

BENEFITS TABLE

1	CORE PLAN	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.1	Maximum Annual Reimbursement	\$200,000	\$400,000	\$200,000	\$400,000
1.2	Hospital room and board	*Standard Ward Room	*Standard Ward Room	*Standard Ward Room	*Standard Ward Room
1.3	Intensive Care Unit				
1.4	Doctor's fees (including surgeon's & anaesthetist's fees)				
1.5	Medical Treatment, laboratory tests, x-rays, MRI, PET and CT scans Use of operating & recovery room prescriptions drugs & dressings • When received as an In-patient or Day-patient	Full Refund	Full Refund	Full Refund	Full Refund
1.6	Organ & Bone Marrow transplants • Donor costs (e.g. Search, removal, acquisition) not covered	Not Covered	Up to \$100,000	Not Covered	Up to \$100,000
1.7	Reconstructive surgery following an accident (*)				
1.8	Day-care treatment and Outpatient Surgery	Full Refund	Full Refund	Full Refund	Full Refund
1.9	Internal prosthetic devices				
	Pre and Post-Hospital Care	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.10	General practitioners & specialist consultations, prescribed drugs and dressing, physiotherapy and chiropracty • Within 30 days before hospitalization and within 60 days following hospital discharge	Up to \$500	Up to \$1000	Up to \$500	Up to \$1000
1.11	Rehabilitation and convalescence rest care	Full Refund Up to 15 days			
1.12	Ancillary charges (Purchase or rental of crutches or wheelchairs)	Up to \$500 per year	Up to \$1000 per year	Up to \$500 per year	Up to \$1000 per year
	Cancer Care	PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.13	In-patient, Day-patient and Outpatient Treatment (eg. Chemotherapy, Radiotherapy), excluding all experimental treatments	Not Covered	Full Refund	Not Covered	Full Refund

Remarks: All amounts are in US \$ only.

*Only for Zone 3:
Plan 1 and Plan 3 : up to US\$ 100 per night
Plan 2 and Plan 4 : up to US\$ 150 per night

BENEFITS TABLE

Chronic Medical Conditions		PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.14	Stabilisation of Acute exacerbations / episodes of chronic medical conditions	Not Covered	Covered within the limits in the in-patient, daycare and out-patient sections	Not Covered	Covered within the limits in the in-patient, daycare and out-patient sections
1.15	Maintenance, routine checkups, prescribed drugs and dressings		Up to \$2,500 per year		Up to \$5,000 per year
Additional Benefits		PLAN 1	PLAN 2	PLAN 3	PLAN 4
1.16	Accidental Damage to teeth (Treatment received in an emergency ward of a hospital within 5 days of incurring an accidental damage to sound and natural teeth)	Full Refund	Full Refund	Full Refund	Full Refund
1.17	Local road ambulance charges	Full Refund	Full Refund	Full Refund	Full Refund
1.18	Hospice and Palliative care when diagnosed as terminal	Not Covered	\$50,000 Lifetime Limit	Not Covered	\$50,000 Lifetime Limit
1.19	Kidney Dialysis	Not Covered	Full Refund	Not Covered	Full Refund
2	Outpatient Care - Applicable excess applies 'per visit'			\$10 Co-payment/visit	\$10 Co-payment/visit
2.1	Maximum Annual Reimbursement			\$2,000	\$4,000
2.2	GP & Specialist consultations				
2.3	Prescribed drugs & dressings				
2.4	Laboratory tests, X-rays, Diagnostic tests and procedures				
2.5	Emergency ward Treatment			Full Refund	Full Refund
2.6	MRI, PET, CT scans Tests • When received as an Outpatient. This benefit does not apply to scans received as an admitted Day-patient or In-patient.	Not Covered	Not Covered		
2.7	Physiotherapy (Max \$100 per visit)			Not Covered	Max 10 visits / policy year
2.8	Complementary Medicine Practitioners • Defined as Chiropractor / Osteopath / Acupuncturist / Homeopath			Not Covered	Full Refund Up to \$750 / policy year (Up to a combined max. of 10 visits per year)
2.9	Traditional Chinese Medical Practitioner (Including Medicine) • Must be registered Traditional Chinese Medical practitioner			Not Covered	

BENEFITS TABLE

3 Medical Evacuation and Repatriation Services (Prior Approval from Insurer compulsory) *		ALL PLANS
3.1	Evacuation / Repatriation Emergency medical evacuation to the nearest hospital or emergency medical repatriation	Full Cover
3.2	Transportation of mortal remains or burial at the place of death	Full Cover
3.3	Compassionate Visit by a relative of the Insured (Applicable when hospitalisation exceeds 5 consecutive days) One economy class return airfare Accommodation for compassionate visit by a relative accompanying the insured	Full Cover \$125 / day (Max 7 days)
3.4	Return of minor children (<19, unmarried and at school) if left alone when Insured is hospitalised. One-way economy class airfare per eligible child	Full Cover
3.5	Early Return One economy class return airfare	Full Cover
3.6	Temporary replacement colleague (transport costs)	Full Cover

* This service is provided by AXA Assistance

For complete terms and conditions and explanation of benefits, refer to Chapter III of the General Conditions