

**SCHEDULE OF BENEFITS**

**HOSPITALIZATION**

	<u>EXECUTIVE</u>	<u>MAJOR</u>	<u>PRIMARY</u>
<b>Annual Overall Limit</b>			
• per person per policy year (US\$)	500,000	250,000	50,000
<b>• Hospital Services</b>			
- Room & Board (per day)	400	180	100
- Doctor visit (per day)	AS CHARGED	AS CHARGED	100
- Intensive Care Unit (per day)	800	360	200
- Companion Bed of One Family Member (per day)	45	25	10
- Hospital Miscellaneous Services	AS CHARGED	AS CHARGED	3,000 per disability
<b>• Surgical Benefits</b>			
- Surgical Fee	AS CHARGED	AS CHARGED	6,000 per disability [Subject to Surgical Schedule of Fees]
- Anaesthetist Fee	AS CHARGED	AS CHARGED	30% of surgical fee payable
- Operation Theatre Fee	AS CHARGED	AS CHARGED	30% of surgical fee payable
<b>• Nursing at Home</b>			
- per day limit	no limit	no limit	no limit
- maximum per policy year	182 days	91 days	30 days
<b>• Emergency Medical Transportation</b>			
per person per policy year	Full Refund	100,000	50,000
<b>• Emergency Dental Treatment</b> (following accident) per policy year	10,000	2,000	500
<b>• Post Hospital Treatment</b> up to 90 days per person per policy year	2,500	1,000	500
<b>• Repatriation/Local Burial</b>	5,000	3,000	1,000
<b>• Local Ambulance Service</b>	AS CHARGED	AS CHARGED	AS CHARGED
<b>• Organ Transplantation</b> per person per policy year	100,000	75,000	15,000

**OPTIONAL OUT-PATIENT**

	<u>EXECUTIVE</u>	<u>MAJOR</u>	<u>PRIMARY</u>
<b>ANNUAL OVERALL LIMIT</b>			
- per person per policy year (US\$)	3,000	2,500	1,500
<b>A) General Out-patient Services</b>	COVERED	COVERED	25 [max. 30 visits per year]
<b>B) Specialist Out-patient Services</b>	COVERED	COVERED	40 [max. 10 visits per year]
<b>C) Prescribed Drugs</b>	COVERED	COVERED	200 per year
<b>D) Laboratory and X-Ray Services</b>	COVERED	COVERED	300 per year
<b>E) Physiotherapy/Chiropractic Treatment</b>	COVERED	COVERED	25 per visit
- max no. of visits per policy year	10	10	10
<b>F) Emergency Ward Treatment up to 24 hours</b>	COVERED	COVERED	100 per year
<b>G) Chinese Herbalist, Bonesetter and Acupuncturist Services (provided in H.K.)</b>			
- per visit limit	COVERED	COVERED	25
- maximum per policy year	500	300	5 visits
<b>Percentage of Reimbursement</b>	80%	80%	80%
<b>Overall maximum no. of visits per policy year</b>	N/A	N/A	30 visits
- sum of the number of visits for benefit items A, B, E & G			

***Territorial Scope***

The Area 2 option is not available to citizens or permanent residents (whatever nationality) of the United States of America or Canada. Purchase of this insurance by those people will render the policy null and void.

Area 1: Worldwide excluding USA/Canada.

Area 2: Worldwide including USA/Canada.

Treatment in USA/Canada is subject to a 20% co-insurance on the first US\$10,000 of covered medical expenses incurred.

This co-insurance is applicable to hospitalization benefits only.