

STANDARD BENEFIT SCHEDULE

Benefit items ⁽¹⁾	Benefit limit (in HKD)
(a) Room and board	\$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures – <ul style="list-style-type: none"> • Complex \$50,000 • Major \$25,000 • Intermediate \$12,500 • Minor \$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁵⁾
(i) Prescribed Diagnostic Imaging Tests ⁽²⁾⁽³⁾	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$80,000 per Policy Year
(k) Pre- and post-Confinement/Day Case Procedure outpatient care ⁽²⁾	\$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	\$30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	Nil

Notes –

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- (3) Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

SPECIMEN