

IMPORTANT NOTICE

Medical Insurance Plan (& Additional Benefits Plans)
Highlights of Changes (*in italics*) to Policy Document

2019

	Existing	After Change																														
DEFINITIONS																																
CHILD	means a person who is a minor under the laws of his Country of Residence or a full-time student of not more than 23 years of age.	means a person who is a minor under the laws of his Country of Residence or a full-time student of not more than 23 years of age. <i>A Child includes a stepchild or a legally adopted child and the Child must be accompanied by his/her parent(s)/guardian(s) who is/are also insured under the same Policy and the level of coverage of the Child must not exceed his/her parent(s)/guardian(s). If the level of coverage of the parent(s)/guardian(s) is different, the benefits for the Child shall be at the lower level.</i>																														
ELIGIBLE PERSON	means (a) a person who is not a Child; or (b) a Child who has a parent who is or will become an Insured Person.	means (a) a person who is not a Child; or (b) a Child who has a parent/ <i>guardian</i> who is or will become an Insured Person.																														
IMMEDIATE FAMILY MEMBERS	means an Insured Person's legal spouse, children (natural or adopted), siblings, siblings-in-law, parents, parents-in-law, grandparents, grandchildren, legal guardian, stepparents or stepchildren.	means an Insured Person's legal spouse, children (natural or adopted), siblings, siblings-in-law, parents, parents-in-law, grandparents, grandchildren, legal guardians, stepparents or stepchildren.																														
PRIVATE ROOM	means a room for Insured Person's private use during the confinement with its own private facilities including a bedroom and bath / shower room(s) only, but excluding any room of upper class with its own kitchen, dining or sitting room(s) or otherwise.	means a room for <i>single occupancy of</i> Insured Person's private use during the confinement with its own private facilities including a bedroom and bath / shower <i>room</i> only, but excluding any room of upper class with its own kitchen, dining or sitting room(s) or otherwise. <i>A Private Room shall exclude "deluxe", "suite", "executive", "VIP", "VVIP room and any other room of a class equivalent to or higher than that of a Private Room as defined above, irrespective of its label.</i>																														
ROOM & BOARD	<p>The Company shall...If the Insured Person is confined in a room class above the eligible level of accommodation on any days of a confinement, the benefits shall be adjusted as follows:</p> <table border="1"> <thead> <tr> <th>Entitlement level of accommodation</th> <th>Level of accommodation confined</th> <th>Reimbursement of Eligible Expenses</th> </tr> </thead> <tbody> <tr> <td>Semi-Private</td> <td>Private</td> <td>50%</td> </tr> <tr> <td>Semi-Private</td> <td>Higher than Private</td> <td>25%</td> </tr> <tr> <td>Private</td> <td>Regular Suite</td> <td>50%</td> </tr> <tr> <td>Private</td> <td>Higher than Private Suite</td> <td>25%</td> </tr> </tbody> </table>	Entitlement level of accommodation	Level of accommodation confined	Reimbursement of Eligible Expenses	Semi-Private	Private	50%	Semi-Private	Higher than Private	25%	Private	Regular Suite	50%	Private	Higher than Private Suite	25%	<p>The Company shall...If the Insured Person is confined in a room class above the eligible level of <i>Room & Board</i> on any days of a confinement, <i>whether voluntary or involuntary, the inpatient benefits payable under the Benefit Schedule, including but not limited to Room & Board, the benefits</i> shall be adjusted as follows:</p> <table border="1"> <thead> <tr> <th>Entitlement level of <i>Room & Board</i></th> <th>Level of <i>Room & Board</i> confined</th> <th>Reimbursement of Eligible Expenses</th> </tr> </thead> <tbody> <tr> <td>Semi-Private</td> <td>Private</td> <td>50%</td> </tr> <tr> <td>Semi-Private</td> <td>Higher than Private</td> <td>25%</td> </tr> <tr> <td>Private</td> <td>Regular Suite</td> <td>50%</td> </tr> <tr> <td>Private</td> <td>Higher than Private Suite</td> <td>25%</td> </tr> </tbody> </table>	Entitlement level of <i>Room & Board</i>	Level of <i>Room & Board</i> confined	Reimbursement of Eligible Expenses	Semi-Private	Private	50%	Semi-Private	Higher than Private	25%	Private	Regular Suite	50%	Private	Higher than Private Suite	25%
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	Existing	After Change
HEALTH PLAN		
5. PREMIUMS 5.1	Premiums are payable on the first day of a Period of Insurance.	Premiums <i>and indebtedness including but not limited to premiums for addition of Insured Persons and claims charge back from previous policy year</i> are payable on the first day of a Period of Insurance.
20. MATERNITY BENEFIT	Nil	<i>Provided that it has been stated in the Benefits Schedule for coverage of maternity, the Eligible Expenses during pregnancy shall be payable subject to the following:-</i>
OPTIONAL PERSONAL ACCIDENT BENEFITS		
8. LIABILITY LIMITS (UNDER ADDITIONAL CONDITIONS FOR PERSONAL ACCIDENT BENEFITS)	The maximum sum payable by the Company:- (a) in respect of an Insured Person above the age of 65 is US\$100,000; coverage shall be terminated at the end of the Policy Year during which the Insured Person attains the age of 81; (b) in respect of a Child covered under this Policy, is the lesser of: i. 10% of the sum insured of his parent under these optional personal accident benefits. If the parents of the Child are insured for different levels of benefits, then the lower level shall apply; and ii. US\$50,000	The maximum sum payable by the Company:- (a) in respect of an Insured Person above the age of 65 is US\$100,000; coverage shall be terminated at the end of the Policy Year during which the Insured Person attains the age of 81; (b) in respect of a Child covered under this Policy, is the lesser of: i. 10% of the sum insured of his parent/ <i>guardian</i> under these optional personal accident benefits. If the parents/ <i>guardians</i> of the Child are insured for different levels of benefits, then the lower level shall apply; and ii. US\$50,000
OPTIONAL TRAVEL BENEFITS		
6.3 (UNDER ADDITIONAL EXCLUSIONS & LIMITATIONS FOR TRAVEL BENEFITS)	The Policyholder and the relevant Insured Person shall be jointly liable for the costs of any emergency services used by an Insured Person that is not covered under these optional travel benefits and, if such costs are paid by the Company, must repay the amount of such costs no later than thirty (30) days from the date on which the costs were occurred.	The Policyholder and the relevant Insured Person shall be jointly liable for the costs of any <i>E</i> mergency services used by an Insured Person that is not covered under these optional travel benefits and, if such costs are paid by the Company, must repay the amount of such costs no later than thirty (30) days from the date on which the costs were occurred.
7.1 (A) (UNDER MEDICAL AND EMERGENCY BENEFIT)	emergency medical treatment, hospitalization, surgery, ambulance and paramedic services, diagnostic tests and medicines prescribed by the Attending Physician;	<i>Emergency</i> medical treatment, hospitalization, surgery, ambulance and paramedic services, diagnostic tests and medicines prescribed by the Attending Physician;
BENEFITS SCHEDULE (IF APPLICABLE)		
EMERGENCY MEDICAL EXPENSES (UNDER TRAVEL BENEFIT)	Covers illness or injury including “Emergency Evacuation” – (up to US\$25,000) with a maximum... “Get You Home Benefit” – covers the additional cost of your own travel and accommodation necessarily incurred as a result of covered disability to get you back home.	Covers illness or injury including “Emergency Evacuation” – (up to US\$25,000) with a maximum... “ <i>Medical Repatriation</i> ” – covers the additional cost of your own travel and accommodation necessarily incurred as a result of covered disability to get you back home <i>following Emergency Evacuation</i> .

	E x i s t i n g	A f t e r C h a n g e
TERMS & CONDITIONS APPLYING TO ALL SECTIONS		
7.	In the event of any alteration in the details of Policyholder or Insured Person, the Policyholder shall give written notice to the Company within 30 days from the date of alteration.	<p><i>Notification of Changes</i></p> <p><i>7.1</i> In the event of any alteration in <i>circumstances</i> of Policyholder or Insured Person <i>including but not limited to change of address, Country of Residence, occupation, habits or pursuits,</i> the Policyholder shall give written notice to the Company within 30 days from the date of alteration.</p> <p><i>7.2</i> <i>Each Insured Person shall immediately notify the Policyholder in writing of all information and of any changes thereto which is required to be notified by the Policyholder to the Company.</i></p> <p><i>7.3</i> <i>The Company shall not be liable for losses arising from or in connection with any such changes in circumstances, whether the same is known to or has been notified to the Policyholder by an Insured Person or not, unless:-</i></p> <p><i>(a) notice in writing of such change is given to the Company; and (b) additional premium (if required) is paid to and received by the Company; and (c) the change is endorsed on this Policy.</i></p> <p><i>7.4</i> <i>For the avoidance of doubt, failure to notify the Company in writing of any change in circumstances may affect cover under this Policy.</i></p>
13.	The Policyholder and the relevant Insured Person shall be jointly liable for the costs of any medical and emergency services utilized by the Insured Person that is not covered under this Policy or exceeds the maximum coverage set out in the Schedule of Benefits.	The Policyholder and the relevant Insured Person shall be jointly liable for the costs of any medical and <i>Emergency</i> services utilized by the Insured Person that is not covered under this Policy or exceeds the maximum coverage set out in the Schedule of Benefits.
INSURING SECTION: SECTION 2A: TERMS AND CONDITIONS APPLYING TO "MEDICAL EXPENSES" BENEFIT		
1.	The Company agrees to provide reimbursement of eligible expenditure for medical treatment arising from a covered Disability requiring emergency treatment contracted or sustained outside the Country of Residence during a trip covered under this Policy and shall include only the following expenses:-“	The Company agrees to provide reimbursement of eligible expenditure for medical treatment arising from a covered Disability requiring <i>Emergency</i> treatment contracted or sustained outside the Country of Residence during a trip covered under this Policy and shall include only the following expenses:- “
SECTION 2B: TERMS AND CONDITIONS APPLYING TO "EMERGENCY ASSISTANCE" BENEFIT		
1. EMERGENCY EVACUATION (UNLIMITED)	When the Insured Person suffers a Serious Injury or Illness requiring immediate treatment and if adequate medical facilities are not available in the immediate vicinity, the Company will organize through its designated assistance company emergency evacuation by whatever medically necessary means to the nearest facility via the most economical form of conveyance, which is capable of providing adequate medical care.	When the Insured Person suffers a Serious Injury or Illness requiring immediate treatment and if adequate medical facilities are not available in the immediate vicinity, the Company will organize through its designated assistance company <i>Emergency Evacuation</i> by whatever medically necessary means to the nearest facility via the most economical form of conveyance, which is capable of providing adequate medical care.
DEFINITIONS		
"PERIOD OF INSURANCE"	means the period stated in the Schedule of Benefits to be the period of insurance, or subsequently any renewal thereof during which the policy is in effect.	means the period stated in the Schedule of Benefits to be the <i>Period of Insurance</i> , or subsequently any renewal thereof during which the <i>Policy</i> is in effect. <i>For the avoidance of doubt, the date and time of Hong Kong shall be used for determination of the Period of Insurance.</i>

	Existing	After Change
TERMS & CONDITIONS APPLYING TO ALL SECTIONS		
N/A	N/A	<p>8. Notification of Changes</p> <p>8.1 <i>In the event of any alteration in circumstances of Policyholder or Insured Person including but not limited to change of address, Country of Origin, the Policyholder shall give immediate notice to the Company.</i></p> <p>8.2 <i>Each Insured Person shall immediately notify the Policyholder in writing of all information and of any changes thereto which is required to be notified by the Policyholder to the Company.</i></p> <p>8.3 <i>The Company shall not be liable for losses arising from or in connection with any such changes in circumstances, whether the same is known to or has been notified to the Policyholder by an Insured Person or not, unless:-</i></p> <p><i>(a) notice in writing of such change is given to the Company; and (b) additional premium (if required) is paid to and received by the Company; and (c) the change is endorsed on this Policy.</i></p> <p>8.4 <i>For the avoidance of doubt, failure to notify the Company in writing of any change in circumstances may affect cover under this Policy.</i></p>
8.	8. Extension of cover beyond the expiration date of cover can be granted subject to the discretion of the Company only.	9. Extension of cover beyond the expiration date of cover can be granted subject to the discretion of the Company <i>with additional premium only except that the Insured Person is unable to return to the Country of Origin due to the unavoidable condition(s) as per Section 8 “Travel Delay”, the Period of Insurance shall be extended automatically for a maximum of 10 days. The automatic extension will terminate at the expiry of the extended period of this Policy or on the date when the condition(s) ceases to exist, whichever is earlier.</i>
9.	9. In the event of any payment made under this Policy, the Company shall be subrogated to all the Insured Person’s right of recovery...	10. In the event of any payment made under this Policy, the Company shall be subrogated to all the Insured Person’s right of recovery...
10.	10. There is no direct billing in respect of medical expenses provided under this Policy unless the expenses are expected to exceed US\$2,500...	11. There is no direct billing in respect of medical expenses provided under this Policy unless the expenses are expected to exceed US\$2,500...
11.	11. The Policyholder and the relevant Insured Person shall be jointly liable for the costs of any medical and emergency services utilized by the Insured Person that is not covered under this Policy or exceeds the maximum coverage set out in the Insurance Certificate.	12. The Policyholder and the relevant Insured Person shall be jointly liable for the costs of any medical and <i>E</i> mergency services utilized by the Insured Person that is not covered under this Policy or exceeds the maximum coverage set out in the Insurance Certificate.
13.	13. The coverage for all sections except “Cancellation Charges” commences on the date and time of departure from the international departure point of the Country of Origin specified in the Insurance Certificate and ceases on return to the Country of Origin at the international arrival area or at midnight on the last day of the Period of Insurance, whichever is the earlier. As for coverage under the “Cancellation Charges” section, the insurance commences on the date of issue of this Policy beyond 30 days and ceases on the departure date on the itinerary as stipulated before commencement of travel.	14. The coverage for all sections except “Cancellation Charges” commences on <i>or after the commencement of the Policy and from the scheduled</i> departure of <i>from</i> the international departure point of the Country of Origin specified in the Insurance Certificate and ceases on return to the Country of Origin at the international arrival area or at midnight on the last day of the Period of Insurance, whichever is the earlier. As for coverage under the “Cancellation Charges” section, the insurance commences on the date of issue of this Policy beyond 30 days and ceases on the departure date on the itinerary as stipulated before commencement of travel.

E x i s t i n g		A f t e r C h a n g e
14.	14. The maximum Period of Insurance for this Policy shall be 180 consecutive calendar days.	15. The maximum Period of Insurance for this Policy shall be 180 consecutive calendar days. <i>In the case more than one Policy are issued by the Company for the same Period of Insurance or if the period is overlapped and/or partially overlapped, the coverage and benefits payable shall be the first Policy issued only. For the avoidance of doubt, no premium refund will be made once any of these policies have been issued.</i>
INSURING SECTION: SECTION 2A: TERMS AND CONDITIONS APPLYING TO “MEDICAL EXPENSES” BENEFIT		
1.	The Company agrees to provide reimbursement of eligible expenditure for medical treatment arising from a covered Disability requiring emergency treatment contracted or sustained outside the Country of Origin or Country of Residence during the Period of Insurance and shall include only the following expenses...	The Company agrees to provide reimbursement of eligible expenditure for medical treatment arising from a covered Disability requiring Emergency treatment contracted or sustained outside the Country of Origin or Country of Residence during the Period of Insurance and shall include only the following expenses...
SECTION 2B: TERMS AND CONDITIONS APPLYING TO “EMERGENCY ASSISTANCE” BENEFIT		
1. EMERGENCY EVACUATION (UNLIMITED)	When the Insured Person suffers a Serious Injury or Illness requiring immediate treatment and if adequate medical facilities are not available in the immediate vicinity, the Company will organize through its designated assistance company emergency evacuation by whatever medically necessary means to the nearest facility via the most economical form of conveyance, which is capable of providing adequate medical care.	When the Insured Person suffers a Serious Injury or Illness requiring immediate treatment and if adequate medical facilities are not available in the immediate vicinity, the Company will organize through its designated assistance company Emergency Evacuation by whatever medically necessary means to the nearest facility via the most economical form of conveyance, which is capable of providing adequate medical care.
DEFINITIONS		
PERIOD OF INSURANCE	means the period of insurance specified in the Insurance Certificate as the Period of Insurance.	means the period of insurance specified in the Insurance Certificate as the Period of Insurance. <i>For the avoidance of doubt, the date and time of the Country of Origin shall be used for determination of the Period of Insurance.</i>

For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself. Should you have any question, please do not hesitate to contact your broker or International Administrators Limited, our third party administrator.