

## Global Elite II

### *GLOBAL ELITE II HEALTH PLAN (Prestige) - GES7B63*

You will be eligible for the following benefits subject to the terms and conditions of the policy.

<b>Global Elite II Health Plan Benefits</b>	
(Maximum payable benefit amount)	
Note: The benefit values indicated below are per person each Policy Year unless otherwise specified and are reduced each time you claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid. <span style="float: right;">USD</span>	
<b>In-patient and Daycare Treatment</b>	
1) Hospital Charges	Paid in full
2) Daily Accommodation Charges	Standard Single room
3) Hospital Companion Bed	Paid in full
4) Private Nurse up to	US\$310 per day and up to 30 days per Policy Year
5) In-patient Rehabilitation	Paid in full up to 28 days per Policy Year
6) Cash Benefit	US\$230 per night
7) In-patient Direct Billing	Paid in full
8) Applicable In-patient Direct Billing Network	Global Directory of Hospitals
<b>Out-patient Treatment</b>	
1) General Practitioner and Specialist Consultation Charges (including diagnostics, prescribed drugs, dressings etc.)	Paid in full
2) Computerized Tomography, Magnetic Resonance Imaging, Positron Emission Tomography, X-rays and Gait Scans	Paid in full
3) Radiotherapy, Chemotherapy	Paid in full
4) Kidney Dialysis	Paid in full
5) Surgical Procedures Received as an Outpatient	Paid in full
6) Courses of Chiropractic Treatment, Acupuncture, Homeopathy and Osteopathy up to	US\$1,150
7) Traditional Chinese Medicine up to	US\$60 per visit and up to 20 visits per Policy Year
8) Courses of Physiotherapy	Paid in full
<b>Other benefits</b>	
1) Health Screen up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	US\$1,000 Available only after 12 months of continuous cover
2) Pre-existing Conditions up to	Policy Years 1 & 2: US\$2,300
3) Congenital Conditions up to	Available only after 9 months of continuous cover Subsequent Years: US\$4,600
4) Maintenance of Non Pre-existing Chronic Conditions	Paid in full
5) Home Nurse	Paid in full (Subject to Pre-authorisation)
6) Oral and Maxillofacial Surgery	Paid in full
7) Ambulance Transport	Paid in full
8) International Emergency Medical Assistance (Annual Deductible does not apply to this benefit)	Paid in full
9) Psychiatric Treatment up to	US\$7,600
10) Accidental Damage to Teeth	Paid in full
11) Pre and Post-natal Complications	Paid in full – available only after 12 months of continuous cover
12) New Born Accommodation	Paid in full
13) Pregnancy and Delivery up to	US\$13,800
14) Vaccination up to (Pre-existing Condition limitation does not apply to this benefit)	US\$700
15) Routine Dental Care up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	80% of eligible expenses incurred up to US\$1,200
16) Routine Optical Care up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	US\$280
17) Hospice and Palliative Care up to	US\$38,000 in an Insured's Lifetime
18) HIV/AIDS Treatment Benefit up to	US\$100,000
19) Compassionate Death Benefit *	US\$10,000

Remarks:

- Please refer to the policy terms and conditions applying to these benefits.
- All the limits are subject to the Yearly Maximum Limit, including those benefits which indicate 'Paid in Full'. All limits payable are for an Eligible Medical Condition and they are subject to 100% Reasonable and Customary (R & C) charges.
- Cash Benefit is only payable when no other benefit is claimed for under this policy per In-patient Treatment. No other benefit will be payable in respect of the period for which the Cash Benefit has been claimed.
- Both 'Pre-existing Conditions' and 'Congenital Conditions' share the same aggregate annual limit, thus any claims paid under one of those two benefits reduce the remaining benefit available for both.