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**Hospitalization & Surgical Expenses Benefit**

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital, the Company will reimburse the amount of actual necessary and reasonable expenses incurred but not to exceed the maximum amounts and the stipulated Reimbursement Percentage indicated in the Schedule of Benefits below.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
HS	Daily Hospital Room & Board (per daily benefit limit, maximum number of days per Disability)	400	182	100
	Daily Doctor's Visit (1 visit/day, per daily benefit limit, maximum number of visits per Disability) (Including 1 visit of Pre-Hospitalization Out-patient Benefit) (Including Post Hospitalization Out-patient Benefit within 6 weeks after discharge from Hospital)	400	91	100
	Miscellaneous Hospital Expenses (per Disability overall limit)	3,800		100
	Surgical Fees			
	▶ Complex Operation	23,200		100
	▶ Major Operation	11,600		100
	▶ Intermediate Operation	5,800		100
	▶ Minor Operation	2,900		100
	(per Disability overall limit, subject to Surgical Schedule)			
	Anaesthetist's Fees			
	▶ Complex Operation	6,960		100
	▶ Major Operation	3,480		100
	▶ Intermediate Operation	1,740		100
	▶ Minor Operation	870		100
	(per Disability overall limit, subject to Surgical Schedule)			
	Operating Theatre Fees			
	▶ Complex Operation	6,960		100
	▶ Major Operation	3,480		100
	▶ Intermediate Operation	1,740		100
	▶ Minor Operation	870		100
	(per Disability overall limit, subject to Surgical Schedule)			
	Intensive Care Room & Board (per Disability overall limit)	4,800		100
	Private Nursing (per daily benefit limit, maximum number of days per Disability) (Subject to written referral by a Physician)	160	91	100

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Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbu- rsement Per- centage
HS	Daily Hospital Cash Benefit (for government ward bed only) (in lieu of the Daily Hospital Room and Board Benefit) (per daily benefit limit, maximum number of days per Disability)	200	182	100
	Hospital Income for Coordination of Benefit (per daily benefit limit, maximum number of days per Disability)	200	182	100
	Clinical Surgery Cash Allowance Applicable when the following procedure is performed in a day surgery center: gastroscopy (including esophagogastroduodenoscopy) / colonoscopy / cystoscopy / arthroscopy / colposcopy / bronchoscopy (per daily benefit limit, maximum number of days per Disability)	400	1	100
	Compassionate Death (for employees only)	10,000		100

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**Major Medical Benefit**

If as a result of Injury or Sickness, an Insured is necessarily confined in a Hospital for which benefits are payable under the Hospitalization & Surgical Expenses Benefit, the Company will reimburse the Insured up to the maximum amounts indicated in the Schedule of Benefits below, the stipulated Reimbursement Percentage of eligible excess hospital expenses which remain after the Maximum Benefits under the Hospitalization & Surgical Expenses Benefit have been exhausted for that Disability and after deduction of the Deductible amount indicated in the Schedule of Benefits below. If the Insured is confined to a higher level of Hospital facilities and services than that the Insured is entitled to, the respective Adjustment Factor will be applied.

Benefits Category	Benefit Items	Maximum Benefit Amount (HKD)	Maximum No. of Visits (Days)	Reimbursement Percentage
MM	Major Medical (per Disability overall limit) (reimbursement % depending on accommodation levels)	25,000		80
	Deductible per Disability	0		
	Entitled level of hospital accommodation	Ward		

## Notes:

1. The reimbursement percentage in respect of the benefits stated shall be a percentage of the actual expenses incurred. Such percentage shall be the amount stated under each benefit item above.
2. Any Referral Letter issued by a Physician shall be valid for 6 months from the date of issuance, unless otherwise stated.
3. The details of the Adjustment Factor is shown as below:

Ward to Semi-Private:	50%
Ward to Private:	25%
Ward to Deluxe:	12.5%
Semi-Private to Private:	50%
Semi-Private to Deluxe:	25%
Private to Deluxe:	50%

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**住院及手術費用保障**

如果因受傷或疾病，受保人需要住院，公司將賠償實際發生的必要及合理費用，但賠償額將不超過下列保障一覽表所規定的最高金額及賠償百分比。

保障類別	保障項目	最高保障金額 (港元)	最高次數 (日數)	賠償百分比
HS	每日住院病房及膳食費 (每日最高保障限額， 每病症最高保障日數)	400	182	100
	每日醫生巡房費 (每日最多1次，每日最高保障限額， 每病症最高保障日數) (包括1次住院前門診保障) (包括出院後6星期內之出院後門診治療費)	400	91	100
	醫院雜費 (每病症最高保障限額)	3,800		100
	外科手術費			
	▶ 複雜手術	23,200		100
	▶ 大型手術	11,600		100
	▶ 中型手術	5,800		100
	▶ 小型手術	2,900		100
	(每病症最高保障限額，受手術分類一覽表限制)			
	麻醉師費			
	▶ 複雜手術	6,960		100
	▶ 大型手術	3,480		100
	▶ 中型手術	1,740		100
	▶ 小型手術	870		100
	(每病症最高保障限額，受手術分類一覽表限制)			
	手術室費			
	▶ 複雜手術	6,960		100
	▶ 大型手術	3,480		100
	▶ 中型手術	1,740		100
	▶ 小型手術	870		100
	(每病症最高保障限額，受手術分類一覽表限制)			
	深切治療病房及膳食費 (每病症最高保障限額)	4,800		100
	私家看護費 (每日最高保障限額， 每病症最高保障日數) (必須由主診註冊西醫書面轉介)	160	91	100
	每日住院現金津貼 (只限政府醫院普通病房) (替代每日住院病房及膳食費) (每日最高保障限額， 每病症最高保障日數)	200	182	100

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**住院及手術費用保障**

如果因受傷或疾病，受保人需要住院，公司將賠償實際發生的必要及合理費用，但賠償額將不超過下列保障一覽表所規定的最高金額及賠償百分比。

保障類別	保障項目	最高保障金額 (港元)	最高次數 (日數)	賠償百分比
HS	住院現金保障 - 共付賠償 (每日最高保障限額， 每病症最高保障日數)	200	182	100
	門診手術現金津貼 適用於在日間手術中心進行之以下指定手術療程： 胃鏡（包括食道、胃、十二指腸鏡）檢查 / 腸鏡檢查 / 膀胱鏡檢查 / 關節鏡檢查 / 陰道鏡檢查 / 支氣管鏡檢查 (每日最高保障限額， 每病症最高保障日數)	400	1	100
	恩恤身故保障 (只適用於僱員)	10,000		100

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**醫療輔助保障**

如果因受傷或疾病，受保人有必要住院且有權在住院及手術費用保障下為此獲支付保障，公司將按規定的賠償百分比該傷病向受保人支付適用於該傷病的住院及手術費用保障下之最高保障已用盡且保障一覽表下文所規定之扣除額已經扣除後餘下的合資格超額醫院費用，賠償額將不超過下列保障一覽表之最高保障金額。如果受保人住院時享受高於其有權享有之級別的醫院設施和服務，則將適用相關的調整因子。

保障類別	保障項目	最高保障金額 (港元)	最高次數 (日數)	賠償百分比
MM	醫療輔助保障			
	(每病症最高保障限額)	25,000		80
	(賠償百分比視乎實際醫院住宿級別而定)			
	每病症之扣除額	0		
	有權享受的醫院住宿級別	普通病房		

註:

- 就各項保障載明之賠償百分比應為實際發生費用的百分比。該百分比應為上表每一保障項目所述之百分比。
- 除非另有說明，註冊西醫之轉介信由簽發日起6個月內有效。
- 相關的調整因子詳列如下:

普通病房轉至半私家病房:	50%
普通病房轉至私家普通:	25%
普通病房轉至豪華病房:	12.5%
半私家病房轉至私家病房:	50%
半私家病房轉至豪華病房:	25%
私家病房轉至豪華病房:	50%