

DEFINITIONS

In this Policy where consistent with the contents the singular shall include the plural and vice versa; words importing the masculine gender shall include the feminine and neuter genders and vice versa; and the following words shall have the meanings set opposite them below:

1. **Age** means age at next birthday.
2. **Application** means the form of application prescribed by the Company and completed and signed by the Policyholder pursuant to which this Policy is issued.
3. **Benefit Schedule** means the benefit schedule attached to this Policy as amended or renewed from time to time.
4. **Congenital Conditions** mean abnormalities existed at the time of birth or developed within 6 months of birth, and shall include (without limitation):
 - (i) Hernias of all types;
 - (ii) Epilepsy (excluding epilepsy caused by a trauma);
 - (iii) Strabismus; and
 - (iv) Hydrocephalus.
5. **Cover Limit** means the limit of the Company's liability for each item of benefit specified in the Benefit Schedule.
6. **Dentist** means a person duly licensed or registered in the geographical area of his practice to render dental services.
7. **Dependant** means in relation to an Insured Person the spouse or any unmarried children of the Insured Person who are more than 14 days but less than 19 years old (attained age) , or up to 25 years old (attained age) if registered as full time students at a recognized educational institution.
8. **Disability** means Sickness, Disease or an Illness or an Injury. Two or more Disabilities are treated as one Disability unless they are
 - (i) due to causes unrelated to each other or
 - (ii) separated by at least 90 days from the date of discharge from the Hospital or the date of last treatment by the Physician, whichever is the later.

Sickness, Disease or Illness means a physical condition marked by a pathological deviation from the normally healthy state.

Injury means bodily damage caused by external, physical, visible, accidental and involuntary means.
9. **Eligibility** means the length of time specified in Eligibility in the Policy Schedule that an Insured Person is required to work for the Policyholder or its affiliated companies as a Full Time Employee before such Insured Person becomes eligible to participate in the insurance plan under this Policy.
10. **Full Time Employee** means a person who is employed by the Policyholder or its affiliated companies to work with a minimum of 30 hours per week on a permanent basis.
11. **Hospital** means an establishment duly registered as a hospital for the care and treatment of sick and injured persons as bed-paying patients and which:
 - (i) has facilities for diagnosis and surgery;
 - (ii) provides 24 hours a day nursing services by registered nurses;
 - (iii) is under the supervision of a Physician; and
 - (iv) is not primarily a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home; a home for the aged or similar establishment.
12. **Hospital Confinement** means any hospital confinement with Hospital Room and Board charge incurred.
13. **Insurance Period** means the period of time during which this Policy is in force, which is specified as "Insurance Period" in the Policy Schedule.
14. **Insured Dependant** means an Insured Person's Dependant, not being an Insured Person, who is insured under this Policy and whose name is specified in this Policy or in an endorsement issued by the Company.

15. **Insured Person** means a person, not being an Insured Dependand, who is insured under this Policy and whose name is specified in this Policy or in an endorsement issued by the Company.
16. **Medically Necessary Treatment or Service** in relation to a Disability means a medical service which is consistent with the diagnosis and customary medical treatment for such Disability in accordance with standards of good medical practice; not for the convenience of the relevant Insured Person or Insured Dependand or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.

Normal and Customary in relation to fees means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and when in relation to material or services means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
17. **Physician or Surgeon** means a person duly licensed or registered to practise western medicine in the geographical area in which his service as a physician or surgeon is provided.
18. **Policy** means the terms and conditions of CARING Employee Medical Insurance Plan.
19. **Policy Effective Date** means the 1st Inception Date as specified in the Policy Schedule from which the coverage under this Policy becomes effective.
20. **Policy Schedule** means the Policy Schedule issued with and attached to this Policy as amended by way of endorsement issued by the Company from time to time which contains the policy number of this Policy, details of the employee classification, Eligibility, coverage of this Policy, and other particulars for identification purposes.
21. **Renewal** means a renewal of this Policy without any lapse of time upon expiry of the current Insurance Period and **Renewal Date** and **Renewed Policy** shall be construed accordingly.
22. **Registered Clinic** means any premises used for the medical diagnosis or treatment of persons, which is a) registered with the Registrar of Clinics of Department of Health of Hong Kong pursuant to the Medical Clinics Ordinance (CAP. 343) of the laws of Hong Kong or in relation to jurisdictions outside of Hong Kong, the body of equivalent standing, and b) legally authorized in the geographical area of such premises. The Company reserves the right to determine which health authorities are the appropriate authorities for the purpose of this Policy.
23. **Specialist** means a medical practitioner registered and licensed as such in the geographical area in which his service is provided and who is classified by the appropriate health authorities as a person with special expertise in specified fields of medicine. The Company reserves the right to determine which health authorities are the appropriate authorities for the purpose of this Policy.
24. **Surgical Schedule** means the surgical schedule incorporated herein as amended from time to time.
25. **Upper Age Limit** means the maximum age limit of the Insured Person and Insured Dependand as specified in the Policy Schedule.

CONDITIONS

1. Eligible Persons

- (i) All Full Time Employees shall be eligible for insurance on the day following their completion of the required waiting period as specified under the Eligibility in the Policy Schedule.
- (ii) Any employee who is not actively at work on the date he would otherwise become eligible for insurance shall not be eligible until the date he returns to active employment.

2. Insured Persons

An Eligible Person for whom a written request for insurance is made shall become an Insured Person on the following date:

- (i) the date he first becomes eligible if such request is made within 31 days after he first becomes eligible and the duly completed enrolment form has been received and coverage confirmed by the Company; or
- (ii) otherwise, the date of written acceptance by the Company after receiving satisfactory evidence of health at his own expense.

3. **Termination of Insurance for Insured Persons**

The insurance of an Insured Person shall automatically cease on the earliest of the following dates:

- (i) the date of termination of this Policy;
- (ii) the date of expiration of the period for which the last premium payment is made in respect of such Insured Person;
- (iii) the date on which the Insured Person's relationship with the Policyholder shall cease;
- (iv) the end of Insurance Period following the Insured Person's birthday of the Upper Age Limit as specified in the Policy Schedule.

For the avoidance of doubt, if an Insured Person is confined in a Hospital on account of a Disability at the last day before such termination, then reimbursement of medical fees, charges and expenses incurred after the cessation of insurance in respect of such Disability shall be payable until he is discharged from Hospital or until his benefits for such Disability shall have been exhausted, whichever shall first occur.

4. **Eligible Dependants**

- (i) Dependants of an Insured Person shall be eligible for insurance on the date such Insured Person becomes insured under this Policy or on the date they become Dependants of such Insured Person, whichever is the later.
- (ii) Any Dependant who is confined to a hospital on the date he would otherwise become eligible for insurance shall not be eligible until the date he is discharged from Hospital.

5. **Insured Dependants**

An Eligible Dependant for whom a written request for insurance is made shall become an Insured Dependant on the following date:

- (i) the date he first becomes eligible if such request is made within 31 days after he first becomes eligible and the duly completed enrolment form has been received and coverage confirmed by the Company; or
- (ii) otherwise, the date of written acceptance by the Company after receiving satisfactory evidence of health at his own expense.

6. **Termination of Insurance for Insured Dependants**

The insurance of an Insured Dependant shall automatically cease on the earliest of the following dates:

- (i) the day the Insured Person ceases to be an Insured Person;
- (ii) the day the Insured Dependant ceases to be a Dependant of the Insured Person;
- (iii) the end of Insurance Period following the Insured Dependant's birthday of the Upper Age Limit as specified in the Policy Schedule.

For the avoidance of doubt, if an Insured Dependant is confined in a Hospital on account of a Disability at the last day before such termination, then reimbursement of medical fees, charges and expenses incurred after the cessation of insurance in respect of such Disability shall be payable until he is discharged from Hospital or until his benefits for such Disability shall have been exhausted, whichever shall first occur.

7. **Data Required**

- (i) The Policyholder shall maintain a record with respect to each Insured Person or Insured Dependant under this Policy, showing the Insured Person's or Insured Dependant's name, sex, date of birth, the date insurance became effective, the date insurance terminated, the date of change of classification and such other data as may be necessary to carry out the terms of the Policy.
- (ii) The Policyholder shall furnish the Company with all information and proofs, which the Company may reasonably require with regard to any matters pertaining to this Policy. All documents furnished to the Policyholder by any Insured Person or Insured Dependant in connection with the insurance, together with such records as may have a bearing on the insurance under this Policy, shall be open for inspection by the Company at all reasonable times.

8. The Contract

- (i) This Policy, all schedules and endorsements (which form part of this Policy) shall be read together as one contract and words and expressions to which specific meanings have been attached in any part of this Policy or of the Schedule shall bear such specific meanings whenever they may appear.
- (ii) All statements relating to material facts made by the Policyholder, or by any Insured Person shall, in the absence of fraud, be deemed representations and not warranties, and no statement shall be used in defense of a claim under this Policy unless it is in writing.
- (iii) The rights of the Policyholder, Insured Person or Insured Dependant under this Policy shall not be affected by any provision other than those contained in this Policy, or in the enrolment form of an Insured Person or Insured Dependant.
- (iv) No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by the Company and evidenced by endorsement hereon, or by amendment hereto signed by the Company.

9. Premium

- (i) The first premium hereunder is due on the Policy Effective Date and subsequent premiums (if any) are due and payable on the first day of each payment term according to the Mode of Payment as specified in the Policy Schedule.
- (ii) The Company shall have the right to change the rate at which premium shall be calculated on Renewal Date. Premium for each renewal are determined based on the Age of the Insured Person and Insured Dependant and the premium rate on the applicable premium table upon renewal. Premium table is subject to change from time to time based on factors including but not limited to the inflation of related medical expenses, the Company's medical claims experience and persistency of policies, and the Company shall notify the Policyholder at least 31 days in advance of the change.

10. Grace Period

A grace period of 31 days following the premium due date shall be allowed to the Policyholder for the payment of each premium and applicable levy after the first. If any premium and applicable levy is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to the Company for the premium and applicable levy for the time the Policy was in force during the grace period.

11. Notice and Proof of Claim

Written notice of Disability on which a claim may be based must be given to the Company within 31 days after the Disability was first treated. Written proof including original receipts and itemized bills together with a fully completed claim form prescribed by the Company for which an indemnity claim is made must be furnished to the Company within 90 days after the Disability was first treated. If proof was not given within the time specified, it must be shown that proof was given as soon as was reasonably possible, or the Company will not pay the benefit.

12. Payment of Claim

Any claim payment in respect of an Insured Person or an Insured Dependant shall be paid to the Insured Person, unless the Policyholder for the reasons acceptable to the Company requests otherwise, or the Company, at this discretion, considers it preferable to make the payment in another manner.

13. Clerical Errors and Misstatement

- (i) Neither clerical error in keeping any records pertaining to the insurance under this Policy, nor delays in making entries thereon, shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, but upon discovery of such error or delay, an equitable adjustment of premiums shall be made.
- (ii) If the age or date of birth or other relevant facts relating to an Insured Person or Insured Dependant shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.
- (iii) Where a misstatement of age or other relevant facts has caused a person or dependant to be insured hereunder when he is otherwise ineligible for insurance, or where such statement has caused a person or dependant to remain insured when he would otherwise be disqualified in accordance with the terms and conditions of this Policy, his insurance shall be void and there shall be a return of premiums and applicable levy paid in respect of the person or dependant, provided always that where there is fraud on the part of the Policyholder, Insured Person or Insured Dependant, no premiums paid are to be returned.

14. Enrolment Forms

The Policyholder shall furnish to the Company individual enrolment form for each Insured Person and Insured Dependand in the form prescribed by the Company.

15. Certificate, Information and Evidence

All certificates, information, medical reports and evidence as required by the Company shall be furnished at the expense of the Policyholder or Insured Person or Insured Dependand. All notices which the Company shall require the Policyholder or any Insured Person or Insured Dependand to give under this Policy must be in writing and addressed to the Company. An Insured Person or Insured Dependand shall, at the Company's request and expense, submit to medical examinations whenever such are deemed necessary.

16. Renewal

This Policy is subject to the payment of premiums, shall be in force for one policy year, from the Policy Effective Date to the day before the first anniversary of the Policy Effective Date.

At the expiry of this Policy, this Policy may be renewed by the Policyholder for another Insurance Period at such rate or on such terms as the Company may determine at the time of each Renewal. The Company reserves the right to revise the benefits, premium rates, terms and conditions, and to make changes to this Policy upon Renewal.

17. Upgraded Policies

If the benefits in relation to any Insured Person or Insured Dependand under the terms of this Policy are increased while this Policy is in force or at the time of Renewal and if such Insured Person or Insured Dependand shall have been afflicted with a Disability prior to or at the time of such increase, the limit of benefits payable in respect of such Disability shall not exceed the limit of benefits prior to the date the benefits were increased.

18. Cancellation

(i) The Company may cancel this Policy by giving 31 days notice in writing to the Policyholder subject to the rights of any Insured Person or Insured Dependand in respect of any Disability which had occurred prior to the effective date of cancellation of this Policy. In the event of cancellation the Policyholder is entitled to a refund of any premium and applicable levy paid by him after a deduction of a proportionate part for the period during which this Policy has been in force.

(ii) The Policyholder may cancel this Policy at any time by notifying the Company of such intent by posting a registered letter addressed to the Company, specifying the effective date of cancellation of this Policy; and provided that no claim have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the premium and applicable levy paid by him less an administration charge of 10% of the annual premium in respect of this Policy.

19. Other Insurance

The Policyholder or any of the Insured Persons or Insured Dependands shall inform the Company of details of any other medical insurance under which benefits are entitled during the term of this Policy.

20. Arbitration

All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators one to be appointed in writing by each of the parties within one calendar month after one party has required in writing to the other party that this be done or in case the Arbitrators do not agree to an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators and preside at their meetings and the making of an arbitration award in accordance with this clause shall be a condition precedent to any right of action any party may have against the Company. If the Company shall disclaim liability for any claim made hereunder and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to arbitration in accordance with the provisions hereunder then such claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

21. Suits against Third Parties

Nothing in the Policy shall render the Company liable to be joined as a party in any way whatsoever to any suit for damage which may be instituted by the Policyholder or an Insured Person or Insured Dependand against any provider of medical services or treatments, wherein such may sue the same for reasons of neglect, malpractice or other causes arising from his/their acts or omissions in the treatment or examination of any Insured Person or Insured Dependand under the terms of this Policy.

22. Fulfilment of Terms

The due observance and the fulfillment of the terms and conditions of this Policy by the Policyholder and each of the Insured Person and Insured Dependant in so far as they relate to anything to be done or complied with by the Policyholder and Insured Person and Insured Dependant under this Policy, and the truth of the statements and answers in every application form or in respect of any claim shall be conditions precedent to any liability of the Company to make payment under this Policy.

23. Governing Laws

This Policy shall be governed by the laws of Hong Kong.

24. Currency

All payments made under this Policy shall be made in the legal currency of Hong Kong including payments of premiums and payments of claims for expenses, costs and fees incurred in foreign currencies which shall be converted into Hong Kong dollars by the Company at the rate of exchange current on the date on which the expenses, costs and fees being claimed were incurred, as quoted by a licensed bank in Hong Kong to the Company.

25. Territorial Limits

Insurance cover and benefits are applicable to the Insured Persons or Insured Dependants without geographical limitation.

26. Outpatient Credit Facilities

The following conditions apply for the issue and use of Outpatient Credit Facilities (if applicable):

Credit Facilities

- (i) The Company shall issue Healthcare Card (“the Card”) by means of physical card or digital card to the Insured Person or Insured Dependent for outpatient medical treatment provided by a panel of participating physicians/medical professionals (“the Providers”) without the need to make any payment at the time of treatment except the co-payment (if any) per consultation visit as specified in the Benefit Schedule.
- (ii) The Company guarantees to pay the Providers direct and in full except the co-payment (if any) per consultation visit as specified in the Benefit Schedule.
- (iii) For the purpose of obtaining credit facilities, the Company shall be responsible for liaising with the Providers for the Policyholder. The Company does not in any way guarantee the availability of any and all services or goods from the Providers. The Company makes no warranty nor representations regarding the professional conduct or qualification of any party, and in no event shall the Company be liable to anyone for any losses in connection with the services of the Providers.

Policyholder's Responsibilities and Liabilities

- (i) The Policyholder agrees to reimburse the Company in full for the charges incurred by the Insured Person or Insured Dependant which are in excess of the entitled benefits or any ineligible charges which are not provided under the Policy.
- (ii) In the event of termination of the Insured Person or Insured Dependant, the Policyholder shall immediately collect and return the Card from such terminated Insured Person or Insured Dependant to the Company (applicable to physical card only). The Policyholder shall be liable for all charges arising from the use of the Card when the Insured Person or Insured Dependant is no longer eligible for, or cease to be entitled to the use of the Card due to such termination.
- (iii) The Policyholder shall be liable for all charges incurred by the Insured Person or Insured Dependant if the premium of the Policy is not paid.
- (iv) If the Policy is terminated or the Policyholder should cease business or go into liquidation or receivership, the Policyholder shall collect and return all the Cards to the Company and in any event not later than the date of such termination, cessation of business, liquidation or receivership.
- (v) The Policyholder must notify the Company within 24 hours in case of theft or loss of the Card (applicable to physical card only). Any expenses arising from the usage of the Card before reported loss will be borne by the Policyholder.
- (vi) The Policyholder accepts full responsibility for the use of the Card and shall settle any outstanding balances in full within 14 days upon receipt of the shortfall charge back invoice from the Company. Otherwise, the Company reserves the right to withhold claims payment for all Insured Person or Insured Dependant under the Policy until all outstanding balances are settled.
- (vii) The Policyholder is responsible to pay HKD30 for each replacement card in case of loss of the Card (applicable to physical card only) or incorrect information imprinted on the Card which error is not made by the Company.

27. The Contracts (Rights of Third Parties) Ordinance

The Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) does not apply to this Policy, and only the Company and the Policyholder (or their authorised representatives) can enforce the terms of this Policy.

28. Sanction Exclusion Clause

If, by virtue of any law or regulation which is applicable to the Company at the inception of this Policy or becomes applicable at any time thereafter, providing coverage to the Insured Person and Insured Dependant is or would be unlawful because it breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or The People's Republic of China/Hong Kong, that the Company shall provide no coverage or benefit or have no liability whatsoever to the Insured Person and Insured Dependant, to the extent that it would be in breach of such law or regulation.

Specimen

DESCRIPTION OF BENEFITS

The items of benefits under this Policy are only enforceable if they are specified in the Benefit Schedule. The Company shall not be liable to pay any medical fees, charges and expenses incurred under any items of benefit which are not specified in the Benefit Schedule.

Section 1 - Hospitalisation Benefits (Basic cover)

Subject to the terms and conditions of each item of benefit, the maximum amount payable by the Company under the Hospitalisation Benefits in respect of each Disability shall

- (i) be determined by reference to the Benefit Schedule and the Surgical Schedule where appropriate and
- (ii) not exceed the overall limit Per Disability specified in the Benefit Schedule.

1. Hospital Room and Board

The Company shall reimburse the daily charges for room and board (inclusion of general nursing services) incurred by any Insured Person or Insured Dependant as a registered bed-paying patient in a Hospital, but not to exceed the Cover Limit for each day of Hospital Confinement and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

2. Physician's Visit

The Company shall reimburse the fees incurred by any Insured Person or Insured Dependant and charged by a Physician for visiting such Insured Person or Insured Dependant as a registered bed-paying patient during Hospital Confinement, but not to exceed the Cover Limit for each day and the maximum number of days per Disability applicable to such fees as specified in the Benefit Schedule.

3. Miscellaneous Hospital Services

The Company shall reimburse the expenses incurred by any Insured Person or Insured Dependant for the following Medically Necessary treatments or services during Hospital Confinement, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

- (i) Drugs and medicines;
- (ii) Dressings, braces, splints, plaster casts and rental of wheelchair;
- (iii) Physical therapy;
- (iv) X-Ray examinations and laboratory tests;
- (v) Blood or blood plasma and its administration;
- (vi) Oxygen and its administration;
- (vii) Ambulance services to and/or from the Hospital; and
- (viii) Anaesthetist's Fee and Operating Theatre Fee if these benefits are not specifically insured as a separate item in the Benefit Schedule.
- (ix) Day case chemotherapy, radiotherapy and kidney dialysis conducted in either a Hospital or a Registered Clinic (payable under Hospitalisation Benefits (Basic cover) only).
- (x) Day case advanced diagnostic tests (MRI, CT Scan, PET Scan) that are referred by a Physician in writing conducted in either a Hospital or a laboratory center (payable under Hospitalisation Benefits (Basic cover) only).

4. Surgeon's Fee

The Company shall reimburse the fees incurred by any Insured Person or Insured Dependant and charged by a Surgeon for surgical operation conducted in either a Hospital or a Registered Clinic, subject to the following conditions:

- (i) The reimbursement for any surgical operation for each Disability shall not exceed the Cover Limit specified in the Benefit Schedule for the classification of such surgical operation in the Surgical Schedule. If more than one surgical operations are performed for the same Disability irrespective of whether or not such operations are performed during the same or different surgical sessions, the reimbursement shall not exceed the highest Cover Limit applicable.
- (ii) If a surgical operation is performed which is not listed in the Surgical Schedule, the Company shall pay such an amount as would be payable for a surgical operation listed in the Surgical Schedule which, in the opinion of the Company, has a degree of severity equivalent to that of the first mentioned surgical operation.
- (iii) If more than one surgical operations are performed through a single incision in respect of unrelated Disabilities, the reimbursement shall not exceed the highest Cover Limit applicable.
- (iv) If more than one surgical operations are performed at the same surgical session through different incisions in respect of unrelated Disabilities, the reimbursement shall not exceed (a) 100% of the highest Cover Limit applicable and (b) 50% of other Cover Limits applicable.

5. Anaesthetist's Fee

The Company shall reimburse the fees incurred by any Insured Person or Insured Dependant and charged by the anaesthetist for the service provided during the surgical operation, subject to the same conditions (i) to (iv) as described under Surgeon's Fee herein.

6. Operating Theatre Fee

The Company shall reimburse the operating theatre fees incurred by any Insured Person or Insured Dependant for the use of operating theatre and equipment or materials during the surgical operation, subject to the same conditions (i) to (iv) as described under Surgeon's Fee herein.

7. Specialist's Fee

The Company shall reimburse consultation fees incurred by any Insured Person or Insured Dependant and charged by a Specialist during confinement in a Hospital provided that such consultation has been recommended in writing by the attending Physician, but not to exceed the Cover Limit per Disability applicable to Specialist's Fee as specified in the Benefit Schedule.

8. Intensive Care Unit

The Company shall reimburse charges incurred by any Insured Person or Insured Dependant for an Intensive Care Unit, provided that it is certified Medically Necessary by the attending Physician or Surgeon that the Insured Person or Insured Dependant should be confined to such unit, but not to exceed the Cover Limit for each day of confinement and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

9. Home Nursing

The Company shall reimburse the charges incurred by any Insured Person or Insured Dependant for services rendered by a qualified nurse in respect of nursing at home for such period recommended by a Physician, but not to exceed the Cover Limit for each day and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

10. Emergency Outpatient Treatment

The Company shall reimburse the charges incurred by any Insured Person or Insured Dependant for emergency outpatient treatment of an Injury in a Hospital within 24 hours of the Injury, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

11. Post Hospitalisation Treatment

The Company shall reimburse charges incurred by any Insured Person or Insured Dependant for follow-up treatment by the same Physician or Surgeon within 31 days immediately after such Insured Person or Insured Dependant has been discharged from Hospital, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

12. Daily Cash Benefit

The Company shall pay the Daily Cash Benefit of amount as specified in the Benefit Schedule for each day of Hospital Confinement if the Insured Person or Insured Dependant is confined in the general ward of Hospital Authority hospital in Hong Kong, but not to exceed the maximum number of days per Disability as specified in the Benefit Schedule.

13. Hospital Cash Benefit for Second Claim

The Company shall pay the Daily Hospital Cash for Second Claim of amount as specified in the Benefit Schedule, if the Company is the secondary payer for any claims involving Hospital Confinement (except for Hospital confinement in the general ward of a Hospital Authority hospital in Hong Kong), but not to exceed the maximum number of days per Disability as specified in the Benefit Schedule. This only applies to claims where the primary payer is an insurer (other than the Company) under either an individual or a group medical policy.

14. Psychiatric Treatment (for applicable policies only)

The Company shall pay for the eligible expenses of the psychiatric treatments incurred by any Insured Person or Insured Dependant and charged by a Specialist in psychiatry during Confinement in a Hospital provided that such consultation has been recommended in writing by the attending Physician, subject to the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

This benefit shall be payable in lieu of other benefit items under Section 1(1) to (13) of Hospitalisation Benefits. For the avoidance of doubt, where a Confinement is not solely for the purpose of psychiatric treatments, this benefit shall only be payable for the eligible expenses charged on the medical services related to psychiatric treatments. Where the eligible expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatment, the expenses in entirety shall be payable under other respective benefit items under Hospitalisation Benefits in lieu of this benefit.

15. Accidental Death Benefit (for Insured Person only)

The Company shall pay the Accidental Death Benefit of amount as specified in the Benefit Schedule to the Insured Person's legal personal representatives if during the Insurance Period the Insured Person dies which is solely caused by an accident.

Specimen

Section 2 - Supplementary Major Medical Benefits (Optional Cover)

The Company shall reimburse the Normal and Customary charges in excess of the amount payable under the Hospitalisation Benefits incurred by any Insured Person or Insured Dependant during Hospital Confinement, subject to the Deductible amount as specified in the Benefit Schedule and the reimbursement percentage (%) as determined hereunder, but not to exceed the Maximum Limit per Disability as specified in the Benefit Schedule.

1. If the Hospital Confinement in respect of which such charges have been incurred is at the same or lower level of accommodation than the Benefit Level insured and defined under the Hospitalisation Benefits, the reimbursement % shall be the percentage as specified in the Benefit Schedule.
2. If the Hospital Confinement in respect of which such charges have been incurred is at the Private level and the Benefit Level insured and specified under the Hospitalisation Benefits is at the Semi-Private level, the reimbursement % shall be 50%.
3. If the Hospital Confinement in respect of which such charges have been incurred is at the Semi-Private level and the Benefit Level insured and specified under the Hospitalisation Benefits is at the Ward level, the reimbursement % shall be 50%.
4. If the Hospital Confinement in respect of which such charges have been incurred is at the Private level and the Benefit Level insured and specified under the Hospitalisation Benefits is at the Ward level, the reimbursement % shall be 25%.
5. Supplementary Major Medical Benefits shall not be payable for Hospital Confinement in class of suite/VIP/deluxe room of a hospital.

Specimen

Section 3 – Outpatient Benefits (Optional Cover)

The aggregate number of visits for consultation covered in any one Insurance Period (also known as “policy year”) under the Outpatient Benefits shall not exceed the total number of visits per policy year as specified in the Benefit Schedule. The amount payable shall be subject to the reimbursement percentage (%) and co-payment requirement (if applicable) as specified in the Benefit Schedule and shall not exceed the Cover Limit applicable to such charges and overall maximum limit per policy year as specified in the Benefit Schedule.

1. Consultation at Physician’s Office

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person or Insured Dependant for the consultation fee and cost of medicine in respect of treatment provided by the Physician subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, the maximum number of visits during that policy year in which he is insured shall be calculated on a pro-rata basis.

2. Physiotherapist’s/Chiropractor’s Treatment

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person or Insured Dependant for treatment provided by the physiotherapist or chiropractor subject to a maximum of one visit per day but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule (if any) provided that such Insured Person or Insured Dependant was referred to such physiotherapist or chiropractor by a Physician in writing. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, the maximum number of visits during that policy year in which he is insured shall be calculated on a pro-rata basis.

3. Specialist’s Consultation

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person or Insured Dependant for the consultation fee and cost of medicine in respect of treatment provided by a Specialist subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule (if any) provided that such Insured Person or Insured Dependant was referred to such Specialist by a Physician in writing. In the event of no such referral having been made in writing by a Physician, the amount payable by the Company shall be limited to the amount that is payable under Consultation at Physician’s Office. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, the maximum number of visits during that policy year in which he is insured shall be calculated on a pro-rata basis.

4. Chinese Medicine Practitioner’s Treatment

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person or Insured Dependant for the consultation fee in respect of treatment provided by a Chinese Medicine Practitioner (including Bonesetter and Acupuncturist) subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, the maximum number of visits during that policy year in which he is insured shall be calculated on a pro-rata basis.

5. Diagnostic X-ray & Laboratory Tests

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person or Insured Dependant for X-Ray examinations or laboratory tests that are referred by a Physician in writing for diagnostic purpose, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, such Cover Limit during that policy year in which he is insured shall be calculated on a pro-rata basis.

6. Prescribed Western Medicine and Drugs – Any Source Outside Clinic (if applicable)

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges, other than when confined in a Hospital, incurred by any Insured Person or Insured Dependant for western medicines and drugs as prescribed and signed on a written basis by the attending Physician and purchased from a registered pharmacy or dispensary (not being the one within the attending Physician’s clinic), but not to exceed the Cover Limit per policy year applicable to such charges as specified in the Benefit Schedule. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, such Cover Limit during that policy year in which he is insured shall be calculated on a pro-rata basis.

Section 4 – Dental Benefits (Optional Cover)

The Company shall reimburse the dental charges incurred by any Insured Person or Insured Dependant for the following treatments provided by a Dentist. The amount payable shall be subject to the reimbursement percentage (%) and shall not exceed the Cover Limit applicable to such charges, overall maximum limit per policy year and total number of visits per policy year as specified in the Benefit Schedule. If any Insured Person or Insured Dependant is insured for a fraction of the policy year, such Cover Limit during that policy year in which he is insured shall be calculated on a pro-rata basis.

- (i) Routine Oral Examination (Scaling, Polish & Prophylaxis)
- (ii) X-rays required prior to the performance of dental service
- (iii) Abscesses
- (iv) Fillings
- (v) Extractions

Specimen

SURGICAL SCHEDULE

Each of the "Classification" shown in this Surgical Schedule is shown for the sole purpose of determining the maximum amount payable by the Company hereunder in respect of the surgical operation set opposite thereto by way of reimbursement of surgeon fee and shall not otherwise affect the interpretation of this Policy.

Procedure / Surgery		Classification	
ABDOMINAL AND DIGESTIVE SYSTEM			
Oesophageal / stomach / duodenum	Excision of oesophageal lesion / destruction of lesion or tissue of oesophagus, cervical approach	Major	
	Highly selective vagotomy	Major	
	Laparoscopic fundoplication	Major	
	Laparoscopic repair of hiatal hernia	Major	
	Oesophagogastroduodenoscopy (OGD) +/- biopsy and/or polypectomy	Minor	
	OGD with removal of foreign body	Minor	
	OGD with ligation / banding of oesophageal/ gastric varices	Intermediate	
	Oesophagectomy	Complex	
	Total oesophagectomy and interposition of intestine	Complex	
	Percutaneous gastrostomy	Minor	
	Permanent gastrostomy / gastroenterostomy	Major	
	Partial gastrectomy +/- jejunal transposition	Major	
	Partial gastrectomy with anastomosis to duodenum / jejunum	Major	
	Partial gastrectomy with anastomosis to oesophagus	Complex	
	Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition	Complex	
	Suture of laceration of duodenum / patch repair, duodenal ulcer	Major	
	Vagotomy and / or pyloroplasty	Major	
	Jejunum, ileum and large intestine	Appendectomy, open or laparoscopic	Intermediate
		Anal fissurectomy	Minor
Anal fistulotomy / fistulectomy		Intermediate	
Incision & drainage of perianal abscess		Minor	
Delorme operation for repair of prolapsed rectum		Major	
Colonoscopy +/- biopsy		Minor	
Colonoscopy with polypectomy		Minor	
Sigmoidoscopy		Minor	
Haemorrhoidectomy, internal or external		Intermediate	
Injection / banding of haemorrhoid		Minor	
Ileostomy or colostomy		Major	
Anterior resection of rectum, open or laparoscopic		Complex	
Abdominoperineal resection, open or laparoscopic		Complex	
Colectomy, open or laparoscopic		Complex	
Low anterior resection of rectum, open or laparoscopic		Complex	
Reduction of volvulus or intussusception		Intermediate	
Resection of small intestine and anastomosis		Major	
Biliary tract		Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate	
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate	
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor	
	Liver transplantation	Complex	
	Marsupialization of lesion / cyst of liver or drainage of liver abscess, open approach	Major	
	Removal of liver lesion, open or laparoscopic	Major	
	Sub-segmentectomy of liver, open or laparoscopic	Major	
	Segmentectomy of liver, open or laparoscopic	Complex	
Pancreas	Wedge resection of liver, open or laparoscopic	Major	
	Closed biopsy of pancreatic duct	Intermediate	
	Excision / destruction of lesion of pancreas or pancreatic duct	Major	
Abdominal wall	Pancreaticoduodenectomy (Whipple's Operation)	Complex	
	Exploratory laparotomy	Major	
	Laparoscopy / peritoneoscopy	Intermediate	
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate	
	Bilateral repair of inguinal hernia, open or laparoscopic	Major	
	Unilateral herniotomy / herniorrhaphy, open or laparoscopic	Intermediate	
BRAIN AND NERVOUS SYSTEM	Bilateral herniotomy / herniorrhaphy, open or laparoscopic	Major	
	BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major	
	Burr hole(s)	Intermediate	

Procedure / Surgery		Classification
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate
	Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major
	Clipping of intracranial aneurysm	Complex
	Wrapping of intracranial aneurysm	Complex
	Excision of arteriovenous malformation, intracranial	Complex
	Excision of acoustic neuroma	Complex
	Excision of brain tumour or brain abscess	Complex
	Excision of cranial nerve tumour	Complex
	Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate
	Closed trigeminal rhizotomy using radiofrequency	Major
	Decompression of trigeminal nerve root/ open trigeminal rhizotomy	Complex
	Excision of brain, including lobectomy	Complex
	Hemispherectomy	Complex
Spine	Lumbar puncture or cisternal puncture	Minor
	Decompression of spinal cord or spinal nerve root	Major
	Cervical sympathectomy	Intermediate
	Thoracoscopic or lumbar sympathectomy	Major
	Excision of intraspinal tumour, extradural or intradural	Complex
CARDIOVASCULAR SYSTEM		
Heart	Cardiac catheterization	Intermediate
	Coronary artery bypass graft (CABG)	Complex
	Cardiac transplantation	Complex
	Insertion of cardiac pacemaker	Intermediate
	Pericardiocentesis	Minor
	Pericardiotomy	Major
	Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major
	Pulmonary valvotomy, Balloon / Transluminal laser / Transluminal radiofrequency	Major
	Percutaneous valvuloplasty	Major
	Balloon aortic / mitral valvotomy	Major
	Closed heart valvotomy	Complex
	Open heart valvuloplasty	Complex
	Valve replacement	Complex
Vessels	Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt	Complex
	Resection of abdominal vessels with replacement / anastomosis	Complex
ENDOCRINE SYSTEM		
Adrenal Gland	Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major
	Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex
Pineal gland	Total excision of pineal gland	Complex
Pituitary Gland	Operation of pituitary tumour	Complex
Thyroid Gland	Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor
	Hemithyroidectomy / partial thyroidectomy / subtotal thyroidectomy / parathyroidectomy	Major
	Total thyroidectomy / complete parathyroidectomy / robotic-assisted total thyroidectomy	Major
	Excision of thyroglossal cyst	Intermediate
EAR/ NOSE / THROAT / RESPIRATORY SYSTEM		
Ear	Canaloplasty for aural atresia / stenosis	Major
	Excision of preauricular cyst / sinus	Minor
	Haematoma auris, drainage / buttoning / excision	Minor
	Meatoplasty	Intermediate
	Removal of foreign body	Minor
	Excision of middle ear tumour via tympanotomy	Major
	Myringotomy +/- insertion of tube	Minor
	Myringoplasty / tympanoplasty	Major
	Ossiculoplasty	Major
	Labyrinthectomy, total / partial excision	Major
	Mastoidectomy	Major

Procedure / Surgery	Classification
Operation on cochlea and / or cochlear implant	Complex
Operation on endolymphatic sac / decompression of endolymphatic sac	Major
Repair of round window or oval window fistula	Intermediate
Tympanosympathectomy	Major
Vestibular neurectomy	Intermediate
Nose, mouth and pharynx	
Antral puncture and lavage	Minor
Cauterization of nasal mucosa / control of epistaxis	Minor
Closed reduction for fracture nasal bone	Minor
Closure of oro-antral fistula	Intermediate
Dacryocystorhinostomy	Intermediate
Excision of lesion of nose	Minor
Nasopharyngoscopy / rhinoscopy +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
Polypectomy of nose	Minor
Caldwell-Luc operation / Maxillary sinusectomy with Caldwell-Luc approach	Intermediate
Endoscopic sinus surgery on ethmoid / maxillary / frontal / sphenoid sinuses	Intermediate
Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major
Frontal sinusotomy or ethmoidectomy	Intermediate
Frontal sinusectomy	Major
Functional endoscopic sinus surgery (FESS)	Major
Functional endoscopic sinus surgery (FESS) bilateral	Complex
Maxillary / sphenopalatine / ethmoid artery ligation	Intermediate
Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate
Rhinoplasty	Intermediate
Resection of nasopharyngeal tumour	Intermediate
Sinoscopy +/- biopsy	Minor
Septoplasty +/- submucous resection of septum	Intermediate
Submucous resection of nasal septum	Intermediate
Turbinectomy / submucous turbinectomy	Intermediate
Adenoidectomy	Minor
Tonsillectomy +/- adenoidectomy	Intermediate
Excision of pharyngeal pouch / diverticulum	Intermediate
Pharyngoplasty	Intermediate
Sleep related breathing disorder – hyoid suspension, maxilla / mandible / tongue advancement, laser suspension / resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate
Marsupialization / excision of ranula	Intermediate
Parotid gland removal, superficial	Intermediate
Parotid gland removal / parotidectomy	Major
Removal of submandibular salivary gland	Intermediate
Submandibular duct relocation	Intermediate
Submandibular gland excision	Intermediate
Respiratory system	
Arytenoid subluxation – laryngoscopic reduction	Minor
Bronchoscopy +/- biopsy	Minor
Bronchoscopy with foreign body removal	Minor
Laryngoscopy +/- biopsy	Minor
Laryngeal / tracheal stenosis – endolaryngeal / open operation with stenting / reconstruction	Major
Laryngeal diversion	Intermediate
Laryngectomy +/- radical neck resection	Complex
Microlaryngoscopy +/- Biopsy +/- excision of nodule / polyp / Reinke's edema	Minor
Partial / total resection of laryngeal tumour	Intermediate
Removal of vallecular cyst	Intermediate
Repair of laryngeal fracture	Major
Injection for vocal cord paralysis	Minor
Tracheoesophageal puncture for voice rehabilitation	Minor
Thyroplasty for vocal cord paralysis	Intermediate
Vocal cord operation, including use of laser (excluding carcinoma)	Minor

Procedure / Surgery		Classification
	Tracheostomy, temporary / permanent / revision	Minor
	Lobectomy of lung / pneumonectomy	Complex
	Pleurectomy	Major
	Segmental resection of lung	Major
	Thoracocentesis / insertion of chest tube for pneumothorax	Minor
	Thoracoscopy +/- biopsy	Intermediate
	Thoracoplasty	Major
	Thymectomy	Major
EYE		
Eye	Excision / curettage / cryotherapy of lesion of eyelid	Minor
	Blepharorrhaphy / tarsorrhaphy	Minor
	Repair of entropion or ectropion +/- wedge resection	Minor
	Reconstruction of eyelid, partial-thickness	Intermediate
	Excision / destruction of lesion of conjunctiva	Minor
	Excision of pterygium	Minor
	Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major
	Laser removal / destruction of corneal lesion	Intermediate
	Removal of corneal foreign body	Minor
	Repair of cornea	Intermediate
	Suture / repair of corneal laceration or wound with conjunctival flap	Intermediate
	Aspiration of lens	Intermediate
	Capsulotomy of lens, including use of laser	Intermediate
	Extracapsular / intracapsular extraction of lens	Intermediate
	Intraocular lens / explant removal	Intermediate
	Chorioretinal lesion operations	Intermediate
	Removal of cataract	Intermediate
	Removal of cataract and insertion of intraocular lens	Major
	Pneumatic retinopexy	Intermediate
	Retinal Photocoagulation	Intermediate
	Repair of retinal detachment / tear	Intermediate
	Repair of retinal tear / detachment with buckle	Major
	Scleral buckling / encircling of retinal detachment	Major
	Cyclodialysis	Intermediate
	Trabeculectomy, including use of laser	Intermediate
	Surgical treatment for glaucoma including insertion of implant	Intermediate
	Diagnostic aspiration of vitreous	Minor
	Injection of vitreous substitute	Intermediate
	Mechanical vitrectomy / removal of vitreous	Major
	Biopsy of iris	Minor
	Excision of lesion of iris / anterior segment of eye / ciliary body	Intermediate
	Excision of prolapsed iris	Intermediate
	Iridotomy	Intermediate
	Iridectomy	Intermediate
	Iridoplasty +/- coreoplasty by laser	Intermediate
	Iridencleisis and iridotaxis	Intermediate
	Scleral fistulization +/- iridectomy	Intermediate
	Thermocauterization of sclera +/- iridectomy	Intermediate
	Diminution of ciliary body	Intermediate
	Biopsy of extraocular muscle or tendon	Minor
	Operation on one extraocular muscle	Intermediate
	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major
	Enucleation of eye	Intermediate
	Evisceration of eyeball / ocular contents	Intermediate
	Repair of eyeball or orbit	Intermediate
	Conjunctivocystorhinostomy	Intermediate
	Conjunctivorhinostomy with insertion of tube / stent	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lacrimal sac and passage	Minor
	Excision of lacrimal gland / dacryoadenectomy	Intermediate
	Probing +/- syringing of lacrimal canaliculi / nasolacrimal duct	Minor
	Repair of canaliculus	Intermediate
	Coreoplasty	Intermediate
FEMALE GENITAL SYSTEM		

Procedure / Surgery		Classification
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision/ cryosurgery / cauterization / laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Intermediate
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix / uterus / vagina	Intermediate
Fallopian tubes and ovaries [^]	Dilatation / insufflation of fallopian tube	Minor
	Excision / destruction of lesion of fallopian tube, open or laparoscopic	Major
	Repair of fallopian tube	Major
	Salpingostomy / salpingotomy	Intermediate
	Total or partial salpingectomy	Intermediate
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	[^] The category applies to both unilateral and bilateral procedures unless otherwise specified.	
	Uterus	Dilatation and curettage of Uterine (D&C)
Hysteroscopy +/- biopsy		Minor
Hysteroscopy with excision or destruction of uterus and supporting structures		Intermediate
Hysterotomy		Major
Laparoscopic assisted vaginal hysterectomy (LAVH)		Major
Vaginal hysterectomy +/- repair of cystocele and/or rectocele		Major
Total / subtotal abdominal hysterectomy +/- bilateral salpingo-oophorectomy, open or laparoscopic		Major
Radical abdominal hysterectomy		Complex
Myomectomy, open or laparoscopic		Major
Uterine myomectomy, vaginal or hysteroscopic		Intermediate
Laparoscopic drainage of female pelvic abscess		Intermediate
Colposuspension		Major
Pelvic floor repair		Major
Pelvic exenteration		Complex
Uterine suspension		Intermediate
Vagina	Destruction of lesion of vagina by excision / cryosurgery / cauterization / laser	Minor
	Insertion / removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdocentesis	Minor
	Culdotomy	Minor
	Excision of transverse vaginal septum	Minor
	McCall's culdeplasty / culdoplasty	Intermediate
	Vaginal reconstruction	Major
Vulva and introitus	Destruction of lesion of vulva by excision / cryosurgery / cauterization / laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor

Procedure / Surgery		Classification
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations / repair of vulva and/or perineum	Minor
	Vulvectomy	Intermediate
	Radical vulvectomy	Major
HEMIC AND LYMPHATIC SYSTEM		
Lymph Nodes	Drainage of lesion / abscess of lymph node	Minor
	Biopsy / excision of superficial lymph nodes / simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node / fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node / lymphangioma / cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective / radical / functional neck dissection	Major
Spleen	Wide excision of axillary lymph node	Major
	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex
Penis	Circumcision	Minor
	Release of chordee	Major
	Repair of buried / avulsion of penis	Intermediate
Testicles [^]	Epididymectomy	Intermediate
	Exploration of testis	Intermediate
	Exploration for undescended testis, laparoscopic	Major
	Orchidopexy	Intermediate
	Orchidectomy or orchidopexy, laparoscopic	Major
	Reduction of torsion of testis and fixation	Intermediate
	Testicular biopsy	Minor
	High ligation of hydrocoele	Intermediate
	Tapping of hydrocele	Minor
	Excision of varicocele and hydrocoele of spermatic cord	Intermediate
	Varicocelectomy (microsurgical)	Major
[^] The category applies to both unilateral and bilateral procedures unless otherwise specified.		
Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM		
Bone	Amputation of finger(s) / toe(s) of one limb	Intermediate
	Amputation of one arm / hand / leg / foot	Intermediate
	Bunionectomy	Intermediate
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major
	Excision of radial head	Intermediate
	Mandibulectomy for benign disease	Intermediate
	Patellectomy	Major
	Partial ostectomy of facial bone	Intermediate
	Sequestrectomy of facial bone	Intermediate
	Wedge osteotomy of bone of wrist / hand / leg	Major
	Wedge osteotomy of bone of upper arm / lower arm / thigh	Major
Wedge osteotomy of scapula / clavicle / sternum	Major	
Joint	Arthroscopic drainage and debridement	Intermediate
	Arthroscopic removal of loose body from joints	Intermediate
	Arthroscopic examination of joint +/- biopsy	Intermediate
	Arthroscopic assisted ligament reconstruction	Major
	Arthroscopic Bankart repair	Major

Procedure / Surgery	Classification
Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
Arthroscopic rotator cuff repair	Major
Acromioplasty	Major
Arthrodesis of shoulder	Major
Arthrodesis of Elbow / Triple arthrodesis	Major
Arthrodesis of knee / hip	Complex
Arthroplasty of hand / finger / foot / Toe joint with implant	Major
Fusion of wrist	Major
Synovectomy of wrist	Intermediate
Interphalangeal joint fusion of toes	Intermediate
Interphalangeal fusion of finger	Major
Excisional arthroplasty shoulder / hemiarthroplasty of shoulder	Major
Excisional arthroplasty of hip / knee / Wrist / Elbow	Major
Excisional arthroplasty of hip / knee with local antibiotic delivery	Complex
Temporomandibular arthroplasty +/- autograft	Major
Joint aspiration / injection	Minor
Manipulation of joint under anesthesia	Minor
Metal femoral head insertion	Major
Anterior cruciate ligament reconstruction	Major
Meniscectomy, open or arthroscopic	Major
Posterior cruciate ligament reconstruction	Major
Repair of the collateral ligaments	Major
Repair of the cruciate ligaments	Major
Suture of capsule or ligament of ankle and foot	Major
Total shoulder replacement	Complex
Total knee replacement	Complex
Total hip replacement	Complex
Partial hip replacement	Major
Muscle/Tendon	
Achilles tendon repair	Intermediate
Achillotenotomy	Intermediate
Change in muscle or tendon length (except hand) / excision of lesion of muscle	Intermediate
Change in muscle or tendon length of hand	Major
Excision of lesion of muscle	Intermediate
Lengthening of tendon, including tenotomy	Intermediate
Open biopsy of muscle	Minor
Release of De Quervain's disease	Minor
Release of trigger finger	Minor
Release of tennis elbow	Minor
Transfer / transplantation / reattachment of muscle	Major
Tendon repair / Suture of tendon not involving hand	Intermediate
Tendon repair / Suture of tendon of hand	Major
Tenosynovectomy / synovectomy	Intermediate
Transposition of tendon of wrist / hand	Major
Secondary repair of tendon, including graft, transfer and / or prosthesis	Major
Fracture/dislocation	
Closed reduction of dislocation of temporomandibular / interphalangeal / acromioclavicular joint	Minor
Closed reduction of dislocation of shoulder / elbow / wrist / ankle	Intermediate
Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
Closed reduction for fracture of arm / leg / patella / pelvis with internal fixation	Major
Close reduction for mandibular fracture with internal fixation	Intermediate
Closed reduction for fracture of clavicle / scapula / phalanges / patella without internal fixation	Minor
Closed reduction for fracture of upper arm / lower arm / wrist / hand / leg / foot bone without internal fixation	Intermediate
Closed reduction for fracture of clavicle / hand / ankle /foot with internal fixation	Intermediate
Closed reduction for fracture of femur +/- internal fixation	Major
Closed / open reduction of fracture of acetabulum with internal fixation	Complex
Open reduction for mandibular fracture with internal fixation	Major
Open reduction for clavicle / hand / foot (except carpal / talus / calcaneus) +/- internal fixation	Intermediate
Open reduction for arm / leg / patella / scapula +/- internal fixation	Major
Open reduction for femur / calcaneus / talus / +/- internal fixation	Major
Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate

Procedure / Surgery		Classification
	Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor
Spine	Artificial cervical disc replacement	Complex
	Anterior spinal fusion, cervical / cervicothoracic/ C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical / cervicothoracic/ C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy / discectomy	Major
	Laminectomy with discectomy	Complex
	Posterior spinal fusion, thoracic / cervico-thoracic / thoracolumbar / T5 to L1/ atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor
	Spinal fusion +/- foraminotomy +/- laminectomy +/- discectomy	Complex
	Spine osteotomy	Complex
Others	Vertebroplasty / kyphoplasty	Intermediate
	Excision of ganglion / bursa	Minor
	Closed/ Percutaneous needle fasciotomy for Dupuytren disease	Minor
	Radical (or total) fasciectomy for Dupuytren disease	Major
	Release of carpal / tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
Sliding / reduction genioplasty	Intermediate	
SKIN AND BREAST		
Skin	Curettage / cryotherapy / cauterization / laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and /or drainage of skin abscess	Minor
	Incision and /or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor
Breast	Wedge resection of toenail	Minor
	Breast tumour/ lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major
	Duct papilloma excision	Intermediate
Gynaecomastia excision	Intermediate	
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy / pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial/ lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter/ transurethral bladder clearance	Minor
	Cystoscopy with electro-cauterisation/ laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral/ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical/ total cystectomy, open or laparoscopic	Complex
Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major	

Procedure / Surgery		Classification
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
	Repair of rupture of urethra	Major
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
	Ileal or colonic replacement of ureter	Major
	Unilateral reimplantation of ureter into bowel or bladder	Major
	Bilateral reimplantation of ureter into bowel or bladder	Major
DENTAL		
	Any kind of dental surgery due to injury caused by an Accident	Minor

Specimen

EXCLUSIONS

(Applicable to Hospitalisation Benefits, Supplementary Major Medical Benefits and Outpatient Benefits)

Notwithstanding any contrary provisions in this Policy, the Company shall not be liable to pay or settle any claim for expenses incurred in respect of or resulting from:

1. Pre-existing conditions for which the Insured Person or Insured Dependant received medical treatment during the 90 days prior to the date he first becomes insured under this Policy, unless such Insured Person or Insured Dependant affected by these conditions has been insured under this Policy continuously for 12 months;
2. Disabilities arising as a result of or in connection with AIDS (Acquired Immune Deficiency Syndrome) and ARC (AIDS Related Complex) or any sequela, contracted before participation in the plan;
3. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
4. Any charges of services for beautification purposes, cosmetic surgery or treatment, fitting of eye glasses or lens, any surgery and related services for the purpose of correcting visual acuity or refractive error, hearing aids and prescriptions therefor, purchase of artificial limbs and prosthetic devices;
5. Dental care and treatment, except necessitated by accidental Injuries to sound natural teeth (unless the benefit is available and specified in the Benefit Schedule);
6. Disabilities arising out of consumption of alcohol or narcotics or similar drugs or agents;
7. Congenital Conditions;
8. Pregnancy (including pregnancy test), childbirth (including surgical delivery), abortion, miscarriage, pre-natal or post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility;
9. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations), unless the benefit is available and specified in the Benefit Schedule;
10. Routine physical examinations, vaccinations, health check-ups or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not Medically Necessary or any alternative treatment including but not limited to homeopathy or any services rendered by a Podiatrist, or any preventive treatments, medicines or examinations (unless the benefit is available and specified in the Benefit Schedule);
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Suicide, attempted suicide or intentionally self-inflicted injury; and
13. Any Disabilities arising from the followings:
 - (i) war, invasion, acts of foreign enemy, hostilities or warlike operations (whether war be declared or not);
 - (ii) civil war, mutiny, civil commotions assuming the proportions of or amounting to military rising, insurrection, rebellion, revolution conspiracy, military or usurped power;
 - (iii) any act of any Insured Person or Insured Dependant acting on behalf of in connection with any organization with activities directed towards the overthrow by force of any de jure or de facto Government or to the influencing of it by terrorism or violence or loot sack or pillage in connection with any of the abovementioned occurrences;
 - (iv) martial law or state of siege or any of the events or cases which determine the proclamation or maintenance of martial law or state of siege; and
 - (v) participation in riots or illegal activities.

EXCLUSIONS
(Applicable to Dental Benefits)

The Company shall not be liable for any dental expenses incurred in respect of or resulting from:

1. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
2. Self-inflicted Injury;
3. Cosmetic treatment (including but not limited to orthodontic treatment and bleaching);
4. Conditions or Injury arising out of consumption of alcohol or narcotics or similar drugs or agents;
5. Conditions or Injury caused by declared or undeclared war, civil commotions, rebellion, revolution conspiracy, military, riot, strikes or illegal acts; and
6. Oral hygiene instructions, plague control program and dietary instructions.

Specimen

EMERGENCY ASSISTANCE SERVICES AGREEMENT

(MEDICAL INSURANCE)

These Emergency Assistance Services are provided by International SOS Assistance (HK) Limited (hereinafter called "Intl.SOS") to the Insured Members who are insured under the Policy with Bolttech Insurance (Hong Kong) Company Limited (hereinafter called "the Company").

1. DEFINITIONS

For the purpose of this Emergency Assistance Services Agreement ("this Agreement"):-

- 1.1 "Insured Member" refers to any person who is insured under the policy (hereinafter called "Policy"), whose name is specified in the Schedule / Policy Schedule or in an endorsement issued by the Company, and who is provided with the emergency assistance services as specified in the Schedule / Benefit Schedule of the Policy
- 1.2 "Act of Terrorism" refers to an act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- 1.3 "Close Relative" refers to the User's spouse, father, mother, his/her child(ren), brother(s) or sister(s).
- 1.4 "Home Country" refers to country of citizenship.
- 1.5 "Limit of Indemnity" refers to the maximum amount of third party expenses for which Intl.SOS shall be responsible in the provision of a Service to the Insured Member during any one event, subject to the terms and conditions as defined hereunder.
- 1.6 "Pre-Existing Condition" refers to any medical condition in respect of which the Insured Member has been hospitalised during the 12-month period immediately prior to the first day the Insured Member is included in the Intl.SOS programme; or any medical condition that has been diagnosed or treated by a medical practitioner including prescribed drugs within the 6-month period immediately prior to the first day the Insured Member is included in the Intl.SOS programme.
- 1.7 "Services" refers to the assistance services to be provided by Intl.SOS as set out in article 4 of this Agreement.
- 1.8 "Serious Medical Condition" refers to a condition which in the opinion of Intl.SOS constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Member's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.
- 1.9 "Usual Country of Residence" refers to Hong Kong unless it is agreed otherwise by the Company under the Policy.

2. GEOGRAPHICAL SCOPE OF SERVICES

- 2.1 The Services provided by Intl.SOS under article 4.4 of this Agreement are rendered on a worldwide basis. The Services provided by Intl.SOS under article 4.5 of this Agreement are rendered within China. Intl.SOS shall endeavour on a best effort basis to provide the Services by any assistance service and intervention depends upon, and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Intervention may depend on Intl.SOS being able to attain the necessary authorizations issued by the various authorities concerned which is outside of the control or influence of Intl.SOS.
- 2.2 Intl.SOS shall not be required to provide Services to the Insured Member(s), who in the sole opinion of Intl.SOS are located in areas which represent conditions such as to make such Services impossible, reasonably impracticable or unsafe, including but not limited to geographical remoteness war risks or political unrest.

3. LIMITS OF INDEMNITY

- 3.1 The Limit of Indemnity for any Insured Member during any one event shall be as follows:

Emergency Medical Evacuation, Emergency Medical Repatriation and Repatriation of Mortal Remains	- Up to US\$1,000,000
Compassionate Visit and Hotel Accommodation	- One Economy Class Return Airfare and Hotel Accommodation of US\$1,000 subject to a sub-limit of US\$250 per day
Return of Minor Children	- One Economy Class One Way Airfare
Convalescence Expenses	- US\$1,000 subject to a sub-limit of US\$250 per day
Return of Insurance Member to Original Work Site	- One Economy Class One Way Airfare
Unexpected Return to Home Country Or Usual Country of Residence	- One Economy Class Return Airfare

4. SCOPE OF SERVICES

- 4.1 Intl.SOS shall maintain verified and updated information regarding service providers at all times. Intl.SOS shall review and update regularly its information regarding names, addresses, specialties, office hours and language proficiency. Intl.SOS shall instruct its agents to report newly obtained relevant information promptly upon its receipt, including information about the quality of services provided, new listings and updates of addresses and telephone numbers. In response to inquiries, Insured Members will be provided with the latest updated information on service providers and their services.

- 4.2 Intl.SOS shall provide Insured Members with 24 hours a day, 7 days a week access to Cantonese, Mandarin and English speaking Operations Coordinators via a fully-manned Assistance Centre in Hong Kong.
- 4.3 When immediately available, Intl.SOS shall provide the Services to the Insured Member whilst the Insured Member is on the telephone. In all other cases, Intl.SOS will provide the information by the quickest possible means.
- 4.4 Intl.SOS shall, subject to the terms and conditions as defined hereunder, provide the following Services to any Insured Member calling Intl.SOS when he/she travels outside the Home Country or Usual Country of Residence for periods not exceeding 90 consecutive days per trip:

(a) Medical Assistance

(i) Telephone Medical Advice

Intl.SOS will arrange for the provision of medical advice to the Insured Member over the telephone.

(ii) Arrangement of Hospital Admission and Guarantee of Hospital Admission Deposit

If the medical condition of the Insured Member is of such gravity as to require hospitalisation, Intl.SOS will assist such Insured Member in the hospital admission. In case of hospital admission duly approved by Intl. SOS and the Insured Member is without means of payment of the required hospital admission deposit, Intl.SOS will on behalf of the Insured Member guarantee or provide such payment up to US\$5,000. The provision of such guarantee by Intl.SOS is subject to Intl.SOS first securing payment from the Insured Member through the Insured Member's credit card or from the funds from the Insured Member's family. Intl.SOS shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

(iii) Delivery of Essential Medicine

Intl.SOS will arrange to deliver to the Insured Member essential medicine, drugs and medical supplies that are necessary for an Insured Member's care and/or treatment but which are not available at the Insured Member's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. Intl.SOS will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

(iv) Arrangement and Payment of Emergency Medical Evacuation

Intl.SOS will arrange for the air and/or surface transportation and communication for moving the Insured Member when in a Serious Medical Condition to the nearest hospital where appropriate medical care is available. Intl.SOS shall pay for the medically necessary expenses of such transportation and communications and all usual and customary ancillary charges incurred in such services arranged by Intl.SOS.

Intl.SOS retains the absolute right to decide whether the Insured Member's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. Intl.SOS further reserves the right to decide the place to which the Insured Member shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which Intl.SOS is aware at the relevant time.

(v) Arrangement and Payment of Emergency Medical Repatriation

Intl.SOS will arrange for the return of the Insured Member to the Home Country or Usual Country of Residence by air and/or surface transportation following an Emergency Medical Evacuation where the Insured Member is evacuated to a place outside the Home Country or Usual Country of Residence for in-hospital treatment. Intl.SOS shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by Intl.SOS.

Intl.SOS reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which Intl.SOS is aware at the relevant time.

(vi) Arrangement and Payment of Transportation of Mortal Remains

Intl.SOS will arrange for transporting the Insured Member's mortal remains from the place of death to the Home Country or Usual Country of Residence and pay for all expenses reasonably and unavoidably incurred in the air and/or surface transportation so arranged by Intl.SOS or alternatively pay the cost of burial at the place of death as approved by Intl.SOS, subject to any governmental regulations.

(vii) Arrangement and Payment of Compassionate Visit and Hotel Accommodation

Intl.SOS will arrange and pay for one economy class return airfare and hotel accommodations for a relative or a friend of the Insured Member to join the Insured Member who, when travelling alone, is hospitalised outside the Home Country or Usual Country of Residence for a period in excess of seven (7) consecutive days, subject to Intl.SOS' prior approval and only when judged necessary by Intl.SOS on medical and compassionate grounds.

(viii) Arrangement and Payment of Return of Minor Children

Intl.SOS will arrange and pay for the economy class one-way airfare for the return of minor children [aged 18 years old and below, unmarried] to the Home Country or Usual Country of Residence if they are left unattended as a result of the accompanying Insured Member's illness, accident or Emergency Medical Evacuation. Escort will be provided, when required, at no charge.

(ix) Arrangement and Payment of Convalescence Expenses

Intl.SOS will arrange and pay for the additional hotel accommodation expenses necessarily and unavoidably incurred by the Insured Member related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or hospitalisation. Intl.SOS's prior approval, subject to its determination on medical grounds, is required in respect of such payment.

(x) Arrangement and Payment of Unexpected Return to the Home Country or Usual Country of Residence

In the event of the death of the Insured Member's close relative in his/her Home Country or Usual Country of Residence while the Insured Member is travelling overseas (save for in the case of migration) and necessitating an unexpected return to his Home Country or Usual Country of Residence, Intl.SOS will arrange and pay for one economy class return airfare for the return of the Insured Member to his/her Home Country or Usual Country of Residence.

(xi) Arrangement and Payment of Return of Insured Member to Original Work Site

Following the Insured Member's Emergency Medical Evacuation or Emergency Medical Repatriation and within one (1) month period, Intl.SOS will, upon the Insured Member's request, arrange and pay for a one-way economy class airfare to return the Insured Member to the original work location.

The above Service [item (i)] is purely on referral or arrangement basis. Intl.SOS shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

The above Services [items (ii) & (iii)] are charged on a case by case basis. The provision of financial guarantees by Intl.SOS is subject to Intl.SOS first securing payment from the Insured Member through the Insured Member's credit card or from the funds from the Insured Member's family. Intl.SOS shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

The above Services [items (iv) to (xi)] are subjected to the customary exclusions listed in article 5.

(b) Travel Assistance

(i) Inoculation and Visa Requirement Information

Intl.SOS shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Member at any time, whether or not the Insured Member is travelling or an emergency has occurred. Intl.SOS shall inform the Insured Member requesting such information that Intl.SOS is simply communicating the requirements set forth in a document and Intl.SOS shall name the document.

(ii) Lost Luggage Assistance

Intl.SOS will assist the Insured Member who has lost his/her luggage while travelling outside the Home Country or Usual Country of Residence by referring the Insured Member to the appropriate authorities involved.

(iii) Lost Passport Assistance

Intl.SOS will assist the Insured Member who has lost his/her passport while travelling outside the Home Country or Usual Country of Residence by referring the Insured Member to the appropriate authorities involved.

(iv) Legal Referral

Intl.SOS will provide the Insured Member with the name, address, telephone numbers, if requested by the Insured Member and if available, office hours for referred lawyers and legal practitioners. Intl.SOS will not give any legal advice to the Insured Member.

Although Intl.SOS shall make such referrals, it cannot guarantee the quality of the service provider and the final selection of a service provider shall be the decision of the Insured Member. Intl.SOS, however, will exercise care and diligence in selecting the service providers.

(v) Emergency Travel Service Assistance

Intl.SOS shall assist the Insured Member in making reservations for air ticket or hotel accommodation on an emergency basis when travelling overseas.

The above Services [items (i) to (v)] are purely on referral or arrangement basis. Intl.SOS shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

4.5 Intl.SOS shall, subject to the terms and conditions as defined hereunder, provide the following Services to any Insured Member calling Intl.SOS when he/she travels outside the Home Country or Usual Country of Residence to China for periods not exceeding 90 consecutive days per trip:-

China Medical Card Services

Guarantee of Hospital Admission Deposit

Intl.SOS will, upon the Insured Member's request, assist the Insured Member in the admission to designated hospitals in the People's Republic of China and will arrange and provide guarantee for any required hospital admission deposit. Intl.SOS shall not guarantee nor be responsible for the quality of such hospital and the services provided to the Insured Member. The final selection of a hospital shall be the decision of the Insured Member.

The provision of financial guarantees by Intl.SOS is subject to Intl.SOS first securing payment from the Insured Member through the Insured Member's credit card or from the funds from the Insured Member's family. Intl.SOS shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

5. EXCLUSIONS

5.1 The following treatment, items, conditions, activities and their related or consequential expenses are excluded:-

- (1) Any expenses incurred as a result of a Pre-Existing Condition unless such Pre-Existing Condition is covered under the relevant insurance Policy.
- (2) More than one emergency evacuation and/or repatriation for any single medical condition of the Insured Member during the term of this Agreement, subject to a maximum of one year.
- (3) Any costs or expenses not expressly covered by the Intl.SOS program and not approved in advance and in writing by Intl.SOS and/or not arranged by Intl.SOS. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when Intl.SOS cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Insured Member.
- (4) Any event occurring when the Insured Member is within the territory of his/her Home Country and Usual Country of Residence.
- (5) Any expenses for Insured Members who are travelling outside their Home Country or Usual Country of Residence contrary to the advice of a medical practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-existing Condition.
- (6) Any expenses for medical evacuation or repatriation if the Insured Member is not suffering from a Serious Medical Condition, and/or in the opinion of the Intl.SOS physician, the Group 1 Insured Member can be adequately treated locally, or treatment can be reasonably delayed until the Insured Member returns to his/her Home Country or Usual Country of Residence.
- (7) Any expenses for medical evacuation or repatriation where the Insured Member, in the opinion of the Intl.SOS physician, can travel as an ordinary passenger without a medical escort.
- (8) Any treatment or expenses related to childbirth, miscarriage or pregnancy. This exception shall not apply to any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four (24) weeks of pregnancy.

- (9) Any expenses related to accident or injury occurring while the Insured Member is engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, rallying, racing of any kind other than on foot, and any organized sports undertaken on a professional or sponsored basis.
- (10) Any expenses incurred for emotional, mental or psychiatric illness.
- (11) Any expenses incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
- (12) Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.
- (13) Any expenses related to the Insured Member engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.
- (14) Any expenses related to the Insured Member engaging in the commission of, or the attempt to commit, an unlawful act.
- (15) Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
- (16) Any expenses incurred as a result of the Insured Member engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
- (17) Any expense, regardless of any contributory cause(s), involving the use of or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war.
- (18) Any expenses incurred for or as a result of any activity required from an off-shore location.
- (19) Any expenses in respect of the Insured Member more than 75 years old at the date of intervention.
- (20) Any expenses which is a direct result of nuclear reaction or radiation.

6. REASONABLE PRECAUTIONS

- 6.1 The Insured Member shall take all reasonable precautions to prevent and minimise any accident, injury, death or expenses.

7. REQUEST FOR ASSISTANCE

- 7.1 In case of any request for assistance, and prior to taking personal action where reasonable, the Insured Member or his representative shall call Intl.SOS's Assistance Centre whose contact number is listed below:

HONG KONG: (852) 3122 2900

and should state:

- His name, the number of his policy and his I.D. card or passport number and,
- The name of the place and the telephone number where Intl.SOS can reach the Insured Member or his representative and,
- A brief description of the accident and the nature of help required.

8. EXAMINATIONS

- 8.1 Intl.SOS shall have the right and opportunity through its medical representative to examine the Insured Member whenever and as often as may reasonably require.

9. UNDERTAKINGS

- 9.1 Intl.SOS undertakes to exercise due care and diligence in the appointment and/or referral of any service provider to assist the Insured Member. Intl.SOS assumes no responsibility for any advice given by any service provider and the Insured Member shall not have any recourse against Intl.SOS by reason of its referral of or contact with a service provider or other determination resulting therefrom.
- 9.2 The Insured Member undertakes not to have any recourse against Intl.SOS or the Company for any indirect or consequential loss suffered by the Insured Member arising from the Services.

10. FORCE MAJEURE

Intl.SOS shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes, or other conditions beyond its control, including but not limited to, flight conditions or situations where the rendering of Services is prohibited or delayed by local laws, regulators or regulatory agencies.

11. CONTRACT

- 11.1 Notwithstanding any other provisions in the Policy, it is hereby declared by Intl.SOS that the above Services are made available to the Insured Member by the Company on behalf of Intl.SOS who is the principal party in providing the Services to the Insured Member under this Agreement. There is no privity of contract between the Company and the Insured Member in this Agreement and the Company shall assume no liability in any default of the provision of the Services or for any indirect or consequential loss suffered by the Insured Member arising from the Services.

12. TERMINATION

- 12.1 This Agreement shall cease when the Policy is terminated.