

## Global Elite II

### *GLOBAL ELITE II HEALTH PLAN (Standard) - GES5B63*

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.	
USD	
<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\$100 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.)	Pre-Hospitalisation (30 days) & Post-Hospitalisation (60 days) Benefit (1 Pre-Hospitalisation consultation and all Post-Hospitalisation consultations related with the hospitalisation within 30 days before admission and 60 days right after discharge from hospital)
2) Computerized Tomography, Magnetic Resonance Imaging, Positron Emission Tomography, X-rays and Gait Scans	No benefit
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	No benefit
7) Traditional Chinese Medicine up to	No benefit
8) Courses of Physiotherapy	No benefit
<b>Other benefits</b>	
1) Health Screen up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	No benefit
2) Pre-existing Conditions up to	No benefit
3) Congenital Conditions up to	
4) Maintenance of Non Pre-existing Chronic Conditions	Paid in full
5) Home Nurse	Paid in full (Subject to Pre-authorization)
6) Oral and Maxillofacial Surgery	No benefit
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\$3,800
10) Accidental Damage to Teeth	Paid in full
11) Pre and Post-natal Complications	No benefit
12) New Born Accommodation	No benefit
13) Pregnancy and Delivery up to	No benefit
14) Vaccination up to (Pre-existing Condition limitation does not apply to this benefit)	No benefit
15) Routine Dental Care up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	No benefit
16) Routine Optical Care up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	No benefit
17) Hospice and Palliative Care up to	US\$10,000 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.

\* Within 1st policy year, premium paid or Compassionate Death Benefit whichever is lower.