Ref: AM 12/01/19

Subcommittee on Members' Remuneration and Operating Expenses Reimbursement

A Summary of Quotation for Corporate Medical Insurance Package for Senior Officers

	Schedule of Benefits		
Α.	Outpatient Benefits (i) Panel and free choice of doctors (ii) 80% reimbursement (iii) Items 1 to 4 shall be limited to one call per day (iv) Items 1 to 5 shall be subject to a maximum of 30 visits per policy year	Limit of Coverage (HK\$)	Annual Premium Rates (HK\$)
1.	Out-patient doctor consultation - Non-panel doctor - Panel doctor	\$400 (per visit limit) Nil (the employee has to pay \$30 per visit)	A. Out-patient \$4,006 benefits
2.	Physiotherapy - Non-panel doctor - Panel doctor	\$400 (per visit limit) Nil (the employee has to pay \$40 per visit)	B. Hospitalization \$2,385 benefits
3.	Chiropractor Non-panel doctor	\$400 (per visit limit)	C. Supplementary \$1,041 major medical benefits
4.	Chinese herbalist/Bonesetter/Acupuncture (max. 5 visits per policy year) Non-panel doctor	\$300 (per visit limit)	D. Dental benefits \$542
5.	Out-patient specialist consultation (max. 10 visits per policy year) - Non-panel doctor - Panel doctor	\$800 (per visit limit) Nil (the employee has to pay \$70 per visit)	E. Annual check \$4,000 up \$11,974
6.	Out-patient Diagnostic Lab. test	\$4,000 (max. per disability)	per annum per (say \$12,000)
В.	Hospitalization Benefits		member
1.	Room & board charges (max. 60 days per disability)	\$2,000 (per day limit)	Notes:
2.	Hospital special services	\$30,000 (per disability limit)	(1) The package plan is generally designed for corporate
3.	Surgical fee	from \$20,000 (minor) to \$160,000 (complex) (per disability limit)	customers with between 1 to 50 employees
4.	Anesthetist's fee	from \$6,000 (minor) to \$48,000 (complex) (per disability limit)	(2) Worldwide 24-hour coverage
5.	Operating Theatre	from \$6,000 (minor) to \$48,000 (complex) (per disability limit)	(3) For new members: Pre-existing medical conditions receiving medical
6.	In-hospital doctor consultation (max. 60 days per disability)	\$2,000 (per day limit)	treatment within 3 months preceding the commencement
7.	In-hospital specialist consultation	\$8,000 (per disability limit)	date of their coverage are not covered by the policy.
8.	Intensive care unit (max. 10 days per disability)	\$4,000 (per day limit)	_
9.	Daily cash for co-ordinate of benefits (max. 30 days per disability)	\$1,000 (per day limit)	(4) Maximum age limit is 65
	Death benefit	\$1,000 (per case)	
_	erall maximum per disability	\$604,000	_
*Ac	lditional benefit: Evacuation expenses to be fully reimburs	• • •	_
(C)	Supplementary Major Medical Benefits (mainly for he	·	4
•	Deductible	\$1,000	_
•	Maximum per disability	\$250,000	_
•	Room & board limit	Cannot exceed basic plan daily limit	⊣
(D) Dental Benefits (i) Free choice of dentists (ii) Benefits - 80% reimbursement			4
•	Dental examination and scaling once a year	\$250	
•	Filling		
•	Extraction Dental V and		
Dental X-ray Maximum amount of benefits per year \$1,000			-
		(Around \$3,000 to \$4,000 per head per	- I
(E)	Annual check up program	annum, depending on the coverage)	