

## I. Basic Benefits<sup>6</sup> – enroll in all or 2 out of 3

Insured Items and Coverage		Maximum Limit (HK\$) ( per insured person )			
A	Hospital and Surgical Benefits ( per disability ) - compulsory item	Plan 1	Plan 2	Plan 3	Plan 4 (Medical top up plan) <sup>7</sup>
	<b>1. Room and Board</b> (maximum of 100 days) , each day limit	\$630	\$1,450	\$2,800	Maximum annual overall limit is \$200,000 and 50% reimbursement for each claim and no item limit is applied.  <b>Note:</b> This benefit will become invalid if the insured person does not own a valid hospital & surgical insurance upon submission of claims.
	<b>2. Physician’s Visit Fees</b> (maximum of 100 days) , each day limit	\$630	\$1,450	\$2,800	
	<b>3. Hospital Services Fees</b>	\$12,000	\$18,000	\$25,000	
	<b>4. Surgical Expenses</b> (payable in accordance with “Classification Schedule”)				
	- Complex	\$32,000	\$48,000	\$68,000	
	- Major	\$18,000	\$28,000	\$45,000	
	- Medium	\$8,000	\$12,500	\$18,000	
	- Minor	\$3,800	\$5,500	\$6,500	
	- Post surgical treatment by qualified Chinese medical practitioner, 1 visit per day, maximum of 5 visits per disability , each day limit	\$120	\$150	\$180	
	<b>5. Operating Theatre Fees</b>	up to 30% of Surgical Expenses in A4			
	<b>6. Anaesthetist’s Fees</b>	up to 30% of Surgical Expenses in A4			
	<b>7. Specialist’s Fees</b> (Referral letter issued by the qualified attending physician is required. The time lag between the issuance date of referral letter and the relevant consultation date must not exceed 6 months)	\$3,000	\$5,000	\$8,000	
	<b>8. Intensive Care</b>	\$15,000	\$20,000	\$25,000	
	<b>9. Post-Hospitalization Treatment</b> (non-surgical only; within 6 weeks immediately after discharged from hospital)	\$1,200	\$2,500	\$4,500	
	<b>10. Extra Bed Accommodation</b> (accompany insured child(ren) hospital confinement; maximum of 100 days) , each day limit	\$500	\$800	\$1,000	
	<b>11. Accidental Emergency Out-patient Treatment Expenses</b>	\$1,000	\$1,500	\$2,000	
	<b>12. Home Nursing Fee</b> (maximum of 100 days) , each day limit	\$200	\$500	\$800	
	<b>13. Chemotherapy/Radiotherapy/Renal Dialysis Treatment</b>	\$20,000	\$35,000	\$50,000	
	<b>14. Cash allowance for health supplement</b> (payable from the 8th day of hospital confinement onward after surgical operation, maximum 5 days per disability), each day limit	\$200	\$300	\$500	
	<b>15. Special cash allowance for public hospital confinement in Hong Kong</b> (maximum of 50 days) , each day limit	\$500	\$750	\$1,000	
	<b>Annual overall limit for insured person aged 76 or above under Item A.</b>	<b>\$200,000</b>	<b>\$400,000</b>	<b>\$600,000</b>	
<b>B</b>	<b>Supplementary Major Medical Benefit ( per disability )</b>				
	Applicable to the exhaustion of “Hospital and Surgical Benefits” payable under Basic Benefits Item A3 to A8 <sup>8</sup> (reimbursement in accordance with percentage)	\$150,000 80%	\$300,000 80%	\$500,000 a. 80% or b. 100%	N/A
<b>C</b>	<b>Hospital Daily Cash Benefits</b>				
	<ul style="list-style-type: none"> <li>Regardless of the basic benefits or plan selected, insured child(ren) will be covered under Plan 1 only.</li> <li>If hospital confinement is in the Mainland of China, maximum limit in this coverage will be reduced by half. For overseas hospital confinement, the claim of each insured person cannot exceed 90 days in each policy year.</li> </ul>				
	<b>1. Daily hospital cash</b> (maximum of 365 days per event)	300	500	1,000	300
	<b>2. Double indemnity due to any one of following events</b> (maximum of 365 days per event)	600	1,000	2,000	600
	i Confinement in the Intensive Care Unit (maximum of 90 days per event)				
	ii Receiving major organ transplant surgery or first diagnosed with cancer disease				
	iii Suffering from defined infectious disease <sup>9</sup> (maximum benefit payable up to 30 days for each infectious disease)				
	iv Temporary leaving Hong Kong but not exceeding 60 days and hospital confinement is required during this period (excluding the Mainland of China or Macau), maximum of 30 days per event				
	v The insured and insured legal spouse are hospitalized at the same time due to the same accident				

Free Services	
1. 24-hour Worldwide Emergency Assistance Service (in the event of emergency overseas hospital confinement, maximum HK\$40,000 overseas hospital deposit guarantee service can be arranged)	Please refer to policy for details
2. In the first policy year, each insured person is eligible to enjoy a basic health check-up plan <sup>10</sup> in accordance with the insured plan. Check-up items include blood group, rubella, cholesterol, urinalysis, triglycerides, diabetes screening, paediatric assessment, etc. For every two consecutive years of insurance thereafter, a comprehensive health check-up plan dedicated for male, female and child(ren) will be provided.	N/A

## II. Optional Benefits<sup>6</sup> (Additional coverage under “Optional Benefits” can be added after Basic Benefits are applied)

Insured Items and Coverage		Maximum Limit (HK\$) (per insured person)		
		Plan 1	Plan 2	Plan 3
<b>D</b>	<b>Out-patient Benefits (only 1 visit per day in total is allowed amongst item 1 to 4 below)</b>			
	Network and Non-network doctor	Network doctor	Network doctor	Network doctor and Non-network doctor
	<b>1. General Practitioner</b> (3 days western medication) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	- Unlimited \$30 N/A	- Unlimited \$10 N/A	Non-network doctor \$350 Unlimited \$0 20%
	<b>2. Specialist</b> (referral letter is required, 5 days western medication) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	- Unlimited \$50 N/A	- Unlimited \$30 N/A	Non-network doctor \$700 Unlimited \$20 20%
	<b>3. Chinese Medical Practitioner</b> (include bonesetter & acupuncture) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	N/A	- 10 \$0 N/A	\$180 10 \$0 20%
	<b>4. Physiotherapy and Chiropractor Treatment</b> (referral letter is required) Maximum limit per visit Maximum visits per year Co-payment – Network doctor Co-payment – Non-network doctor	- 10 \$0 N/A	- 10 \$0 N/A	\$340 10 \$0 20%
	<b>5. Diagnostic X-ray and laboratory tests</b> (referral letter is required) Maximum limit per year Co-payment – Network doctor Co-payment – Non-network doctor	\$2,500 \$0 N/A	\$3,000 \$0 N/A	\$4,000 \$0 20%
<b>E</b>	<b>Dental Benefits</b>			
	<b>Reimbursement in accordance with percentage:</b>	<b>80%</b>	<b>100%</b>	N/A
	<b>1. Intra-oral small film radiograph</b> (maximum limit per film)	\$60	\$70	
	<b>2. Scaling, polishing and prophylaxis</b> (maximum limit per visit, maximum visit per year)	\$300 (1 visit)	\$400 (2 visits)	
	<b>3. Fillings, extraction</b> (maximum limit per tooth)	\$300	\$400	
	<b>4. Drainage of abscess</b> (maximum limit per tooth)	\$200	\$300	
	<b>5. Root canal fillings</b> (maximum limit per root)	\$600	\$1,200	
	<b>Maximum aggregate limit per policy year</b>	\$2,000	\$3,800	
<b>F</b>	<b>Maternity Benefits (per pregnancy) (not applicable to child)</b>			
	Including pre-natal and post-natal out-patient expenses. These benefits are not applicable to pregnancy or birth of a child within 9 months from the policy commencement date of these benefits.			
	<b>1. Caesarian section</b>	\$12,000	\$15,000	\$22,500
	<b>2. Normal delivery</b>	\$8,000	\$10,000	\$15,000
	<b>3. Miscarriage</b>	\$6,000	\$8,000	\$12,000

<b>G Critical Illness (not applicable to child)</b>				
	<ol style="list-style-type: none"> <li>1. A lump sum payment will be provided if first diagnosed with one of the covered Critical Illness<sup>11</sup>. Before a claim becomes payable, the insured person must be alive for at least 30 days after being first diagnosed.</li> <li>2. Upon approval of a claim for Critical illness from an insured person, such insured person's benefit under this "item G" will be terminated immediately.</li> <li>3. A waiting period of 90 days: No benefit will be payable for Critical Illness where the signs or symptoms of which or the diagnosis of which first occurred within 90 days immediately followed the coverage effective date.</li> </ol>	\$100,000	\$200,000	\$300,000
<b>Extended benefits</b>				
	<b>1. Medical Expenses for Critical Illness</b> (due to the diagnosis of cancer, stroke or cardiomyopathy)	\$30,000	\$45,000	\$60,000
	<b>2. Diagnosed with 5 female Critical Illness or serious disease</b> (lump sum payment will be made payable to female insured person if first diagnosed with breast cancer, cervix uteri cancer, ovarian cancer, uterine cancer or system lupus erythematosus (SLE) <sup>12</sup> )	\$50,000	\$80,000	\$100,000
	<b>3. Diagnosed with 5 male Critical Illness</b> (lump sum payment will be made payable to male insured person if first diagnosed with lung cancer, liver cancer, colon cancer, prostate cancer or cardiomyopathy)	\$50,000	\$80,000	\$100,000

- Remarks :**
6. All charges incurred must be reasonable and customary.
  7. Plan 4 "Medical top up plan" provides the insured person(s) with supplementary top up Hospital and Surgical insurance protection to supplement the inadequate protection of the existing insurance (e.g. medical insurance offered by your employer). Compensation will only be made on the shortfall of the first hospital and surgical insurance policy and subject to 50% reimbursement for each claim and up to the maximum annual overall limit. Maximum enrollment age is 65 years old with renewal age up to 70 years old. Insured person aged 71 or above can convert insured plan to Plan 1 or Plan 2 (If the insured person opts to convert to Plan 3, he/she is required to submit documentary proof, showing that his/her coverage is equivalent to or better than Plan 3's coverage limit before the conversion).
  8. If the insured daily maximum limit for Room & Board is less than the actual amount charged for Room & Board by the hospital for hospital confinement, BOCG Insurance reserves the right to adjust the benefit payable under Supplementary Major Medical Benefit.
  9. Defined infectious disease includes malaria, cholera, meningococcal infection, dengue fever, tetanus or SARS.
  10. Health check-up will be conducted at BOCG Insurance's designated clinics or medical centres. BOCG Insurance will not be liable for the services provided or negligence of the relevant clinics or medical centres.
  11. 40 types of Critical Illness coverage includes Cancer, Cardiomyopathy, Coronary Artery Bypass Grafting, Heart Valve Replacement, Primary Pulmonary Arterial Hypertension, Surgery To Aorta, Heart Attack, Alzheimer's Disease, Bacterial Meningitis, Tuberculous Meningitis, Benign Brain Tumor, Coma, Encephalitis, Brain Damage, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia/Paralysis, Parkinson's Disease, Poliomyelitis, Stroke, Progressive Bulbar Palsy, Blindness, Loss of Hearing, End Stage Lung Disease, Fulminant Viral Hepatitis, Kidney Failure, Loss of Independent Existence, Loss of Speech, Major Burns, Major Organ Transplant, Loss of Limbs, Total And Permanent Disability, Liver Failure, HIV Through Blood Transfusion, Aplastic Anaemia, Elephantiasis, Severe Rheumatoid Arthritis, Terminal Illness, Vegetative State (persistent).
  12. SLE: Subject to 90 days waiting period and once a claim being made in this benefit, item "G" benefit will be terminated immediately for the insured person receiving such claim.