



# INTRODUCTION & BENEFITS SCHEDULE

The Premier International Plan offers solid benefits at affordable prices. Choose from a range of additional benefits and discount options and customize the plan to meet your needs.

## Schedule of Benefits (in US\$)

	PREMIER 250	PREMIER 500
<b>Maximum Limit per Policy Year</b>	US\$250,000	US\$500,000
<i>Covers normal, usual and customary charges for:</i>		
<b>Inpatient Benefits</b>		
<b>Room and Board</b>	Private in ASEAN countries Semi-private elsewhere	
<b>Parent Accommodation</b> An extra bed in the same room for a parent accompanying an insured child under 12 years old	100%	
<b>Intensive Care Unit, Coronary Care Unit and Operating Room</b>	100%	
<b>Surgeon's Fee</b> Includes pre-surgical assessment and normal post-surgical care	US\$30,000	100%
<b>Anaesthetist's Fee</b>	35% of eligible Surgeon's Fee	100%
<b>Miscellaneous Inpatient Charges</b> For required diagnostic laboratory tests, x-rays, prescribed medicines; Professional Fees; blood and plasma; kidney dialysis; wheelchair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company); and any types of lenses up to US\$800 following cataract surgery	100%	
<b>Organ Transplant</b> Fees for kidney, heart, lung or liver transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of This benefit is a lump sum maximum per organ and no other policy benefits such as expenses for regular medical care or consultation, diagnostic tests and long-term medication are payable in respect of Organ Transplant	US\$37,500	US\$75,000
<b>HIV / AIDS</b> Coverage will apply when HIV and/or its related illnesses present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of	US\$25,000	US\$50,000
<b>Hospital Cash Benefit</b> For inpatient treatment received without charge for up to 15 nights	US\$100 per night	
<b>Home Nursing</b> Immediately after a hospital confinement and certified to be medically necessary by the attending physician for up to 45 days	100%	
<b>Rehabilitation</b> When certified necessary by the attending physician for up to 45 days of inpatient, day case or outpatient treatment starting within 14 days immediately after the hospitalization	100%	
<b>Oncology</b> Radiotherapy, Chemotherapy, targeted therapy, immunotherapy, hormonal therapy (by way of infusion, injection or oral medications), and fees for bone marrow transplant and peripheral stem cell transplants when treating cancer with or without high dose chemotherapy received as inpatient, day case or outpatient treatments subject to a maximum limit of US\$5,000 for oral medications Oncology treatment must be received as an inpatient or outpatient at a hospital, or at an oncology day case center within a hospital, or at a cancer treatment center licensed by the relevant health authority or accredited by an internationally recognized oncology body	100%	
<b>Hospice Care</b> For terminal illnesses with lifetime limit of	US\$25,000	
<b>Psychiatric and Mental Disorders</b> Hospital charges of US\$50,000 per year with lifetime limit of	US\$125,000	
<b>Maternity Benefit</b> Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to When both parents are insured, the limit shall be increased by 50%	US\$2,500	US\$3,750
<b>Free New Born Child Coverage</b> New born child is eligible for the same medical plan as the Insured Person 15 days after the later of the date of birth or the date of discharge on submission of application to the Company until the Insured Person's next renewal for free.	Included	

## Emergency Benefits

<b>Emergency Room Treatment</b>	100%
<b>Accidental Damage to Teeth</b> Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	100%
<b>Emergency Local Ambulance Service</b>	100%
<b>Emergency Assistance Services</b>	Included
<b>Repatriation of Mortal Remains</b> Covers costs for repatriation of mortal remains of the Insured Person to home country or country of residence	100%

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PREMIER 250

PREMIER 500

## Outpatient Benefits

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

100%

### Alternative Medicines

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

US\$250/year

US\$500/year

### Medical Check-up and Vaccinations

Annual limit for routine medical check-ups and vaccinations

US\$350

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

## Additional Benefits

Covers normal, usual and customary charges for eligible expenses:

### Dental Benefit

80% reimbursement up to an annual limit of

US\$2,000

### Personal Accident Benefit

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

(Maximum benefit is US\$100,000 after age 65 and coverage is terminated after age 80. Child benefit limit is 10% of the sum insured of his parent/guardian subject to the maximum of US\$50,000)

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

### Travel Benefit

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

#### Emergency Medical Expenses - Covers illness or injury including

"Emergency Evacuation" - (up to US\$25,000) with a maximum of US\$300 per day for hospital room and board if the hospital expense is on per diem basis, a daily reimbursement of all charges inclusive of room and board and professional services is limited to US\$1,000 if no detailed breakdown of charges is provided; and

"Medical Repatriation" - covers the additional cost of your own travel necessarily incurred as a result of a covered disability to get you back home following Emergency Evacuation.

US\$35,000

#### Baggage & Travel Documents

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

US\$750

#### Baggage Delay

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

US\$125

#### Personal Money

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

US\$500

#### Hospital Cash Income

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

US\$600

#### Travel Delay

Covers transportation expenses incurred as a direct consequence of travel delay resulting from serious weather conditions, natural disasters (earthquake, flood, hurricane, tornado, tsunami, etc.), industrial action, hijack, mechanical derangement if an Insured Person has to re-route his trip due to cancellation of a prior confirmed booking; or

"Cash Allowance" - pays US\$25 for each full 6 hours delay up to a maximum of US\$100

US\$650

#### Curtailment of Trip & Cancellation Charges

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

US\$2,500

#### Optional Rental Car Protection

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

US\$10,000

## Discount Options

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

### Treatment Area Limit (TAL)

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

25% Discount

Outpatient Exclusion (excludes outpatient coverage)

25% Discount

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

25% Discount

## Group Discount

(Not applicable to Additional Benefits)

5+ persons

10% Discount

21+ persons

20% Discount

## • GENERAL INFORMATION •

### Dental Benefits

A completed Oral Examination Report must be submitted with the first dental claim. All conditions requiring treatment as of the first dental visit are deemed to be pre-existing conditions.

### Exclusions

Medical plans do not cover care, treatment, services or supplies for:

- Pre-existing conditions not declared to and accepted by the Company;
- Which the Insured Person is entitled to indemnity from a third party or other benefit plan;
- Birth control; treatment of impotence or infertility (including artificial insemination, in-vitro fertilization, embryo transfer); sterilization reversal or elective abortion;
- Congenital conditions and genetic deformities or diseases;
- Weight treatment and management or bariatric surgery;
- Developmental abnormalities;
- Persistent Vegetative State or permanent neurological damage;
- Custodial Care, home care or services, routine medical check-ups, or any treatments considered unnecessary by the Company, vaccinations (except for the side effects resulting from receiving the COVID vaccinations), counselling, hearing tests, refractive defects of the eye, corrective eye surgery for refractive error, corrective devices, or dental treatment unless covered under the optional benefits cover of this policy for vision, dental, or medical check-up;
- Disability resulting from war or any act thereof, service in the military, naval or air force, riot, civil commotion;
- Hazardous or professional sports unless declared to and accepted by the Company;
- Intentionally self-inflicted injury, suicide, abuse of alcohol, drug addiction or venereal diseases;
- Cosmetic or reconstructive surgery except otherwise mentioned in the policy document;
- Prosthesis, orthotic devices, corrective devices and medical appliances not required for a surgical operation;
- AIDS, AIDS Related Complex, or Human Immunodeficiency Virus(HIV) and/or related illnesses which manifest at any time within five years from the Insured Person's effective date; and
- Expenses incurred for provision of medical documentation required by the Company.

### 14-Day Free Look

You may return your policy within fourteen days after receipt for a full refund of the premiums paid.

### Free New Born Child Coverage

A child of an Insured Person is eligible for the same medical plan as the Insured Person 15 days after the later of the date of birth or the date of discharge on submission of application to the Company until the Insured Person's next renewal for free.

### Child Coverage

A child or children cannot be covered alone under an insurance policy. Parents or guardians must be included in order for a child/children to be insured.

### Geographical Loading

Applies to the Medical Plan (& options) premium for residents to cover the high cost of medical care in that particular area.

### Maternity Benefit

Expenses are covered where applicable after a 12-month waiting period. Miscarriage, therapeutic abortions, hydatiform mole and ectopic pregnancy are covered after 90 days. Benefit shall include all pre-natal and post-natal care, hospital room and board, professional fees (except pediatrician), miscellaneous charges, and up to 7 days of nursery care. When both parents are insured for the same medical plan, the maximum benefit shall be increased by 50%.

### No Claim Discount

A No Claim Discount will be offered to Insured Persons who are not entitled to group discount and have been insuring for a period of not less than 12 months. While an Insured Person's plan remains claims-free at each renewal, the following No Claim Discount will be applied:-

Year 0 No discount  
Year 1 10% discount  
Year 2 15% discount (maximum cap effective April 1, 2026)

If a claim is made by an Insured Person during a policy year, any No Claim Discount achieved will be lost and the status of the discount will be as at Year 0 shown above.

If a claim relating to the previous year is subsequently submitted and accepted, and a No Claim Discount has already been given, the Company reserves the right to deduct the equivalent monetary amount of the No Claim Discount from the value of the claim.

The No Claim Discount applies only to the premium in respect of the basic benefits. Claims against any Additional Benefit Plans (Dental, Vision, Personal Accident and Travel Plans) and Medical Check-up and Vaccinations will not affect the No Claim Discount.

### Occupational Class

Personal Accident cover is based on the hazard class associated with an occupation and its duties. Class 1: very light hazards; Class 2: light hazards; Class 3: non-hazardous manual labor; and, Class 4: hazardous occupations. Class 3's are quoted on request and Class 4's have no cover.

### Pre-existing Condition

Any Disability which existed before the policy effective date in respect of an Insured Person, which presented signs and symptoms of which the Insured Person was aware or should reasonably have been aware.

### Premiums

Are based on the Insured Person's age on the first day of the policy year; the rate table in effect on the premium due date; and, residence, family status, payment mode and other factors which affect the cost of insurance. Premiums may be revised based on claims experience or other criteria which the Company, at its sole discretion, may determine. Policies renew automatically upon payment of renewal premium.

### Treatment Area Limit

Does not apply to inpatient expenses incurred for emergency treatment of injury or acute illness which occurs wholly after the start of travel for up to 30 days of travel to the affected areas in any one policy year.

### Waiting Period

Benefits are not paid for sickness during the first 30 days of coverage. Benefits for injuries due to covered accidents occurring wholly after the effective date are covered immediately.