses are incurred during this 30-day period, **we** will not settle any **claim** until **we** have received the outstanding **premium** in full.

If a **premium** is outstanding for longer than 30 days **we** will cancel **your policy** from the day before the **premium due date**. If **you** then decide to apply for a new policy, **you** will have to complete a new **business application form** and **your eligible employees** will each have to complete an **employee application form** on the basis of full **medical underwriting**. **We** may accept **your** new application for cover with **special terms**, or **we** may refuse to accept **your** application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

Part A8, Making changes to your policy

Changes to plan or excess

Changes to a **plan** with fewer benefits or an increased **excess** can only be made from **your** next **renewal date**.

You can make changes to a **plan** with a wider range of benefits, and/or a reduced **excess** at any time, provided **you** do so for all **eligible employees** and **eligible dependants**. All increases in cover are subject to **medical underwriting**, and **we** reserve the right to refuse to increase cover, or to make the increase in cover subject to **special terms**.

After an increase in cover, claims for **treatment** of a condition that first manifested itself prior to the date of the increase in cover will be restricted to the cover previously offered. For example, if an **insured person** with a previous **excess** of HK$800 or US$100 claims for a back condition, and then **you** apply to reduce their **excess** to nil, **we** will continue to apply an **excess** of HK$800 or US$100 to future claims for **treatment** that relates to the back condition.

With regard to claims for **treatment** for which a **waiting period** applies, cover will be limited to the benefit limit and **excess** of the previous **plan** until the original **waiting period** has expired.

Changes of address and place of residence

You must tell us if **you** change **your** address. **You** must also tell **us** if an **insured person** changes their **place of residence**.

Part A9, Rewnewal of your policy

If **we** agree to offer renewal terms, **our** renewal **premiums** will be based on the ages of **your eligible employees** and their **eligible dependants** at **your renewal date**. Future renewal **premiums** are subject to change and each year **we** may change how **we** calculate **your premiums**, the surcharge for instalment **premiums** and the methods of payment. **We** may also change the benefits offered by **your plan** and/or **your excess** amount.

We will write to **you** with **our** renewal terms and a renewal **premium** invoice prior to **your renewal date**.

Part A10, Our right to cancel

Our right to cancel your policy

We have the right to cancel **your policy** in any of the following circumstances: -

1. If **you** have: -
    - misled **us**, or attempted to mislead **us**;
    - been in breach of **your** obligations under **your policy**;
    - given **us** incorrect, incomplete or misleading information;
    - withheld any information;
    - failed to provide any reasonable information which **we** have asked for;
    - conspired with a third party to obtain benefit from **your policy**; or
    - submitted a **claim** which is any way fraudulent or unfounded.

    In any of these circumstances above, **we** have the right to cancel cover from **your policy start date** and recover from **you** any benefit **we** have paid in relation to any **claim**.
2. If **you** do not pay **your premiums** and other charges invoice by **us** such as insurance premium tax or an insurance levy and/or charges for **direct billing services** within 30 days of the **premium due date**.
3. If **you** do not repay to **us** within 30 days any ineligible **claims** submitted through **direct billing services**.

Our right to cancel an insured person's cover

We have the right to cancel an **insured person's** cover in any of the following circumstances: -

1. If they have: -
    - misled **us;**
    - been in breach of their obligations under **your policy**;
    - given **us** incorrect or misleading information;
    - withheld information;
    - failed to provide any reasonable information which **we** have asked for;
    - conspired with a third party to obtain benefit from **your policy**; or
    - submitted a **claim** which is in any way fraudulent or unfounded.
2. If they claim for ineligible treatment through the **direct billing services**.
3. If they move to a country or region where **we** are unable to offer continued cover due to compliance and/or legal reasons, in which case we will cancel their **plan** from **your renewal date**.

In any of these circumstances **we** have the right to cancel an **insured person's** cover from their **date of entry** and recover from **you** any benefit **we** have paid in relation to any **claim**.

Part A11, Personal data privacy

We shall comply with the Personal Data Privacy Ordinance (Chap. 486) of the Law of Hong Kong and the related codes, guidelines, and circulars.

Part A12, Governing law

Your policy shall be governed by and construed in accordance with the laws of Hong Kong.

Part A13 - Our liability under your policy

Our liability is limited to paying for **treatment** or **medical services** covered under the terms and conditions of **your policy**. **We** make no representations or recommendations regarding the availability and standard of **treatment** and services offered by or provided by any **hospital** or **medical services provider**. **We** will not be held liable to **you** or any **insured person** for any loss, harm or damage of any description resulting from lack of availability or from a defect in the quality of any **treatment** or service offered or provided by any **hospital** or **medical services provider**.

Part A14 – Arbitration and applicable law

All disputes arising out of or in connection with **your policy** shall be governed by and construed in accordance with the laws of Hong Kong.

Part A15 - Contracts (Rights of Third Parties) Ordinance

Any person or entity that is not a party to **your policy** shall have no right to enforce any term in **your policy** pursuant to the Contracts (Rights of Third Parties) Ordinance.

Section B, Costs Covered by your Policy

Part B1, Territorial Limits

Each **insured person's** cover is restricted to within the **area of cover** stated on their **Certificate of Insurance**. The **areas of cover,** and their corresponding territorial limits, are stated below.

Zone 1

Worldwide, excluding the United States of America.

USA cover options

The following two options provide limited cover in the United States of America.

They are only available if **you** have selected them and they are stated on an **eligible employee's Certificate of Insurance**.

Cover in the USA limited to temporary trips of up to 45 days (USA-45)

We will cover an **insured person** in the United States of America for **temporary trips** of up to 45 days' duration from the date on which they enter the country. Any trip of longer than 45 days will not be covered, but there is no limit to the number of **temporary trips** an **insured person** can make to the United States of America during any **period of cover**.

The overall maximum amount **we** will pay in respect of **treatment** an **insured person** receive in the United States of America is US$250,000 per **insured person**, per **period of cover**. Within this amount, **we** will pay: -

- up to HK$775,000 or US$100,000 for elective **treatment**; and
- up to HK$1,937,500 or US$250,000 for **accident** & emergency **treatment** of a condition that they have not previously suffered prior to commencing their **temporary trip**.

We do not cover emergency evacuation to, from or within the United States of America, even if **you** have selected the USA-45 option for an **insured person**.

Cover in the USA limited to temporary trips of up to 90 days (USA-90)

We will cover an **insured person** in the United States of America for **temporary trips** of up to 90 days' duration from the date on which they enter the country. Any trip of longer than 90 days will not be covered, but there is no limit to the number of **temporary trips** an **insured person** can make to the United States of America during any **period of cover**.

The overall maximum amount **we** will pay in respect of **treatment** an **insured person** receives in the United States of America is US$250,000 per **insured person**, per **period of cover**. This overall maximum amount includes both elective **treatment** and **accident & emergency treatment** that an **insured person** receives.

We do not cover emergency evacuation to, from or within the United States of America, even if **you** have selected the USA-90 option for an **insured person**.

Part B2, The Benefits Provided by each Plan

The following **table of benefits** sets out the cover provided by each **plan**. The **plan(s) your eligible employees** and their **eligible dependants** have is as shown on **your Master Certificate of Insurance**, and it is also stated on each **eligible employee's Certificate of Insurance**. **We** will pay only for the **treatment** or services stated in the **table of benefits** relating to an **insured person's plan**.

Each benefit limit in the **table of benefits** is expressed in Hong Kong dollars and US dollars. The currency of the benefit limits that will apply is stated on the **Master Certificate of Insurance** and each **eligible employee's Certificate of Insurance**.

The limits shown in the **table of benefits** are the maximum amounts **we** will pay after the application of any **excess** and **co-insurance**, and will be subject to the annual benefit limit and any other specified applicable benefit limits.

Certain benefits in the **table of benefits** specify a **waiting period**. **Insured persons** must be covered by the same **plan** for the full duration of the specified **waiting period** before they can **claim** for that benefit. No benefit is paid for **treatment** costs incurred during the **waiting period**. If the **medical underwriting** type is medical history disregarded, **we** will only apply a **waiting period** to the HIV/AIDS **treatment** benefit.

Where the term *Full cover* appears in the **table of benefits**, this means a full refund of **reasonable and customary charges**, less any **excess** or **co-insurance** applicable to the **insured person's plan**, subject to any limits that are specified anywere else in the **table of benefits** for the type of **treatment** or care received, and subject to any **special terms** stated on the **employee's Certificate of Insurance**.

Where there is a lifetime benefit limit, this is the maximum amount **we** will pay in respect of that particular benefit during the **insured person's** lifetime.

Certain benefits in the **table of benefits** are optional. **Insured persons** are only eligible for these benefits if **you** have selected them and they are stated on the **employee's Certificate of Insurance**.

There are certain benefits in the **table of benefits** for which **insured persons** must obtain pre-authorisation. If **insured persons** do not obtain pre-authorisation for these benefits, **we** will only pay 80% of the **reasonable and customary** cost of **treatment**.

If an **insured person** chooses a private room for their **in-patient** or **day-patient treatment** at a **restricted hospital in Hong Kong** (listed below), the cover **we** provide for all **treatment** and accommodation costs will be subject to a 20% **co-insurance**. This means that the **insured person** will need to contribute 20% of their **treatment** and accommodation costs.

- Matilda International Hospital
- Hong Kong Adventist Hospital
- Hong Kong Sanatorium & Hospital

This restriction applies even if **you** did not select the **semi-private room** or **general ward** options for **your eligible employees** and their **eligible dependants** on **your business application form**.

The **table of benefits** must be read in conjunction with *Section C* of this **policy terms & conditions document**.

Part B3, The Table of Benefits

Key ○ Full cover within annual benefit limit ○ Partial or limited cover ○ No cover ○ Optional cover

	Bronze	Silver	Gold
Annual benefit limit The overall maximum limit that each **insured person** can **claim** during any one **period of cover**.	HK$11,625,000 or US$1,500,000	HK$19,375,000 or US$2,500,000	HK$38,750,000 or US$5,000,000
Hospital costs Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Hospital accommodation The cost of a standard single room with an en-suite bath or shower room, when an **insured person** is an **in-patient** or **day-patient**.	○ Full cover	○ Full cover	○ Full cover
Hospital treatment **Treatment** an **insured person** receives while they are an **in-patient** or **day-patient**, including surgeons' and anaesthetists' and **doctors'** fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, **diagnostic tests** and physiotherapy. **We** will also pay for **pre-admission tests** that they undergo on an **out-patient** basis for **hospital treatment** they are scheduled to receive that is covered by their **plan**. **We** will also pay for **in-patient** surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month **waiting period** and covered only when the surgery is performed by a **medical doctor** (not a dentist) in a **hospital** (not a dental surgery) and under general anaesthetic.	○ Full cover	○ Full cover	○ Full cover
Parent accommodation The cost of one parent staying in **hospital** with a child under 18 years of age while the child is receiving eligible **treatment** covered by their **plan**.	○ Full cover	○ Full cover	○ Full cover
Road ambulance The cost of a private road ambulance if an **insured person** needs **hospital treatment** covered by their **plan** and if it is **medically necessary** for them to travel to **hospital** by ambulance.	○ Full cover	○ Full cover	○ Full cover
Hospital cash benefit Payable for each night spent in a **hospital** when an **insured person** receives **treatment** eligible for cover by their **plan** for which no charge is made by the **hospital**. Benefit is paid for up to a maximum of 60 nights per **period of cover**. If selected, the **insured person's excess** will not be applied to this benefit.	○ HK$1,163 or US$150 per night	○ HK$1,550 or US$200 per night	○ HK$2,713 or US$350 per night
Acute flare-ups of chronic conditions Short-term **treatment** to treat acute flare-ups of a **chronic condition** covered by an **insured person's plan**.	○ **In-patient**, **day-patient,** and **post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital**	○ Full cover	○ Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Cancer treatment Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Cancer treatment Cancer **treatment**, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. **We** will also pay for restorative **dental treatment** following chemotherapy or radiotherapy.	Full cover	Full cover	Full cover
Cancer genome tests The cost of tests to sequence the genes of cancer cells.	Up to HK$46,500 or US$6,000 per **period of cover**	Up to HK$46,500 or US$6,000 per **period of cover**	Up to HK$46,500 or US$6,000 per **period of cover**
Cash benefit upon diagnosis of cancer (6-month waiting period) Payable if an **insured person** is diagnosed with cancer. By *cancer* we mean the presence of tumours that consist of cells that are malignant, due to characteristics which can be shown microscopically. These cells can multiply and spread to other parts of the body uncontrollably (e.g. cancers such as breast cancer, lung cancer, bowel cancer, and cancers of the blood (also known as leukaemia). The following are not covered: - • non-melanoma skin cancer unless it has spread to lymph nodes or organs • prostate cancer unless it has spread to other glands or organs This benefit will not be paid if the **insured person** was first diagnosed with any cancer before they were covered under the Gold **plan** for a period of six consecutive months.	No cover	No cover	HK$38,750 or US$5,000 with a lifetime limit of one claim per **insured person**
Wigs Help towards the cost of a wig following chemotherapy, covered by an **insured person's plan**.	Lifetime limit of HK$1,163 or US$150	Lifetime limit of HK$1,163 or US$150	Lifetime limit of HK$1,163 or US$150
Counselling Consultations with a registered psychologist/counsellor when an **insured person** has received cancer **treatment** covered by their **plan**, up to a lifetime limit of 10 consultations. **We** do not cover any drugs prescribed under this benefit.	Lifetime limit of HK$3,875 or US$500	Lifetime limit of HK$3,875 or US$500	Lifetime limit of HK$3,875 or US$500
Dietitian Consultation with a registered dietitian when an **insured person** has received cancer **treatment** covered by their **plan**, up to a lifetime limit of 2 consultations.	Lifetime limit of HK$775 or US$100	Lifetime limit of HK$775 or US$100	Lifetime limit of HK$775 or US$100

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Organ, bone marrow or tissue transplants Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • **We** only cover transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines. • **We** do not cover any costs associated with the acquisition of the organ. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Transplant and related treatment Costs incurred while hospitalised, including anti-rejection drugs, and all related **out-patient treatment** required prior to and after the transplant.	Full cover	Full cover	Full cover
Donor costs Medical costs associated with the donor as an **in-patient** or **day-patient**.	Up to HK$193,750 US$25,000 per transplant	Up to HK$193,750 US$25,000 per transplant	Up to HK$193,750 US$25,000 per transplant
Kidney dialysis Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Treatment for kidney dialysis while an **insured person** is an **in-patient**, **day-patient** or **out-patient**.	Full cover	Full cover	Full cover
Reconstructive surgery Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
A maximum of two surgeries per lifetime to restore an **insured person's** appearance after an **accident** or after surgery for cancer, provided the original **treatment** for the **accident** or cancer was paid for by **us**, and provided the reconstructive surgery takes place within two years of the **accident** or the original cancer surgery.	**In-patient**, **day-patient** and **post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital**	Full cover	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Congenital conditions or hereditary conditions Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Treatment for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**. This benefit does not extend to mental health treatment, complementary medicine or traditional Chinese medicine. There is no cover for **congenital conditions** or hereditary conditions if, prior to commencement of the **insured person's** cover, they had any abnormal signs, symptoms or test results related to the **congenital condition** or hereditary condition (whether or not a specific diagnosis has been made). However, there may be some cover for newborn babies under the *maternity costs* section of the **table of benefits**. An **insured person's** lifetime limit for this benefit will be reduced by any payments **we** have made under the emergency treatment for newborn babies benefit with respect to birth defects, **congenital conditions** or hereditary conditions. The lifetime limit shown applies irrespective of the number of **congenital conditions** and hereditary conditions.	**In-patient**, **day-patient** and **post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital**, up to a lifetime limit of HK$155,000 or US$20,000	Lifetime limit of HK$310,000 or US$40,000	Lifetime limit of HK$620,000 or US$80,000
Mental health treatment Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **treatment** must be administered under the direct control of a registered psychiatrist or psychologist. • **We** do not cover investigations or **treatment** related to phobias, hypnotherapy, postnatal depression or marriage counselling, or psycho-geriatric conditions including Alzheimer's disease or dementia. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Lifetime mental health treatment limit The overall maximum limit to the amount that an **insured person** can **claim** for all benefits in the *mental health treatment* section that are covered by their **plan** during their lifetime.	HK$387,500 or US$50,000	HK$581,250 or US$75,000	HK$775,000 or US$100,000
In-patient and day-patient mental health treatment (24-month waiting period) **In-patient** and **day-patient treatment** received in a recognised mental health unit of a **hospital**.	Up to 30 days per **period of cover**	Up to 30 days per **period of cover**	Up to 30 days per **period of cover**
Out-patient mental health treatment (24-month waiting period) **Specialist** mental health consultations with a registered psychiatrist or psychologist when an **insured person** has been referred by a **medical doctor**. **We** do not pay for drugs prescribed for **out-patient** mental health **treatment**.	Up to 10 consultations per **period of cover** for **post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital**	Up to 10 consultations per **period of cover**	Up to 10 consultations per **period of cover**

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
HIV/AIDS treatment			
Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
(24-month waiting period) **Treatment** arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC) for a maximum period of 5 years. **We** do not provide cover if the virus was contracted before the **insured person's date of entry**.	Partial or limited cover: **In-patient** and **day-patient treatment** only, up to HK$38,750 or US$5,000 per **period of cover**	Partial or limited cover: Up to HK$581,250 or US$75,000 per **period of cover**	Partial or limited cover: Up to HK$775,000 or US$100,000 per **period of cover**
Medical appliances			
Medical aids Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to an **insured person** (e.g. crutches, wheelchairs, orthopaedic supports/braces, orthotics, stoma supplies, compression stockings) when it immediately follows **in-patient**, **day-patient** or emergency ward **treatment** covered by the **insured person's plan**. **We** do not cover medical aids that form part of the care of a **chronic condition**. **We** do not cover unprescribed medical aids such as gym equipment, even if the **insured person** has been advised to use such an aid.	Partial or limited cover: Up to HK$1,938 or US$250 per medical condition per **period of cover**	Partial or limited cover: Up to HK$3,875 or US$500 per medical condition per **period of cover**	Partial or limited cover: Up to HK$7,750 or US$1,000 per medical condition per **period of cover**
Prosthetic implants Surgically-implanted, artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. As part of this benefit, **we** will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.	Full cover	Full cover	Full cover
Prosthetic devices External prosthetic body parts, such as prosthetic limbs, fitted after the healing of an amputation covered by the **insured person's plan**.	Partial or limited cover: Up to HK$3,875 or US$500 per device	Partial or limited cover: Up to HK$7,750 or US$1,000 per device	Partial or limited cover: Up to HK$11,625 or US$1,500 per device

Key ○ Full cover within annual benefit limit ○ Partial or limited cover ○ No cover ○ Optional cover

	Bronze	Silver	Gold
Out-patient treatment Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • Certain benefits in this section are subject to the annual limit for **out-patient treatment**.			
Annual limit for out-patient treatment The overall maximum limit to the amount an **insured person** can **claim** for certain **treatments** they receive as an **out-patient** during any one **period of cover**.	No annual limit	HK$155,000 or US$20,000	HK$232,500 or US$30,000
Primary medical care Visits to a GP or **doctor**, **specialist** consultations, prescribed drugs and dressings, pathology, scans, radiology and **diagnostic tests** received as an **out-patient**. **We** do not cover home visits.	○ **Post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital** (subject to a 15% **co-insurance**)	○ 25 consultations, subject to the annual limit for **out-patient treatment** and a 15% **co-insurance**	○ 30 consultations, subject to the annual limit for **out-patient treatment**
Emergency ward treatment **Emergency treatment** that an **insured person** has received at a **hospital**.	○ Essential and immediate **treatment** necessary as the result of an **accident**, plus one follow-up appointment with a **medical doctor**	○ Full cover	○ Full cover
Out-patient surgical procedures Surgical procedures where it is not **medically necessary** for the **insured peron** to be admitted to **hospital** as an **in-patient** or **day-patient**.	○ Full cover	○ Full cover	○ Full cover
Advanced diagnostic tests MRI and CAT (CT) scans performed on the advice of a **medical doctor** and PET scans performed on the advice of a **specialist**. The **insured peron's medical referral letter** will be required. **We** will pay for one consultation only to obtain the results of the **diagnostic test**. The **insured peron** must obtain pre-authorisation for all advanced **diagnostic tests**.	○ Full cover	○ Up to the annual limit for **out-patient treatment**	○ Up to the annual limit for **out-patient treatment**

Key ○ Full cover within annual benefit limit ○ Partial or limited cover ○ No cover ○ Optional cover

	Bronze	Silver	Gold
Out-patient treatment (continued) Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section. • Certain benefits in this section are subject to the annual limit for **out-patient treatment**.			
Complementary treatments **Treatment** by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist on the advice of a **medical doctor**. The **insured peron's medical referral letter** will be required for any **treatment** by a chiropractor, osteopath, chiropodist or podiatrist. If their condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining it rather than curing it, no further payments will be made. Cover is limited to the maximum number of **sessions** shown per **period of cover** in respect of all **treatment** types. **Treatment** must be performed by a **medical practitioner**. Medication provided by complementary therapists is not covered under this benefit.	○ Up to 10 **sessions** per **period of cover** for **post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital**	○ Up to 10 **sessions** per **period of cover**, subject to the annual limit for **out-patient treatment**	○ Up to 15 **sessions** per **period of cover**, subject to the annual limit for **out-patient treatment**
Traditional Chinese medicine Cover is limited to the maximum number of **sessions** shown per **period of cover**. **Treatment** must be performed by a **medical practitioner**.	○ No cover	○ Up to HK$388 or US$50 per **session**, up to a maximum of 15 **sessions**, subject to the annual limit for **out-patient treatment**	○ Up to HK$388 or US$50 per **session**, up to a maximum of 20 **sessions**, subject to the annual limit for **out-patient treatment**
Physiotherapy **Medically necessary** physiotherapy when an **insured person** has been referred on the advice of their **medical doctor** to a physiotherapist who is registered to practice physiotherapy in the country where the **treatment** is administered. The **insured person** must send **us** their **medical referral letter** in support of their **claim**. After their first 6 **sessions** of physiotherapy, if the **insured person** needs more **sessions** they must contact **us** for pre-authorisation. **We** will write to their **doctor** for a medical report in order to assess their **claim** further. After their first 6 **sessions**, **we** will not pay for any physiotherapy that **we** have not pre-authorised. If their condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining rather than curing it, no further payments will be made.	○ **Post-hospital treatment** received within the 90-day period following the date the **insured person** is discharged from **hospital**, up to HK$7,750 or US$1,000 per **period of cover**	○ Up to the annual limit for **out-patient treatment**	○ Up to the annual limit for **out-patient treatment**
Hormone replacement therapy When prescribed by a **medical doctor** following an **insured person's** diagnosis with premature ovarian failure (i.e. loss of ovarian function before the age of 40).	○ No cover	○ Maximum period of 12 months from the date of diagnosis	○ Maximum period of 18 months from the date of diagnosis
Monitoring and maintenance of chronic conditions Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a **chronic condition**.	○ No cover	○ Up to the annual limit for **out-patient treatment** (subject to a 15% **co-insurance**)	○ Up to the annual limit for **out-patient treatment**

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Well-being benefits Important notes: - • **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**.			
Preventive health and well-being (6-month waiting period) **Preventive health checks** and tests for adults, including: - • health screens (e.g. tests for cholesterol, high blood pressure, diabetes, anaemia, lung/kidney/liver function, cardiac risk) • Papanicolaou (PAP) test • mammogram, prostate cancer, and colon cancer screens • flu jabs • hearing test • eye examination If **you** have selected the enhanced preventive health and well-being option, **your eligible employees** and their **eligible dependants** are eligible for the higher benefit limit on their **plan**.	No cover	Up to HK$2,325 or US$300 per **period of cover** Up to HK3,875 or US$500 per **period of cover** (only if **you** select it)	Up to HK$5,813 or US$750 per **period of cover** Up to HK$10,075 or US$1,300 per **period of cover** (only if **you** select it)
Vaccinations for adults Immunisations and booster injections required under regulation of the country in which **treatment** is being given, and any **medically necessary** travel vaccinations and malaria prophylaxis.	No cover	Up to HK$1,163 or US$150 per **period of cover**	Up to HK$1,938 or US$250 per **period of cover**
Well-child benefit (12-month waiting period) Routine vaccinations and developmental check-ups for children.	No cover	Up to HK$1,550 or US$200 per **period of cover**	Up to HK$3,100 or US$400 per **period of cover**
Rehabilitation treatment Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section.			
Rehabilitation treatment an **insured person** receives as an **in-patient**, carried out under the control and supervision of a **specialist** in a recognised **rehabilitation hospital or unit**, and only when it immediately follows **in-patient treatment** for illness or injury covered by their **plan**. This benefit is payable only when the admission takes place on the written recommendation of the **insured person's** treating **specialist** and the admission must take place immediately following their discharge from **hospital**.	Up to 7 days per medical condition	Up to 15 days per medical condition	Up to 30 days per medical condition
Home nursing costs Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section.			
The medical services of a **qualified nurse** to treat an **insured person** in their own home when it is **medically necessary** and relates directly to an illness or injury covered by their **plan**.	Up to 12 weeks per medical condition	Up to 12 weeks per medical condition	Up to 12 weeks per medical condition

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Lifetime care Important notes: - • **Insured persons** must obtain pre-authorisation for all benefits in this section.			
Lifetime limit for all lifetime care The overall maximum limit to the amount that an **insured person** can **claim** for all benefits in the *lifetime care* section that are covered by their **plan** during their lifetime.	HK$193,750 or US$25,000	HK$387,500 or US$50,000	HK$775,000 or US$100,000
Hospice and palliative care On diagnosis of a **terminal medical condition** covered by an **insured person's plan**, all costs for **treatment** received on the advice of a **medical practitioner** or **specialist** for the purpose of offering relief of symptoms. This includes all **hospital** or hospice accommodation, and nursing care by a **qualified nurse**.	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care
Artificial life maintenance **Treatment** an **insured person** requires after they have already been on **artificial life maintenance** for 8 weeks.	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care
Persistent vegetative state and neurological damage **Treatment** an **insured person** requires after they have been in **hospital** for 8 weeks for permanent neurological damage or if they are in a persistent **vegetative state**.	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care

	Bronze	Silver	Gold
Optical care Important notes: - • **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**.			
We will pay up to HK$1,550 or US$200 per **period of cover** for an annual optical test. Within this benefit, **we** will pay for lenses and contact lenses only upon a change of prescription. **We** do not pay for LASIK eye surgery or any other surgical correction of short-sightedness (myopia), long-sightedness (hyperopia) or irregular-shaped cornea (astigmatism). **Your eligible employees** and their **eligible depedants** are eligible for the optical care benefit only if **you** have selected it.	No cover	Up to HK$1,550 or US$200 per **period of cover** (only if **you** select it)	Up to HK$1,550 or US$200 per **period of cover** (only if **you** select it)

Key	Full cover within annual benefit limit	Partial or limited cover	No cover	Optional cover

Dental costs

Important notes: -

- **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**.
- All **dental treatment** must be carried out by a **dentist** in a **hospital** emergency room or dental surgery.
- **Treatment** for damaged crowns, dentures, bridge work or false teeth is only covered under the Dental Plus benefit.
- **We** do not cover orthodontic consultations or **treatment** of any kind.
- All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.

Emergency restorative treatment insured persons receive as an in-patient **In-patient treatment** required to restore sound and natural teeth following an **accident** covered by an **insured person's plan**, provided that **treatment** is received within 15 days of the **accident**.	Full cover	Full cover	Full cover
Emergency restorative treatment insured persons receive as an out-patient **Out-patient treatment** required to treat or replace sound and natural teeth which are lost or damaged following an **accident**, provided that **treatment** is received within 72 hours of the **accident**.	No cover	Up to HK$3,875 or US$500 per **period of cover**	Up to HK$7,750 or US$1,000 per **period of cover**
Dental Basic (6-month waiting period) **We** will pay for the following basic dental costs: - • screening (e.g. the checking for and/or the assessment of any diseased, missing and filled teeth including X-rays where necessary) twice per year • scaling and polishing and sealing (twice per year) • fillings (both composite and amalgam) • simple extractions • root canal **treatment** The Dental Basic benefit on the Silver **plan** is limited to HK$7,750 or US$1,000, or HK$11,625 or US$1,500, depending on which option **you** have selected. **Your eligible employees** and their **eligible depedants** are not eligible for cover if neither option is selected.	No cover	**Option A** Up to HK$7,750 or US$1,000 per **period of cover**, subject to a 10% **co-insurance** (only if **you** select it) —— **Option B** Up to HK$11,625 or US$1,500 per **period of cover**, subject to a 10% **co-insurance** (only if **you** select it)	Up to HK$11,625 or US$1,500 per **period of cover**
Dental Plus (12-month waiting period) **We** will pay for the following advanced dental costs: - • denture repair • full/partial dentures • dental bridges • crowns, inlays, and onlays • dental implants This benefit is optional on the Silver and Gold **plans**. **Your eligible employees** and their **eligible depedants** are not eligible for cover if **you** select neither option.	No cover	Up to HK$11,625 or US$1,500 per **period of cover**, subject to a 10% **co-insurance** (only if **you** select it)	Up to HK$15,500 or US$2,000 per **period of cover**, subject to a 10% **co-insurance** (only if **you** select it)

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Maternity costs Important notes: - • **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**. • **Insured persons** must obtain pre-authorisation for all benefits in this section. • Dependant children included on an **eligible employee's plan** are not eligible for these benefits. • **We** do not cover the **treatment** of any newborn child born following **assisted reproduction** (e.g. IVF) in the event of the birth occurring within 36 weeks of conception. • Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and childbirth benefit. • **We** do not cover pregnancy testing, or pre-natal classes and doulas. • **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy. • **We** do not cover breast pumps. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Routine maternity care and routine care of newborns (12-month waiting period) **We** will pay for the following routine maternity costs: - • pre-natal tests and examinations • post-natal **treatments** and examinations • natural childbirth • childbirth by **planned caesarean section** • any **hospital** accommodation costs for the newborn baby • basic newborn healthcare (physical examination, vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, blood tests for PKU, congenital hypothyroidism and G6PD, prior to discharge from the **hospital**) • home birth, where a midwife is present • supplements and vitamins as recommended by a **medical doctor** The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any **hospital** or birthing center accommodation costs will be limited to the cost of a standard **hospital** room. The routine maternity care and childbirth benefit on the Silver **plan** is limited to HK$38,750 or US$5,000, or HK$58,125 or US$7,500, or HK$77,500 or US$10,000, depending on which option **you** have selected. **Your eligible employees** and their **eligible depedants** are not eligible for cover if no option is selected.	No cover	**Option A** Up to HK$38,750 or US$5,000 per pregnancy, subject to a 20% **co-insurance** **Option B** Up to HK$58,125 or US$7,500 per pregnancy, subject to a 20% **co-insurance** **Option C** Up to HK$77,500 or US$10,000 per pregnancy, subject to a 20% **co-insurance**	Up to HK$116,250 or US$15,000 per pregnancy
Complications of pregnancy (12-month waiting period) **In-patient** or **day-patient treatment** necessary as a direct result of a **complication of pregnancy**. **We** do not provide cover for childbirth under this benefit. **We** do not provide cover under this benefit for complications arising from a pregnancy established through **assisted reproduction** (e.g. IVF) until after the standard 12-week scan, irrespective of how long the **insured person** has been covered by their **plan**. The benefit limit on the Silver **plan** is extended to full cover if **you** select the complex maternity option.	Up to HK$37,200 or US$4,800 per **period of cover**	Up to HK$116,250 or US$15,000 per **period of cover** Full cover (only if **you** select it)	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Maternity costs (continued) Important notes: - • **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**. • **Insured persons** must obtain pre-authorisation for all benefits in this section. • Dependant children included on an **eligible employee's plan** are not eligible for these benefits. • **We** do not cover the **treatment** of any newborn child born following **assisted reproduction** (e.g. IVF) in the event of the birth occurring within 36 weeks of conception. • Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and childbirth benefit. • **We** do not cover pregnancy testing, or pre-natal classes and doulas. • **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy. • **We** do not cover breast pumps. • All **in-patient** and **day-patient treatment** and accommodation costs at a **restricted hospital in Hong Kong** are subject ot a 20% **co-insurance** if the **insured person** chooses a **private room**.			
Childbirth necessitating an emergency surgical procedure (12-month waiting period) Surgeons', anaesthetists' and theatre fees for childbirth that necessitates an emergency surgical procedure and any additional accommodation charges incurred as the result of the surgical procedure. This includes childbirth by **emergency caesarean section**. Cover on the Silver **plan** is only available if **you** select the complex maternity option.	No cover	Up to HK$155,000 or US$20,000 per pregnancy (only if **you** select it)	Full cover
Emergency medical treatment for newborn babies (12-month waiting period) **We** will pay for **in-patient** or **day-patient treatment** that an **insured person's** newborn baby receives during their first 90 days of life, provided the **insured person** has added the newborn baby to their **plan** within 30 days of the date of birth. During this 90-day period, **we** will pay for **treatment** of **congenital conditions** or hereditary conditions. This benefit is subject to the following conditions: - • **We** won't pay for any emergency medical **treatment** for the newborn baby if they are born within the 12-month **waiting period** for this benefit • Any benefit **we** pay during the 90-day period in respect of **treatment** for **congenital conditions** or hereditary conditions will be deducted from the newborn baby's lifetime limit for **congenital conditions** or hereditary conditions and any related conditions • The newborn baby must have the same **plan** as the **insured person** when the **insured person** adds them to their **plan** The limits shown apply to each pregnancy, regardless of the number of children born. The benefit limit on the Silver **plan** is extended if **you** select the complex maternity option.	No cover	Up to HK$77,500 or US$10,000 per pregnancy ——— Up to HK$387,500 or US$50,000 per pregnancy (only if **you** select it)	Up to HK$775,000 or US$100,000 per pregnancy

Key ○ Full cover within annual benefit limit ○ Partial or limited cover ○ No cover ○ Optional cover

	Bronze	Silver	Gold
Expat benefits Important notes: - • **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**. • **Insured persons** must obtain pre-authorisation for all benefits in this section.			
24-hour medical assistance helpline If an **insured person** has a medical emergency which requires immediate medical assistance, they must contact **our** 24-hour helpline (provided by CEGA) at +44 (0) 1243 621 155 or william.russell@cegagroup.com.	○ Full cover	○ Full cover	○ Full cover
Medevac Basic If an **insured person** (or any child covered by the newborn benefit within its first 90 days of life) has a life-threatening or limb-threatening condition covered by their **plan** which requires immediate **in-patient treatment** that cannot be adequately provided locally, the **Assistance Service** will arrange for them to be moved by air and/or by surface transportation to the nearest **hospital** within their **area of cover** where appropriate medical **treatment** is available. **We** do not cover any other costs under this benefit such as hotel accommodation charges. **We** do not cover emergency evacuation to, from or within the United States of America. The **Assistance Service** retains the absolute right to decide whether the **insured person's** medical condition is eligible for evacuation, where they are evacuated to, and the means and method of the evacuation.	○ Full cover	○ Full cover	○ Full cover
Return airfare Following an emergency evacuation covered by an **insured person's plan**, **we** will pay for their economy return airfare to their **place of residence**.	○ Full cover	○ Full cover	○ Full cover
Travel expenses of a companion The transportation costs of another person to accompany an **insured person** on their emergency evacuation, and their economy-class ticket back. If it is not possible for them to accompany the **insured person** on their medical evacuation because of the method of evacuation, **we** will pay either for their economy-class round-trip airfare on a scheduled flight, or their suitable round-trip surface transportation, whichever is the most appropriate.	○ Full cover	○ Full cover	○ Full cover
Accommodation expenses of a companion If the **insured person's** companion is then staying with the **insured person** while they are hospitalised following their emergency evacuation, **we** will pay towards the costs of the companion's hotel accommodation (limited to a maximum of 15 nights per **period of cover**).	○ Up to HK$558 or US$72 per night	○ Up to HK$744 or US$96 per night	○ Up to HK$1,938 or US$250 per night
Compassionate home visit (12-month waiting period) If a **close family member** dies during an **insured person's period of cover** and after they have been insured by their **plan** for a continuous period of 12 months, **we** will pay for their economy-class round-trip airfare to attend the funeral. The **insured person's** travel must take place within 28 days of the date of death.	○ Lifetime limit of one claim per insured person	○ Lifetime limit of one claim per insured person	○ Lifetime limit of one claim per insured person

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Bronze	Silver	Gold
Expat benefits (continued) Important notes: - • **Insured persons** are eligible for certain benefits in this section only if they have been selected by **you** and they are stated on their **Certificate of Insurance**. • **Insured persons** must obtain pre-authorisation for all benefits in this section.			
Repatriation of mortal remains If an **insured person** dies as the result of a condition that is covered by their **plan** while they are outside their **country of nationality**, **we** will pay for the **insured person's** body or ashes to be transported to their **country of nationality** or **place of residence**. This benefit is not available if a **claim** is made for the burial or cremation benefit at the place where the **insured person** died.	Full cover	Full cover	Full cover
Burial or cremation If an **insured person** dies as the result of a condition that is covered by their **plan** while they are outside their **country of nationality**, **we** will pay for the **insured person** to be buried or cremated at the place where they died. This benefit is not available if a **claim** is made under the repatriation of mortal remains benefit. **We** do not provide cover under this benefit if the **insured person** dies in their **country of nationality**. **We** do not provide cover under this benefit for the costs of a religious practitioner.	Up to HK$12,400 or US$1,600	Up to HK$12,400 or US$1,600	Up to HK$12,400 or US$1,600
Medevac Plus The following benefits apply in addition to those under the Medevac Basic benefit. Evacuation if an **insured person** (or any child covered by the newborn benefit within its first 90 days of life) needs **advanced diagnostics** or cancer **treatment** such as radiotherapy or chemotherapy that cannot be adequately provided locally. All eligible evacuations will include repatriation to the **insured person's country of nationality** if it is within their **area of cover**, or to their **place of residence**. **We** do not cover emergency evacuation or repatriation to, from or within the United States of America. If the **insured person** requests repatriation to their **country of nationality** or to their **place of residence**, it may, in some cases, not be appropriate immediately due to their medical condition. In such cases, **we** will first evacuate them to the nearest place within their **area of cover** where appropriate **treatment** is available. Once they have been stabilised, **we** will then repatriate them to their **country of nationality** if it is within their **area of cover**, or their **place of residence**. If the **insured person** is evacuated to a place or country which is not their **place of residence** and not their **country of nationality**, and they do not have anyone to accompany them, **we** will pay the economy-class round-trip airfare to have one companion flown from anywhere in the world to be with them while they receive their **treatment**. **We** will also pay up to HK$1,163 or US$150 per day (for a maximum of 30 days per **period of cover**) towards their hotel accommodation expenses whilst the **insured person** has their **treatment**, or until the date on which they return to their **country of nationality** or their **place of residence** (whichever is the sooner). Cover is only available if the Medevac Plus option if **you** select it.	Full cover (only if **you** select it)	Full cover (only if **you** select it)	Full cover (only if **you** select it)

Section C, Costs Not Covered by your Policy

The following are not covered by **your policy**, as well as any specific exclusions stated on an **employee's Certificate of Insurance**, and other exclusions and limitations stated within the **table of benefits**.

All conditions, tests, **treatments** or increased **treatment** costs incurred because of complications that occur directly or indirectly as a consequence of **treatment** of any excluded condition will also not be covered.

Addictive conditions/disorders and alcohol, drug and solvent abuse

Treatment related to: -

- addictions (such as alcohol or drug addiction) or substance abuse (such as alcohol, drug or solvent abuse)
- any illness or injury caused directly or indirectly as a result of any such abuse or addiction
- any illness or injury caused directly or indirectly as a result of being under the influence of any substance (such as alcohol, drugs or solvents)

Allergy testing and/or desensitisation

Treatment related to: -

- allergy testing by hair analysis
- allergy desensitisation or food neutralising injections

We will only pay for patch testing if an **insured person** has been referred by a **medical doctor**. Patch testing is limited to one patch testing investigation for each **insured person** over the lifetime of the **policy**. A **medical referral letter** will be required.

Alternative treatment and therapies

Alternative **treatments** and therapies, including, but not limited to, aqua physiotherapy, bone-setting, colonic irrigation, hydrotherapy, Intervertebral Differential Dynamics (IDD), kinesiology, naturotherapy, Ayurveda and massage therapy.

Artificial life maintenance

Insured persons are not covered for **artificial life maintenance**, other than any benefit they are eligible for in the *lifetime care* section of the **table of benefits**.

Birth control, sexual problems and gender reassignment

Treatment directly or indirectly arising from or connected with: -

- contraception or sterilisation
- sexual problems (including impotence and decreased libido)
- gender reassignment

Chemical exposure and contamination

Investigations or **treatment** related to any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

Circumcision

Unless it is required for **treatment** of an **acute medical condition** covered by the **insured person's plan**.

Consultations or investigations when the insured persons is not physically present

Insured persons are not covered for consultations or investigations where they are not physically present, without prior agreement from **us**. This includes, for example, interviews by medical practitioners with other medical practitioners or with family members.

Convalescence, rehabilitation, nursing homes and health spas/hydros

Treatment related to: -

- **hospital** accommodation if the reason the **insured person** is hospitalised is for the purpose of convalescence, **rehabilitation** or supervision
- relaxation or rest **treatments**, or **treatments** in nature cure clinics, health spas and health hydros
- private beds registered as nursing homes attached to such establishments or a **hospital** where the **hospital** has effectively become the **insured person's** home or permanent abode

Other than **treatment** covered under the **rehabilitation treatment** section of the **table of benefits.**

Cosmetic surgery and treatment

Investigations or **treatment** related to: -

- cosmetic or aesthetic **treatment** to enhance the **insured person's** appearance, even when medically prescribed
- the removal of fat or surplus tissue
- breast enlargement or reduction
- sclerotherapy for spider veins, **treatment** of superficial varicose veins
- Botox, dermal fillers, or **treatment** of vitiligo or any skin pigmentation disorder

Criminal activity

Treatment arising from or related to injuries sustained while an **insured person** is engaged in a criminal, illegal or unlawful act.

Dietician

Treatment or advice by a dietician or nutritionist (unless covered under the dietitian benefit in the *cancer treatment* section of the **table of benefits**).

Experimental drugs and treatments

Treatment or medicine which in **our** reasonable opinion is experimental or unproven based on generally accepted current clinical evidence and generally accepted medical practice.

Eyesight

Treatment related to: -

- **treatment** to correct an **insured person's** eyesight, such as laser **treatment**, refractive keratotomy and photorefractive keratotomy
- upgraded lenses as part of an eye operation, such as cataract surgery

- spectacles, and other visual aids, **treatment** of strabismus (squint) or amblyopia (lazy eye)
- sight tests (unless covered under the *well-being benefits* section of the **table of benefits**)

Failure to follow medical advice

Treatment arising from or related to: -

- **treatment** arising from or related to an **insured person's** unreasonable failure to seek or follow medical advice and/or prescribed **treatment**, or their unreasonable delay in seeking or following such medical advice and/or prescribed **treatment**
- complications arising from ignoring such advice

Foetal surgery

Surgery undertaken on a child while it is in its mother's womb.

Genetic testing and/or genetic engineering

Other than **treatment** an **insured person** may be eligible for under the cancer genome tests benefit in the *cancer treatment* section of the **table of benefits**.

Hearing

Treatment related to or arising from: -

- **treatment** for or arising from deafness caused by maturing or ageing
- **treatment** for or arising from deafness caused by a **congenital condition** if either the abnormality was diagnosed, or the **insured person** was showing signs or symptoms of the abnormality, before their **date of entry** (unless covered under their **plan** under the emergency treatment for newborn babies benefit in the *maternity costs* section of the **table of benefits**)
- hearing aids
- hearing tests (unless covered under the *well-being benefits* section of the **table of benefits**)

Infertility, IVF and assisted reproduction

Treatment related to or arising from: -

- testing or diagnosis related to infertility
- infertility **treatment**, **assisted reproduction** (e.g. IVF **treatment**), including establishing pregnancy

Nasal septum deviation

Treatment related to nasal septum deviation and nasal concha resection.

Natural changes as a result of ageing

Treatment related to or arising from: -

- **treatment** to relieve the symptoms commonly associated with physiological or natural changes as a result of ageing e.g. menopause or puberty
- bone densitometry
- reproductive hormone testing, reproductive hormone therapy or hormone replacement therapy (unless covered under **your plan** under the hormone replacement therapy benefit in the *out-patient treatment* section of the **table of benefits**)

Palliative care

Treatment relating to palliative care other than cover available for the palliative care of a **terminal medical condition** in the *lifetime care* section of the **table of benefits**.

Persistent vegetative state and neurological damage

Treatment received after: -

- **you** have been in a **vegetative state** for a period of eight weeks
- **you** have sustained permanent neurological damage and remained in **hospital** for a period of eight weeks

Except for any **treatment you** are eligible for under the *lifetime care* section of the **table of benefits**.

Physical development, learning difficulties, speech disorders, and behavioural problems

Consultations, tests required to diagnose, or **treatment** of or related to: -

- developmental delays
- learning and education difficulties, including, but not limited to, dyslexia and speech disorders
- behavioural problems, including, but not limited to, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and Tourette's syndrome
- physical development of any kind
- teething
- bed wetting

Pre-existing medical conditions or related conditions

Treatment related to: -

- any **pre-existing medical conditions** of the following types and any **related conditions**, if the **insured person** has ever had them at any time before their **date of entry**, unless **we** have agreed otherwise: -
  - *brain or nervous system conditions*
  - *cancer, tumours or growths*
  - *heart or circulatory conditions*
  - *mental health conditions, drug and alcohol issues or sleep disorders*
  - *joint replacements*; and
- any other **pre-existing medical conditions** and **related conditions** that **insured person** has had during the five years before their **date of entry**, unless **we** have agreed otherwise.

Preventive surgery

Surgery when no physical signs or symptoms are shown, or no diagnosis has been made.

Professional sports and motorised racing as an amateur or a professional

You are not covered for **treatment** for an illness or injury related to: -

- participation in (including training for or practising for) any kind of professional sport or professional racing (by professional, **we** mean sport where **you** are being paid to participate and/or **you** are receiving sponsorship or other benefits as a result of **your** participation)
- participation in (including training for or practising for) any kind of racing (whether amateur or professional) which involves the use of a motorised vehicle

Scalp conditions

Treatment related to: -

- **treatment** specifically related to scalp conditions, including, but not limited to, alopecia
- wigs (unless covered under the *cancer treatment* section of the **table of benefits**)

Search and/or rescue

Treatment related to or arising from: -

- search and/or rescue operations, including, but not limited to, mountain rescue or rescue from ski slopes or pistes
- evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht

Second opinions or duplicate tests

Second or subsequent opinions from a **medical doctor**, **medical practitioner** or **specialist** or for duplicate tests for the same condition.

Self-inflicted injuries

Treatment of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

Sexually-transmitted infections

Treatment related to sexually-transmitted infections including genital/anal warts.

Sleep disorders

Diagnostic tests for or **treatment** of any sleep related disorder, including, but not limited to insomnia, snoring and sleep apnoea.

Stem cell harvesting

Stem cell harvesting other than prior to a stem cell transplant, or any **treatment** undertaken in anticipation of, prior to, or following such harvesting.

Sundry medical supplies

Non-prescribed items such as hot and cold packs and support bandages, unless these are required as a result of **treatment** received during a medical emergency.

Travel costs

Travel costs including airfares and hotel accommodation (unless covered under the *expat benefits* section of the **table of benefits**).

Treatment by a related party

Treatment provided by and/or under the control of and/or on referral from: -

- any family member, including, but not limited to, a **spouse**, **partner**, parent, brother, sister, child, grandparent, grandchild, uncle or aunt
- any **medical services provider**, **medical practitioner** or **specialist** where the **insured person** has a financial interest and/or a professional interest, including, but not limited to, employees, employers, consultants and owners

Vitamins, dietary supplements, natural substances, and creams

You are not covered for commercially available substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, moisturisers, oils, creams, or other pharmaceutical products, other than any **treatment** available under the routine maternity care and childbirth benefit in the *maternity costs* section of the **table of benefits**.

War and terrorism

Treatment arising directly or indirectly from war, foreign enemy hostility, terrorism, rebellion, civil war, revolution, military coup, riot, strike, martial law, state of siege or attempted overthrow of a government, in a country or region that the British Foreign & Commonwealth Office has advised its citizens to leave, or advised its citizens against all travel to, unless the **insured person** is an **innocent bystander**.

Weight-related conditions and eating disorders

Investigations or **treatment** related to:

- obesity, or which is necessary because of obesity
- weight monitoring or control, such as slimming classes, aids and drugs
- bariatric surgery, or complications resulting from bariatric surgery
- eating disorders of any kind, such as anorexia nervosa or bulimia

Wilful exposure to needless danger

Treatment of any conditions arising directly or indirectly from an **insured person's** gross negligence and/or wilful exposure to needless danger except in an attempt to save a human life.

Section D, Making a Claim

Part D1, Eligible Medical Services Providers

Insured persons have freedom to choose when and where they receive their medical **treatment** within their **area of cover**. Please note that **we** will only pay up to the **reasonable and customary** monetary amount which is typically charged in the place or country where **treatment is being received.**

Part D2, Claiming for Treatment that Requires Pre-Authorisation from Us

As stated in the **table of benefits**, there are certain benefits and **treatments** for which **insured persons** must obtain pre-authorisation.

If an **insured person** needs to claim for a benefit or **treatment** for which they must obtain pre-authorisation, they must contact **us** in advance of starting their **treatment** and give **us** all the information **we** require to assess if their proposed **treatment** will be eligible for cover under their **plan**. If the **insured person's** proposed **treatment** is eligible for cover, **we** will pre-authorise all eligible expenses. **We** will not pay for any **treatment** costs or expenses that have not been pre-authorised by **us** in advance.

Pre-authorisation of all in-patient and day-patient hospital treatment

All **in-patient** and **day-patient hospital treatment** must be pre-authorised by **us** or the **Assistance Service**.

Insured persons must contact **us** as soon as they know that they need **in-patient** or **day-patient treatment**. They must let **us** know that they need **in-patient** or **day-patient treatment** at least 5 days in advance of their **admission**. This gives **us** sufficient time to contact the **hospital** to obtain the necessary medical information.

When an **insured person** contacts **us**, **we** will ask them to complete a pre-authorisation form and a consent form that permits the **hospital** to release the necessary medical information to **us**. Once **we** have received all the medical information that **we** require, both from the **hospital** and the **insured person** (including any other information **we** might need), **we** will advise the insured person if the proposed medical **treatment** will be covered by their **plan**.

If an **insured person** contacts **us** less than 5 days in advance of their admission, **we** may be unable to pre-authorise their **treatment** in time. This means they may have to pay for the **treatment** themselves and submit a **claim** for reimbursement to **us** later. In some instances, **we** may decline their reimbursement **claim** or **we** may subject their reimbursement **claim** to a 20% **co-insurance**.

If an **insured person** is admitted to **hospital** in an emergency and it's not reasonably possible for them to contact **us** in advance of their admission, **we** will consider their **claim** provided that they contact **us** within 24 hours of their admission. If they do not contact **us** within 24 hours, **we** may decline their **claim** or subject their **claim** to a 20% **co-insurance**.

If an insured person does not obtain pre-authorisation for treatment that we have specified must be pre-authorised

For eligible **treatment** which has not been pre-authorised, **we** will only reimburse 80% of the eligible costs.

Part D3, Treatment in the USA

All **treatment** received in the United States of America must be pre-authorised in advance by **us** or by the **Assistance Service**. **We** will not pay for any **treatment** in the United States of America that has not been pre-authorised.

If **we** instruct a local agent to arrange the billing or cost adjustment of an **insured person's** medical **treatment** expenses in the United States of America, any fees charged by the local agent will be deducted from the USA benefit limit available under the **insured person's plan**.

Part D4, Claiming for Out-Patient Treatment

We recommend that an **insured person** contacts **us** before undergoing any **treatment** to ensure that the **treatment** is eligible for cover.

Claiming for eligible treatment costs

If claiming for a medical condition, **insured persons** will need to download a claim form from **our** website.

The **insured person** must complete Section A of the claim form. If the total amount of their **claim** is likely to exceed HK$3,875 or US$500 (or the foreign currency equivalent), the **insured person** must take the **claim** form with them when they visit their **doctor** and ask him or her to complete and sign Section B of the claim form.

Even if an **insured person's claim** is less than HK$3,875 or US$500 **we** may in some cases require the **doctor** to complete and sign Section B of the claim form before **we** can settle the **claim**.

We will only reimburse claims after **we** have received fully itemised invoices and receipts which give a breakdown of the **treatment** and medical services received and any drugs that have been prescribed.

Insured persons must retain their original invoices, receipts and **claim** forms for 12 months. **We** may require these for auditing purposes.

Insured persons must submit **claims** within 6 months of their **treatment** date, unless it was not reasonably possible for them to submit the **claim** within this time. **We** will not pay any invoices or receipts received by **us** more than 6 months after the **treatment** date.

Well-being and dental claims

Claim forms are not required when claiming for well-being and dental **treatment**. When claiming for these benefits the **insured person** must send **us** their fully itemised invoices and receipts, together with their bank account details.

Compassionate home visit claims

We will require a copy of the death certificate of the **insured person's** close family member, together with a copy of the invoice for their round-trip airfare stating the class of travel, together with their bank account details.

Part D5, Using the Direct Billing Service

To be eligible to receive the **direct billing services**, an **insured person** must have completed an application for **direct billing services**, and have paid any additional premium invoiced by **us**.

If **insured persons** are eligible for direct billing services this will be stated on their **Certificate of Insurance**, and they will be issued with a membership card which bears the letters *DB*. This card, together with photographic identification, will enable them to receive eligible **treatment** at a **medical services provider** within the **William Russell direct billing network**. The **medical services provider** will bill **us** directly.

If the cost of the **treatment** is greater than HK$3,875 or US$500, the **medical services provider** will contact **us** for pre-authorisation of the treatment. Alternatively, the **insured person** can contact **us** for pre-authorisation of the **treatment**. Once **we** have verified that the **treatment** is eligible for cover, **we** will let the **direct billing medical services provider** know.

It is important to note that the **medical services provider** is not aware of the terms and benefits provided by **your policy**, and they will provide **treatment** in accordance with a separate agreement between **us** and them.

This means that for claims of less than HK$3,875 or US$500 where the **medical services provider** is not obliged to contact **us** for pre-authorisation, it is the **insured person's** responsibility to **claim** only for **treatment** that is eligible for cover under the **policy**.

We have an obligation to settle all bills for **treatment** received from **medical services providers** within the **William Russell direct billing network**, provided they fall within the terms of the contract between the **medical services provider** and **us**.

If an **insured person** receives **treatment** for a condition or a benefit that is not covered by their **plan**, **we** will invoice them for the ineligible expenses they have claimed. If they do not repay to **us** these ineligible expenses, it will be **your** responsibility to repay to **us** the amount of the ineligible claim.

If **you** fail to repay to **us** the amount of the ineligible **claim** within a period of 30 days, **we** reserve the right to withdraw direct billing services from a particular **insured person**, or from all **insured persons**, and **we** also reserve the right not to renew **your policy**.

If an **insured person's** cover is cancelled you must return their membership card to us. **We** will only cancel the cover from the date we receive the card. **We** can accept cut copies of the card. The card will need to be sent to **us** by post in order for **us t**o proceed with the cancellation.

The membership cards are **our** property and **we** can ask **you** to return the cards to **us** at any time.

Part D6, Claims for which a Medical Referral Letter is Required

If an **insured person** is claiming for **out-patient** physiotherapy, any **treatment** under the complimentary benefits benefit, **out-patient** mental health **treatment**, a dietician consultation or an MRI or CAT (CT) scan they must also send **us** their **medical referral letter**. If they are claiming for a PET scan, they must also send **us** their **specialist's medical referral letter**.

Part D7, Supplying the Information We Require to Process Claims

We can accept the information required to process **claims** via e-mail. Itemised invoices, receipts, medical referral letters (when required) and fully completed claim forms can all be scanned in PDF format and emailed to hkclaims@william-russell.com. The original copies of everything must be retained for a period of 12 months as **we** reserve the right to receive these documents before we assess a claim. We may also require them at any time for auditing purposes. Original documents can be sent to us by post.

Time limit for submission of claims

Insured persons must submit their claims within 6 months of the **treatment** date unless it was not reasonably possible for them to submit the **claim** within that time.

Part 8, Paying Claims

Where possible **we** will settle invoices for **in-patient** or **day-patient treatment** direct with the **hospital** or **medical services provider**. **We** will deduct any **excess** or **co-insurance** amount, and any other ineligible items, and the **insured person** will be responsible for paying the shortfall direct to the **hospital** or **medical services provider**.

If **we** are paying the **insured person** direct, **our** preferred method of payment is by bank transfer. If they provide **us** with incorrect payment details and **we** cannot recover the payment, **we** will not make the payment again.

We will only make payment to the **insured person** or to the **medical services provider** that provided their **treatment**. Payment will not be made for **treatment** that has been planned but not received at the time of claiming.

If **we** pre-authorise costs which subsequently turn out to have been related to a condition which is not covered by their **plan**, the **insured person** will be responsible for all the costs incurred, and if **we** have made any settlement on behalf of an **insured person**, they will be responsible for replaying to **us** the amount we have paid. If they do not repay this amount **we** reserve the right to reclaim the ineligible amount from **you**.

We will not pay fees charged by a **medical practitioner**, or anyone else, for completing a claim form.

Exchange rates

We will settle **insured persons' claims** in the currency that **you** pay **your premium** (unless an **insured person** instructs **us** to settle their **claim** in another currency **we** can administer).

If **we** make a currency conversion for a **claim** with a single invoice, **we** will use the exchange rate applicable on the date stated on the invoice.

For multiple invoices submitted for one **claim**, **we** will use the exchange rate applicable on the **claim** payment date.

We import exchange rates from oanda.com into **our** IT system each night. **We** use the exchange rates at the time of the import, which may differ slightly from the historic exchange rates shown on oanda.com. Historic exchange rates are based on the average exchange rate for any particular day.

Excess, co-insurance and benefit limits

The **excess** shown on each **eligible employee's Certificate of Insurance** is the amount they and any other **insured persons** included on their **Certificate of Insurance** have to pay towards the cost of their **treatment**. The **excess** is taken per medical condition per **period of cover**.

If an **insured person's** cover is subject to an **excess** and the benefit they are claiming for has **co-insurance** and/or limits, **we** will apply the **co-insurance** first, then the **excess**, then the limit.

If an **insured person's** cover is subject to an **excess** per **claim**,

this is the amount they will have to pay each time they make a new **claim** for eligible **treatment**. If an **insured person** subsequently suffers a new occurrence of that condition, this will be treated as a new **claim**, and **we** will apply the **excess** again to that new **claim**. If the **insured person's** course of **treatment** spans two **periods of cover** (e.g. it is a **chronic condition** such as AIDS/HIV or it is **out-patient treatment** following consultations and/or tests for cancer), **we** will apply the **excess** again when **your policy** renews.

If a **claim** is for the **treatment** of a **chronic condition**, AIDS/HIV, or for **out-patient treatment** follow-up consultations and/or tests for cancer, and the **treatment** continues into a new **period of cover**, **we** will treat it as a new **claim**. In these circumstances **we** will re-apply the **excess** at **your renewal date** and each subsequent **renewal** until the claim is finished.

If an **insured person's** claim is in respect of the well-being benefit, the **excess** will be applied once per **period of cover**.

If the **excess** is per annum it will be applied once per **period of cover**. For example, if an **insured person's excess** is HK$2,000 per annum, **we** will not pay for the first HK$2,000 of eligible expenses they incur during the **period of cover**. **We** will apply one **excess** per **period of cover** irrespective of the number of **claims** made. **Insured person** must submit all eligible **claims** to **us** – even **claims** within their annual **excess** amount, as **we** will only be able to reimburse them when the value of the eligible expenses they incur exceeds the amount of their annual **excess**. When **you** renew **your policy**, the annual **excess** will apply again in respect of the new **period of cover**.

Part D9, Our Right to Request and Receive Additional Information

We may need to ask for additional information to enable **us** to assess a claim, such as further medical reports or test. These must be provided at the **insured person's** own expense. **We** may also request an independent medical examination. If an **insured person** does not agree to supply **us** with any reasonable additional medical information **we** ask for, **we** will not be able to assess their **claim**.

If an **insured person** requires on-going **treatment we** may ask for further medical information and if **we** do, the cost of providing this information must be borne by the **insured person**. **We** are unable to return original documents such as invoices or medical reports/letters, but **we** will send the **insured person** copies upon request.

Our right to request a treatment review

We will not pay for **treatment** which in our opinion is inappropriate based on established medical and clinical practice and **we** are entitled to conduct a review of the **insured person's treatment** when it is reasonable for **us** to do so.

Part D10, Illness or Injury Caused by a Third Party

If an **insured person** claims for an illness or injury that was caused by some other person or organisation (a third party) they must let **us** know in writing straight away, or tell **us** on their claim form.

We will then pay benefit in accordance with the terms of **your policy**, provided the **insured person** takes all necessary steps **we** ask them to take to assist **us** in recovering **our** costs from the person or organisation at fault (such a through their insurance company) the cost of the **treatment** paid for by **us**, plus interest, at their own expense

If the **insured person** pursues a personal claim for damages against a third party, they must provide **us** with the full name and address of the lawyer handling the action. **We** will then contact the lawyer to register **our** interest and seek to recover **our** own costs, plus interest, in addition to any damages that the **insured person** may recover or be awarded.

We reserve the right to appoint **our** own lawyer to act on the **insured person's** behalf in this matter and to take over the conduct of the action.

If any **insured person** is able to recover from the third party (whether or not through legal action) compensation that includes any **treatment** costs **we** have paid, they must repay that amount to **us**. Any interest that the **insured person** may also have been awarded that relates to the recovered **treatment** costs **we** have paid for must also be repaid to **us**. If an **insured person** only receives a proportion of a **claim** for damages then they must repay to **us** the same proportion of **our** costs.

Part D11, If an Insured Person is Covered by Another Insurance Policy

If an **insured person** has any other insurance that covers the same costs as **we** do, **we** will only pay **our** proportionate share of the **claim**. In this event, the **insured person** must provide **us** with full details of the other insurance, including the name and address of the other insurance company, their policy and claim number and any other relevant information, when they first submit their **claim**. **We** will then contact the other insurance company to ensure that **we** only pay **our** proportion of the **claim**.

This may involve **us** sending an **insured person's** personal information regarding their **claim** to the other insurance company.

We will allow sums paid by another insurance company to be offset against the **excess** payable under **your policy** with **us**, subject to receiving confirmation from the other insurance company of any amounts already paid by them, and subject to the **treatment** costs being eligible for cover under **your policy** with **us**.

Part D12, Costs We Do Not Cover in Connection with Other Claims

As well as the exclusions stated above, **we** also do not cover the following fees:

- fees for the completion or providing of **claim** forms or any other medical reports or forms such as **medical referral letters**, even if **we** have requested them
- bank charges incurred as a result of **us** transferring money
- losses that **insured persons** may incur due to fluctuations in exchange rates
- charges incurred due to payment errors that arise as the result of **you or the insured persons** having provided **us** with incorrect information
- administration, registration, or cancellation fees charged by **hospitals**, **doctors**, or other providers of medical services
- any charges made a bank or credit card company

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