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## CARING Family Medical Insurance Policy

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Whereas the Policyholder by an Application which shall be the basis of this contract has applied to FWD General Insurance Company Limited (hereafter called the Company) for the insurance contained in this Policy.

In consideration of the Application and the Premium, the Company will subject to the terms, conditions, limitations, exclusions and definitions contained in this Policy, reimburse the Policyholder in respect of medical fees, charges and expenses incurred

- (1) by any of the Covered Persons
- (2) during the Period of Insurance

for Medically Necessary Services for Disabilities covered by this Policy.

The Application, all Schedules and endorsements (if any) attached hereto and issued by the Company from time to time shall, unless superceded or cancelled by the Company, form an integral part of this Policy and shall have the same force and effect as if expressly set out in the body of this Policy and any reference to this Policy shall include such Application, Schedules and endorsements as the same are or may be renewed or amended from time to time.

### **ONLINE SECURITY**

The Company is always concerned about security. It is important that you should be alert to any emails asking for your personal information; here we provide some information to help you to protect yourself:-

“Phishing attack” is an online fraud technique which involves sending official-looking email messages with return addresses, links and branding that all appear to come from legitimate banks, insurance companies, retailers, credit card companies, etc. Such emails typically contain a hyperlink to a spoof website and mislead account holders to enter customer names and security details on the pretence that security details must be updated or changed. Once you give them your information it can be used on legitimate sites to take your personal information.

To protect yourself, you should be aware of the following:

- The Company will not send you emails asking you to update, verify or confirm your personal security details e.g. PIN, bank account number, ID Card number and passport number.
- You should pay close attention to the URL (website address) of the site you are visiting to make sure it is actually the site you believe it to be.

Should you have further enquiries, or you would like to report on suspected phishing cases relating to the Company, please refer to the Company website <http://www.fwd.com.hk> or call our Customer Service Hotline at (852) 3123 3123.

### **IMPORTANT NOTICE**

Please examine this Policy carefully. If there are any errors or if it does not meet your requirements, please contact the Company or your Insurance Broker / Agent immediately.

### **請特別注意**

請貴保戶詳細查閱此保單之內容。如有任何疑問，請從速與本公司或閣下之保險經紀 / 代理人聯絡。

## 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. **Application** means the form of application prescribed by the Company and completed and signed by the Policyholder pursuant to which this Policy is issued.
2. **Benefit Schedule** means the benefit schedule attached to this Policy as may be amended or renewed from time to time.
3. **Child** means any unmarried person who is more than 14 days but less than 18 years of age, or up to the age of 23 years if registered as a full time student at a recognized educational institution.
4. **Chinese Medicine Practitioner** means a person who practices Chinese medicine and is duly licensed or registered to practice the Chinese medicine in the geographical area in which his service as a Chinese Medicine Practitioner is provided.
5. **Congenital Conditions** means 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.
6. **Cover Limit** means limit of the Company's liability for each item of benefit specified in the Benefit Schedule.
7. **Covered Person** includes the Insured, the Insured's spouse, and any unmarried Child of the Insured or Insured's spouse whose name(s) in each case is specified in the Policy Schedule or in an endorsement issued by the Company and attached to this Policy for the time being and a Covered Person shall be construed accordingly.
8. **Dentist** means a person duly licensed or registered in the geographical area of his practice to render dental services.
9. **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 injury caused by external, physical, visible, accidental and involuntary means.
10. **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.
11. **Hospital Confinement** means any hospital confinement with hospital room and board charge incurred.
12. **Insurance Period** means the period of time during which this Policy is in force, which is specified as "Insurance Period" in the Policy Schedule.
13. **Insured** means the insured whose name(s) is specified in the Policy Schedule.
14. **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 Covered Person or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.
15. **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.
16. **Policyholder** means the policyholder whose name is specified in the Policy Schedule.
17. **Pre-existing Condition** means a Disability
  - (i) which existed before the date on which a Covered Person was first insured under this Policy and
  - (ii) which had shown signs or symptoms before the date on which such Covered Person was first insured under this Policy and such Covered Person was aware of or should have reasonably been aware of such signs or symptoms.

18. **Renewal** means a renewal of this Policy without any lapse of time upon expiry of the current Period of Insurance and **Renewal Date** and **Renewed Policy** shall be construed accordingly.
19. **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.
20. **Specialist** means a person 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.
21. **Surgical Schedule** means the surgical schedule incorporated herein as may be amended from time to time.

## CONDITIONS

1. **The Contract**

This Policy, all Schedules and endorsements (which form part of this Policy) shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning whenever it may appear. No agent has the authority to amend or alter this Policy or to waive any of its provisions. No amendment or alteration to this Policy shall be valid unless approved by the Company and evidenced by endorsement hereon, or by amendment hereto signed by the Company.
2. **Age Limit**

This Policy does not cover any person under the age of 15 days or having attained the age of 100 years unless in respect of the latter, the 100<sup>th</sup> birthday falls within the Period of Insurance.
3. **Certificate, Information and Evidence**

All certificates, information and evidence required by the Company shall be furnished at the expense of the Policyholder or Covered Persons and shall be in such form and of such nature as the Company shall prescribe. A Covered Person shall submit a medical examination whenever such is deemed necessary and required by the Company.
4. **Changes of Circumstances Affecting Insurance**

The Policyholder shall give immediate written notice to the Company as soon as he is aware of any change in the occupation or duties or pursuits of a Covered Person.
5. **Fulfillment of Terms**

The due observance and the fulfillment of the terms and conditions of this Policy by the Policyholder and each of the Covered Persons in so far as they relate to anything to be done or complied with by the Policyholder or Covered Persons under this Policy, and the truth of the statements and answers in the Application or in respect of any claim shall be conditions precedent to any liability of the Company to make payment under this Policy.
6. **Governing Laws**

This Policy shall be governed by the laws of Hong Kong.
7. **Grace Period**

The Company shall allow a grace period of 31 days following the premium due date for payment of each premium after the first. If any premium is still unpaid at the expiration of the grace period, this Policy shall cease to be in effect as from the due date for payment of such premium.
8. **Other Insurance**

If required by the Company, the Policyholder shall advise the Company of any other medical or life insurance effected by or on behalf of the Policyholder or any Covered Person covering any of the benefits under this Policy.
9. **Ownership of Policy**

Unless otherwise expressly provided for by an endorsement issued by the Company and attached to this Policy, the Company shall be entitled to treat the Policyholder as the sole owner of the Policy free from any third party rights or encumbrances. The Company shall not be bound to recognize any equitable or other claim to or interest in this Policy and the receipt of any payment by the Policyholder hereunder (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company to make such payment under this Policy.

For the avoidance of doubt, 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.
10. **Renewal**

The Company will send Policyholder a renewal notice with the renewal terms (the terms may be different from this Policy). Subject to the Insured's age not exceeding 100, this Policy will be guaranteed to be renewed if the required premium and documents for renewal are received by the Company in accordance with the renewal terms. The renewal of the Policy shall not constitute any waiver of the Company's right under this clause and/or the renewed Policy."
11. **Termination of Cover**

Unless renewed, any cover or benefits under this Policy during a Period of Insurance shall terminate at mid-night (Hong Kong time) on the last day of that Period of Insurance provided that if a Covered Person is confined in a Hospital on account of a Disability at the time of such termination, then the time of termination of cover shall be extended in favour of such Covered Person only until he is discharged from Hospital or until his benefits for such Disability shall have been exhausted, whichever shall first occur.
12. **Upgraded Policies**

If any cover or benefits in relation to a Covered Person under this Policy is upgraded at the time of Renewal by way of increase in the Cover Limits applicable to such Covered Person and if such Covered Person shall have been afflicted with a Disability prior to or at the time of such Renewal (whether or not known to the Company), the Cover Limits applicable to such Covered Person in relation to such Disability under the Renewal Policy shall not (notwithstanding any contrary provisions contained in any Benefit Schedule) exceed the Cover Limits applicable to such Covered Person in relation to such Disability prior to such Renewal and this shall continue to be the case for a period of twelve months after the date of such Renewal.

13. **Cancellation**

- (i) The Company may cancel this Policy by giving 31 days notice in writing to the Policyholder subject to the rights of any Covered Person 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 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 given notice to the Company by a registered letter addressed to the Company, specifying the effective date of cancellation of this Policy; and provided that no claims have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the annual premium paid by him less an administration charge of 10% of the annual premium in respect of this Policy. If the premium is paid by installment, no unearned premium paid for insurance period of this Policy shall be refunded. An administration charge of 10% of the annual premium shall be charged to the Policyholder.
- (iii) The coverage of the Insured shall be ceased after the date of death of the Insured under this Policy and no unearned premium paid of the deceased for the insurance period of this Policy shall be refunded.

14. **Event leading to Claim**

The Covered Person or, in the case of the Covered Person being a minor, the Policyholder shall immediately procure and act on proper medical advice in relation to a Disability of any Covered Person and the Company shall not be liable for expenses incurred or treatment of or for service in relation to such Disability which becomes necessary due to failure of the Covered Person or the Policyholder, as the case may be, to do so.

15. **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.

16. **Suits against Third Parties**

Nothing in this Policy shall render the Company liable to be joined as a party in any way whatsoever to any suit for damages which may be instituted by the Policyholder or a Covered Person 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 Covered Person under the terms of this Policy.

17. **Currency**

All payments made under this Policy shall be made in the legal currency of Hong Kong including payment 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.

18. **Territorial Limits**

Insurance cover and benefits are applicable without geographical limitation.

## DESCRIPTION OF BENEFITS

The items of benefits and their respective Cover Limits under this plan are specified in the Benefit Schedule. The Cover Limits applicable to each Covered Person for a covered Disability will depend on the benefits sets and the cover levels elected as specified in the schedule of Endorsed Person(s) of this Policy.

### Section 1 – Basic Hospitalisation Benefits

1. **Hospital Room and Board**

The Company shall reimburse the daily charges for room and board (inclusive of general nursing services) incurred by any Covered Person 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 Covered Person and charged by a Physician for visiting such Covered Person 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 Covered Person for Medically Necessary Treatments or Services incurred during Hospital Confinement for the following treatments or services, 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) Day case chemotherapy, radiotherapy and kidney dialysis conducted in either a Hospital or a Registered Clinic
4. **Surgeon's Fee**

The Company shall reimburse the fees incurred by any Covered Person 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 Covered Person 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 Covered Person 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 the consultation fees incurred by any Covered Person and charged by a Specialist during Hospital Confinement provided that such consultation has been recommended in writing by the attending Physician, but not to exceed the Cover Limit per Disability applicable to such fees as specified in the Benefit Schedule.
8. **Intensive Care Unit**

The Company shall reimburse charges incurred by any Covered Person for an Intensive Care Unit in a Hospital, provided that it is certified Medically Necessary by the attending Physician or Surgeon that the Covered Person 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. **Post Hospitalisation Treatment**

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

10. **Accidental Dental Treatment**  
The Company shall reimburse the charges incurred by any Covered Person for treatment to sound natural teeth as a direct result of an Injury, provided that such treatment is taken within 31 days of the Injury and in a legally registered dental clinic or Hospital, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.
11. **Emergency Outpatient Treatment (Accident)**  
The Company shall reimburse the charges incurred by any Covered Person 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.
12. **Home Nursing**  
The Company shall reimburse the fees incurred by any Covered Person and charged by a registered nurse for services rendered at the home of such Covered Person immediately following the discharge from Hospital provided that it has been recommended in writing by the attending 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.
13. **Companion's Bed for Child**  
The Company shall reimburse the charges incurred by any Covered Person for companion's bed during Hospital Confinement of an insured Child of such Covered Person, 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.
14. **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 any Covered Person is confined 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.
15. **Daily Hospital Cash 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.
16. **Accidental Death Benefit**  
The Company shall pay the Accidental Death Benefit of amount as specified in the Benefit Schedule to the Covered Person's legal personal representative if during the Period of Insurance the Covered Person is suffered from an accidental death which is solely caused by Injury. For the purpose of this item of benefit, the Company shall not be liable to pay the benefit in the event of death of the Covered Person in respect of or resulting from the Exclusions as specified in this Policy.

## **Section 2 – Supplementary Major Medical Benefits**

If the medical fees, charges and expenses (hereinafter called "charges") incurred under any of the benefit items 1 to 8 (inclusive) of Section 1 (Basic Hospitalisation Benefits) exceeds the amount of benefit payable thereunder, the Company shall reimburse the excess amount incurred by any Covered Person during Hospital Confinement, subject to the reimbursement % as determined hereunder, but not to exceed the Cover Limit per Disability as specified in the Benefit Schedule.

- (i) 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 specified under the Hospitalisation Benefits, the Reimbursement % shall be 80%.
- (ii) 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%.
- (iii) 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%.
- (iv) 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%.

### Section 3 – Supplementary Outpatient Benefits

1. **Consultation at Physician's Office**  
The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Covered Person 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.
2. **Physiotherapist's and Chiropractor's Treatment**  
The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Covered Person for the treatment provided by a 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 provided that such Covered Person was referred to such Physiotherapist or Chiropractor by the attending Physician in writing.
3. **Specialist's Consultation**  
The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Covered Person 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 provided that such Covered Person was referred to such Specialist by the attending Physician in writing.
4. **Diagnostic X-Ray and Laboratory Tests**  
The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Covered Person for X-Ray examinations or laboratory tests that are referred by the attending Physician in writing for diagnostic purpose, but not to exceed the Cover Limit per policy year applicable to such charges as specified in the Benefit Schedule.
5. **Prescribed Western Medicines and Drugs**  
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 Covered Person for Western medicines and drugs as prescribed on a written basis by the attending Physician and purchased from a 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.
6. **Chinese Medicine Treatment**  
The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Covered Person for the consultation fee in respect of treatment provided by a Chinese Medicine Practitioner (including Bonesetter and Acupuncture) 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.

### Section 4 – Supplementary Dental Benefits

The Company shall reimburse the dental charges incurred by the Insured for the following treatments as a result of Sickness or Injury<sup>1</sup> or the oral service provided by a Dentist, but not to exceed the Cover Limit applicable to such charges as specified in the Benefit Schedule.

- (i) Routine Oral Examination & Scaling
- (ii) Dental X Rays
- (iii) Abscesses
- (iv) Fillings
- (v) Extraction

*Injury<sup>1</sup> refers to damage to sound natural teeth (and/or dentures/bridges when applicable) caused solely by external, physical, visible, accidental and involuntary means.*



## 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.

		<u>Classification</u>
Abdomen	Appendectomy .....	Intermediate
	Removal of gall bladder and exploration of common bile duct .....	Major
	Cholecystectomy .....	Major
	Gastro-enterostomy .....	Major
	Partial Gastrectomy .....	Major
	Total Gastrectomy .....	Complex
	Gastrosopy with/without biopsy, with/without polypectomy .....	Minor
	OGD with/without biopsy, with/without removal of foreign body.....	Minor
	Colonscopy with/without biopsy, with/without polypectomy .....	Minor
	Laparoscopy.....	Intermediate
	Hemicolectomy.....	Major
	Total Colectomy.....	Complex
	ERCP (Endoscopic Retrograde Cholangio-pancreatography) .....	Intermediate
	A-P Resection .....	Complex
	Oesophagogastrostomy, Oesophagectomy .....	Complex
	Any operation on the Pancreas.....	Complex
	Splenectomy.....	Major
	Hepaticoduodenostomy .....	Complex
	Lobectomy of liver / Resection of liver / Hemihepatectomy .....	Complex
	Liver Transplant .....	Complex
Anterior resection of rectum .....	Major	
Arteries and Veins	Any operation on the Aorta or Iliac Arteries .....	Complex
	Portocaval Anastomosis.....	Complex
	Splenorenal Anastomosis.....	Complex
	Coronary artery bypass graft .....	Complex
Breast	Breast cyst(s) aspiration / fine needle biopsy of breast lesion .....	Minor
	Incision and Drainage of breast abscess .....	Minor
	Excision of breast lesion.....	Intermediate
	Simple mastectomy .....	Intermediate
	Radical mastectomy.....	Major
Bone and Joints	Amputation of thigh, leg.....	Major
	Amputation of upper arm, forearm, entire hand or foot.....	Intermediate
	Amputation of fingers or toes	
	Fewer than three .....	Minor
	Three or more.....	Intermediate
	Close reduction of fracture of finger, hand or toe without internal fixation.....	Minor
	Close reduction of fracture without internal fixation (except finger/hand/toe).....	Intermediate
	Close reduction of dislocation of joint .....	Intermediate
	Open reduction with internal fixation of fracture of finger, hand or toe .....	Intermediate
	Open reduction with internal fixation of fracture (except finger, hand or toe) .....	Major
	Close reduction of dislocation of hip .....	Major
	Removal of implants from bone (except bone of thigh) .....	Minor
	Removal of implants from bone of thigh .....	Intermediate
	Joint aspiration / injection .....	Minor
	Muscle biopsy .....	Minor
	Arthroscopy .....	Intermediate
	Arthroscopic meniscectomy .....	Major
	Repair of meniscus.....	Major
	Partial hip replacement .....	Major
	Total hip replacement.....	Complex
Total shoulder replacement.....	Complex	
Chest	Complete thoracoplasty, transthoracic approach to stomach, diaphragm esophagus, sympathectomy or laryngectomy .....	Major
	Close (percutaneous) (needle) biopsy of lung.....	Minor
	Endoscopic biopsy of lung / Percutaneous biopsy (needle) of lung .....	Minor
	Fiber-Optic Bronchoscopy .....	Minor
	Thoracentesis / chest tapping.....	Minor
	Thorascopy .....	Intermediate
	Excision of lesion or tissue of diaphragm.....	Major
	Resection / Excision / Incision of lung.....	Major
	Segmental resection of lung .....	Major
	Lobectomy of lung .....	Major
Complete pneumonectomy .....	Complex	

## SURGICAL SCHEDULE

		<u>Classification</u>
Ear, Nose or Throat	Excision / destruction of lesion of external ear.....	Minor
	Any operation on the inner ear.....	Major
	Incision of middle ear .....	Intermediate
	Mastoidectomy, one or both sides, simple or radical .....	Major
	Suture of auricle / laceration of external ear.....	Minor
	Myringotomy .....	Minor
	Myringoplasty .....	Intermediate
	Tympanoplasty .....	Major
	Antral puncture and wash-out.....	Minor
	Nasal / Sinus endoscopy .....	Minor
	Excision of pre-auricular sinus .....	Minor
	Excision of lesion of maxillary sinus .....	Intermediate
	Functional endoscopic sinus surgery .....	Major
	Sinus operation by cutting (puncture of antrum excepted).....	Intermediate
	Submucous resection of nasal septum .....	Minor
	Tonsillectomy, adenoidectomy or both .....	Intermediate
	Tracheotomy.....	Minor
	Open operation on the larynx or pharynx.....	Major
	Excision of malignant tumor, mandible .....	Major
	Excision of Accoustic Neuroma .....	Complex
Eye	Excision / curettage / cryotherapy of lesion of eyelids .....	Minor
	Exploration of conjuction (including removal of foreign body).....	Minor
	Operation on pterygium .....	Minor
	Laser photocoagulation / cryotherapy / radiotherapy lesion of retina (and bilateral).....	Intermediate
	Operation for detached retina, one or both eyes .....	Major
	Probing with / without syringe of lacrimal canaliculi / nasolacrimal duct.....	Minor
	Removal of cataract.....	Intermediate
	Removal of cataract and insertion of intraocular lens .....	Major
	Any other cutting operation into eyeball (through the cornea or sclera) or cutting operation on eye muscles.....	Intermediate
	Removal of eyeball .....	Intermediate
Genito-Urinary Track	Circumcision .....	Minor
	Cystoscopy.....	Minor
	Cystoscopic insertion of ureteric stent or catheter.....	Intermediate
	Removal of tumors or stones in ureters or bladder by cutting operation.....	Major
	by endoscopic means.....	Intermediate
	by ESWL (Extra-corporeal Shock Wave Lithotripsy) .....	Intermediate
	Removal of prostate - by open operation .....	Major
	- by endoscopic means .....	Major
	Re-implantation of ureters .....	Major
	Vesicocele, hydrocele, orchidectomy or epididymectomy .....	Intermediate
	Fixation of kidney.....	Major
	Removal of, or cutting into, kidney.....	Major
	Total Cystectomy .....	Complex
Transplantation of kidney.....	Complex	
Goitre	Aspiration of thyroid gland .....	Minor
	Hemi-thyroidectomy.....	Intermediate
	Removal of adenoma or benign tumor of thyroid .....	Intermediate
	Total or bilateral subtotal Thyroidectomy .....	Major
Gynecological	Cone biopsy of cervix uteri (including laser) .....	Minor
	Dilatation and curettage (non-puerperal), cervix cauterization or conization, polypectomy or any combination of these .....	Minor
	Cervix amputation .....	Intermediate
	LEEP .....	Intermediate
	Laparoscopic uterine myomectomy.....	Intermediate
	Laparoscopy and therapeutic procedures including laser, diathermy and destruction e.g. endometriosis adhesiolysis, tubal surgery .....	Intermediate
	Hysterectomy with / without salpingo-oophorectomy.....	Major
	Ovarian cystectomy .....	Intermediate
	Salpingo-oophorectomy, bilateral / unilateral (open / laparoscopic) .....	Intermediate
	Vaginal plastic, operation for cystocele or rectocele .....	Intermediate

## SURGICAL SCHEDULE

		<u>Classification</u>
Heart	Cardiac Catheterization .....	Intermediate
	Insertion / replacement of pacemaker .....	Intermediate
	Open Heart .....	Complex
	Percutaneous Transluminal Coronary Angioplasty .....	Major
	Pulmonary Valvotomy .....	Major
	Replacement of Valve .....	Complex
	Transluminal laser / Transluminal Radiofrequency .....	Major
Hernia	Single hernia .....	Intermediate
	More than one hernia .....	Major
Ligaments and tendons	Cutting or transplant - single .....	Intermediate
	- multiple .....	Major
	Suturing of tendon - single .....	Minor
	- multiple .....	Intermediate
	Excision of ganglion lesion of tendon sheath .....	Intermediate
Release of tendon sheath by incision .....	Minor	
Rectum	Cutting operation for thrombosed hemorrhoids .....	Minor
	Cutting operation for fistula in ano .....	Intermediate
	Hemorrhoidectomy .....	Intermediate
	Injections, banding or ligation of hemorrhoids (complete procedure) .....	Minor
Skin	Primary suture of wound with involvement of deeper tissue .....	Minor
	Removal of foreign body in deeper tissue .....	Minor
	Wedge resection of in-growing toe nail .....	Minor
Skull	Any operation on Brain or Meninges or Cerebral vessels .....	Complex
	Craniotomy .....	Major
	Excision of pituitary gland, transsphenoidal approach .....	Complex
	Trephine .....	Intermediate
Spine or Spinal Cord	Any operation on spinal cord or spinal Meninges .....	Complex
	Lamnectomy .....	Major
	Lumbar puncture .....	Minor
	Operation for spinal cord tumor .....	Major
	Operation with removal of portion of vertebra or vertebrae .....	Major
	Removal of part or all of coccyx or of transverse or spinose process .....	Major
	Rhizotomy .....	Major
Tumors	Benign or superficial tumors and cysts or abscesses .....	Minor
	Intra-abdominal, Intra-thoracic tumors .....	Major
	Malignant tumors of face, lip or skin .....	Intermediate
	Retro-peritoneal tumors .....	Major
Varicose Veins	Cutting operation, complete procedure, one or both legs .....	Intermediate
	Injection treatment, complete procedure, one or both legs .....	Minor

## EXCLUSIONS

Notwithstanding any contrary provisions in this Policy, the Company shall not be liable to pay or settle any claim for expenses incurred by a Covered Person in respect of or resulting from (For Benefits Section 1, 2 & 3):

1.
  - i) Pre-existing Conditions;
  - ii) The following Disabilities or surgery when occurring during the first 180 days after a Covered Person was first insured under this Policy: circumcision; tumors, warts, cysts or polyps of any kind.
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 this 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;
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);
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;
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Disabilities arising from racing of any kind (except foot racing), skydiving, underwater activities requiring breathing apparatus, mountain/rock climbing, winter sports, professional sports;
13. Suicide, attempted suicide or intentionally self-inflicted injury;
14. 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 Covered Person 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.

## DENTAL EXCLUSIONS

Notwithstanding any contrary provisions in this Policy, the Company shall not be liable to pay or settle any claim for expenses incurred by a Covered Person 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;
6. Oral hygiene instructions, plaque control program and dietary instructions.