

Standard International Plan is a flexible solution to your health insurance needs. Choose optional benefits such as treatment area limit (TAL discount) and outpatient exclusion to reduce premium or upgrade options such as dental, travel and vision cover to tailor your insurance to match your requirements and budget.

Schedule of Benefits (in US\$)

	STANDARD	UPGRADE PLAN
Maximum Benefit For Any One Disability and Sequelae (Covers normal, usual and customary charges for:)	US\$1,000,000	US\$2,000,000

Inpatient Benefits

	Semi-Private in E.U Countries, U.K., H.K, N.America, Switzerland or Private in other countries	Private
Room and Board		
Parent Accommodation An extra bed in the same room for a parent accompanying an insured child under 12 years old		100%
Intensive Care Unit , Coronary Care Unit and Operating Room		100%
Surgeon's Fee Includes pre-surgical assessment and normal post-surgical care		100%
Anaesthetist's Fee		100%
Miscellaneous Inpatient Charges For required diagnostic laboratory tests, x-rays, prescribed medicines; Professional Fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)		100%
Organ Transplant Fees for kidney, heart, lung, liver or bone marrow transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of This benefit is a lump sum maximum per organ and no other policy benefits are payable in respect of Organ Transplant		US\$200,000
HIV / AIDS Coverage will apply when HIV and/or its related illnesses present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of		US\$100,000
Hospital Cash Benefit For inpatient treatment received without charge for up to 15 nights		US\$100 per night
Home Nursing Immediately after a hospital confinement and certified to be medically necessary by the attending physician for up to 30 days		100%
Rehabilitation When certified necessary by the attending physician for up to 45 days of inpatient, day case or outpatient treatment starting within 14 days immediately after the hospitalization		100%
Oncology Radiotherapy and chemotherapy (by way of infusion and injection) received as inpatient, day case or outpatient treatment		100%
Hospice Care For terminal illnesses with lifetime limit of		US\$10,000
Psychiatric and Mental Disorders Hospital charges of US\$5,000 per year with lifetime limit of		US\$10,000
Maternity Benefit Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to When both parents are insured, the limit shall be increased by 50%		US\$5,000
Free New Born Cover New born child is eligible for the same medical plan as the Insured Person 15 days after the later of the date of birth or the date of discharge on submission of application to the Company until the Insured Person's next renewal for free.		Included

Emergency Benefits

Emergency Room Treatment	100%
Accidental Damage to Teeth Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	100%
Emergency Local Ambulance Service	100%
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service Additional Travel Expenses (following Evacuation) One economy class airline ticket to return an Insured Person to the country of residence	Included
Repatriation of Mortal Remains Covers costs for repatriation of mortal remains of the Insured Person to home country or country of residence	100%

INTRODUCTION & BENEFITS SCHEDULE

STANDARD

UPGRADE PLAN

Outpatient Benefits

Physician and specialists' fees for office visits - Physiotherapist and chiropractor when referred by the attending physician; and for required diagnostic laboratory tests, x-rays and prescribed medicines.

100%

Alternative Medicines

Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner; and prescribed herbs up to an annual limit of

US\$1,500

Note: "100%" herein means full reimbursement of the normal, usual and customary charges in accordance with the eligible room type or other localized circumstances or customs.

Additional Benefits

(Covers normal, usual and customary charges for eligible expenses:)

Dental Benefit

80% reimbursement up to an annual limit of

US\$2,000

Vision Benefit

80% reimbursement for eye examinations and prescription lenses annually for each Insured Person (this option is only available to groups of 21 or more people with 100% of the group participating) up to

US\$500

Personal Accident Benefit

Covers loss of life, loss of one or both hands or feet, loss of vision in one or both eyes, or permanent and total disability caused directly and solely by an accident.

(Maximum benefit is US\$100,000 after age 65 and coverage is terminated after age 80. Child benefit limits are US\$10,000 to US\$50,000)

US\$100,000 to US\$500,000

Travel Benefit

Covers the following eligible expenses worldwide when travelling outside your country of residence on trips lasting up to 90 days:

Emergency Medical Expenses - Covers illness or injury including

"Emergency Evacuation" - (up to US\$25,000) with a maximum of US\$300 per day for hospital room and board if the hospital expense is on per diem basis, a daily reimbursement of all charges inclusive of room and board and professional services is limited to US\$1,000 if no detailed breakdown of charges is provided; and "Get You Home Benefit" - covers the additional cost of your own travel and accommodation necessarily incurred as a result of a covered disability to get you back home.

US\$35,000

Baggage & Travel Documents

Covers loss and damage of baggage and personal items including laptop computer; and loss of travel documents up to

US\$750

Baggage Delay

Covers purchase of essential clothing and toiletries if your checked baggage is delayed on arrival at your destination for over 12 hours up to

US\$125

Personal Money

Covers theft, burglary and robbery of cash, bank notes and travellers checks up to

US\$500

Hospital Cash Income

Pays US\$50 per day for each day you are hospitalized over 24 hours up to

US\$600

Travel Delay

Covers transportation expenses incurred as a direct consequence of travel delay resulting from serious weather conditions, natural disasters (earthquake, flood, hurricane, tornado, tsunami, etc.), industrial action, hijack, mechanical derangement if an Insured Person has to re-route his trip due to cancellation of a prior confirmed booking; or "Cash Allowance" - pays US\$25 for each full 6 hours delay up to a maximum of US\$100

US\$650

Curtailement of Trip & Cancellation Charges

Covers irrecoverable prepaid travel arrangement deposits or any increased cost of travel in the event of death, serious injury or illness of the Insured Person, immediate family members or close business partner or travel companion of the Insured Person, witness summons, jury service, compulsory quarantine; natural disasters at the planned destination or complete destruction of the Insured Person's principal residence.

US\$2,500

Optional Rental Car Protection

Covers loss and damage which occurs to a rental car result directly from fire, theft, collision or vandalism. Deductible: US\$500.

US\$10,000

Discount Options

(Not applicable to Additional Benefits and subject to US\$200 minimum per Insured Person)

Treatment Area Limit (TAL)

When selected by the policyholder in respect of the policy provides coverage in Hong Kong (SAR), Japan, North America and Singapore provided the Insured Person has not been travelling to these locations for more than 30 accumulated days in one policy year. The coverage is for inpatient treatment in the event of an emergency resulting from an accident and/or the onset of an acute disability which the Insured Person had not suffered from or had been symptomatic prior to travelling.

25% Discount

Outpatient Exclusion (excludes outpatient coverage)

25% Discount

20% Co-Payment (you pay 20% and we pay 80% of eligible expenses)

25% Discount

Group Discount

(Not applicable to Additional Benefits)

5+ persons

10% Discount

21+ persons

20% Discount