

Schedule of Cover and Excesses

Subject to the Terms of Your Plan and if no other limitations apply, after deduction of any Excesses and Co-Insurance, we will pay Eligible Charges up to the overall aggregate maximum sum insured per Insured Person, per Period of Insurance as shown in the Schedule of Cover and Excesses relevant to your chosen sub-plan. Please note: Eligible charges for certain benefits under Your Plan are payable only up to a Sub-Limit per Insured Person per Period of Insurance and/or only up to a Lifetime Limit per Insured Person. All values are Chinese RMB (¥).

Summary of Benefits (for details refer to policy wording)		HeadStart	Basic	Standard	Executive
OVERALL AGGREGATE MAXIMUM SUM INSURED PER PERIOD OF INSURANCE PER INSURED PERSON		(¥)14,400,000	(¥)14,400,000	(¥)21,600,000	(¥)72,000,000
A In-Patient & Day-Patient Treatment					
1	Hospital Accommodation & Theatre	Full Cover	Full Cover	Full Cover	Full Cover
2	Accidents, Emergencies, Intensive Care <i>Including: Surgical care, Second Surgical Opinion, Anaesthetics, Medical Practitioner charges for Surgery, Treatment, Services and Supplies routinely provided</i>				
3	Surgeons, Consultants, Anaesthetists, Nurses and Ancillary Charges				
4	Medical Practitioners				
5	Prescribed Drugs (maximum supply of 90 days), Dressings and Durable Medical Equipment				
6	Reconstructive Surgery undertaken within 12 months following an accident or illness for an eligible condition				
7	Diagnostic Tests, and Procedures, X-rays, Pathology & MRI/CT Scans				
8	Cancer Tests, Drugs, Treatment & Consultants - <i>Including cover for Chemotherapy and Radiotherapy</i>				
9	Physiotherapy				
10	Parental Hospital Accommodation				
11	Post Hospitalisation Treatment <i>(Received within 90 days of being discharged from hospital)</i>				
12	Hospital Cash Benefit	¥ 1,440/ night 60 nights	¥ 1,440/ night 60 nights	¥ 2,160/ night 60 nights	¥ 2,880/ night 60 nights
13	Organ Transplant <i>(For major covered organs)</i>	Not Covered	¥ 1,440,000 Lifetime Limit Including Lifetime Limits of: ¥80,000 for procurement and harvesting, ¥40,000 travel and lodging	¥ 1,440,000 Lifetime Limit Including Lifetime Limits of: ¥80,000 for procurement and harvesting, ¥40,000 travel and lodging	¥ 2,880,000 Lifetime Limit Including Lifetime Limits of: ¥80,000 for procurement and harvesting, ¥40,000 travel and lodging
14	Prosthetic Devices	Not Covered	Not Covered	Full Cover	Full Cover
15	Psychiatric Treatment <i>(After 12 months continuous cover under the Policy)</i>	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days
B Out-Patient Treatment and Wellness Benefit					
1	Family Doctor, Treatment & Referrals	Not Covered	Up to ¥21,600 per condition for pre & post hospital treatment	Up to ¥72,000	Full Cover
2	Specialists and Consultants	Up to ¥5,760 per condition prior to admission, then up to ¥14,400 following out-patient surgery or in-patient/day-patient treatment			Full Cover
3	X-rays, Pathology, Diagnostic Tests and Procedures	Up to ¥2,880 per condition prior to admission following out-patient surgery or in-patient/day-patient treatment			Full Cover
4	Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment	Not Covered			Full Cover
5	Out-Patient Surgery	Full Cover	Full Cover	Full Cover	Full Cover
6	MRI & CT Scans	Full Cover	Full Cover	Full Cover	Full Cover
7	Cancer Tests, Drugs, Treatment & Consultants	Full Cover	Full Cover	Full Cover	Full Cover
8	Physiotherapy, Homeopathic and Osteopathic Treatment	Not Covered	Maximum 10 visits as part of the ¥21,600 limit	Maximum 15 visits as part of the ¥72,000 limit	Up to ¥36,000 for up to 20 visits

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B	Out-Patient Treatment and Wellness Benefit <i>continued</i>				
9	Not Covered	Not Covered	Up to ¥ 7,200	Up to ¥ 36,000	
10			AIDS/HIV Treatment	Up to ¥ 72,000, with a life time limit of ¥ 144,000	Up to ¥ 72,000, with a life time limit of ¥ 288,000
11			Hormone Replacement Therapy	Full Cover 18 month lifetime limit	Full Cover 18 month lifetime limit
12	Home Nursing Care - <i>Primary care services of a registered nurse in the Insured Person's Home immediately after, or instead of, In-Patient/Day Patient Treatment</i>	Up to ¥ 1,080/visit to a maximum of 15 visits	Up to ¥ 1,080/visit to a maximum of 30 visits	Up to ¥ 1,080/visit to a maximum of 45 visits	Up to ¥ 1,080/visit to a maximum of 60 visits
13	Not Covered	Full Cover Up to 30 days	Full Cover Up to 90 days	Full Cover Up to 180 days	
14		Extended Care Facility	Full Cover Up to 6 months	Full Cover Up to 6 months	Full Cover Up to 6 months
15		Hospice Care	Full Cover Up to 6 months (including ¥ 2,880 counselling)	Full Cover Up to 6 months (including ¥ 2,880 counselling)	Full Cover Up to 6 months (including ¥ 2,880 counselling)
16		Adult Wellness and Health Check <i>(After 12 months continuous cover under the Policy)</i>	Not Covered	Up to ¥ 2,160 (Nil Excess)	Up to ¥ 3,600 (Nil Excess)
17		Child Wellness and Health Check <i>(After 12 months continuous cover under the Policy)</i>		Up to ¥ 2,160 (Nil Excess)	Up to ¥ 3,600 (Nil Excess)
18	Psychiatric Treatment <i>(After 12 months continuous cover under the Policy)</i>	Up to ¥ 36,000		Up to ¥ 36,000	
C	Travel, Transportation and Out of Area Benefits				
1	Emergency Local Ambulance	Full Cover	Full Cover	Full Cover	Full Cover
2	Emergency Evacuation and Transportation	Full Cover To nearest medical facility	Full Cover To nearest medical facility, Home Country or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country or country of choice within Your Area of Cover
3	Accompanying Relative, Travel and Accommodation	Not Covered	Full Cover Meals ¥ 144 per day, Accommodation ¥ 1,440 per day	Full Cover Meals ¥ 144 per day, Accommodation ¥ 1,440 per day	Full Cover Meals ¥ 144 per day, Accommodation ¥ 1,440 per day
4	Cremation/Burial or Repatriation of Remains	Up to ¥ 72,000	Up to ¥ 72,000	Up to ¥ 108,000	Up to ¥ 144,000
5	Compassionate Visit <i>(After 12 months continuous cover under the Policy)</i>	Not Covered	Up to ¥ 14,400	Up to ¥ 21,600	Up to ¥ 21,600
6	USA Elective treatment within the Provider Network <i>Excludes non-emergency travel & accommodation (Applicable to Insureds who have not selected Area 3 - Worldwide Cover)</i>		Not Covered	Up to ¥ 7,200,000, with 20% Co-Insurance (Nil Excess)	Up to ¥ 7,200,000, with 20% Co-Insurance (Nil Excess)
7	Worldwide Accident and Emergency Out of Area Cover		30 Days Maximum, up to ¥ 216,000 (Treatment not Pre-Certified Limit ¥ 7,200)	45 Days Maximum, up to ¥ 288,000 (Treatment not Pre-Certified Limit ¥ 7,200)	60 Days Maximum, up to ¥ 288,000 (Treatment not Pre-Certified Limit ¥ 7,200)
D	Cover in respect of Pre-Existing Medical Conditions and Chronic Conditions				
1	Pre-Existing Medical Conditions Limits of Cover <i>After 24 months continuous cover (Unless excluded or terms applied as indicated otherwise in writing)</i>	Not Covered	Up to ¥ 21,600, with lifetime limit of ¥ 216,000	Up to ¥ 28,800, with lifetime limit of ¥ 288,000	Up to ¥ 43,200, with lifetime limit of ¥ 432,000
2	Chronic Conditions and Palliative Care <i>(after 24 months continuous cover under the policy)</i>		Not Covered	Covered as part of the pre-existing medical limits above	Covered as part of the pre-existing medical limits above
3	Stabilisation of Acute Chronic Episode		Up to ¥ 72,000	Full Cover	Full Cover

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E	Dental Treatment				
1	Not Covered	Full Cover	Full Cover	Full Cover	
2		Not Covered	Up to ¥3,600		Up to ¥3,600 in aggregate subject to 25% Co-Insurance (Nil Excess)
3			Not Covered	Up to ¥5,760 in aggregate a) ¥720 / visit, maximum two visits each period of insurance b) ¥720 /visit, maximum two visits each period of insurance c) ¥720 each tooth (¥1,160/ wisdom tooth) Subject to 25% Co-Insurance (Nil Excess)	
4					
5					
F					
Maternity Cover – After 12 Months Continuous Coverage					
1	Not Covered	Up to ¥72,000	Up to ¥144,000	Full Cover	
2		Not Covered	Not Covered	Not Covered	Up to ¥72,000 subject to 20% Co-Insurance (Nil Excess)
3					Up to 14 Days
4					Up to ¥2,160
5					¥1,440 (Nil Excess)
6					¥72,000 must enrol with parents in 31 days
G					
Other Covers and Benefit					
G1	Not Covered	Not Covered	Not Covered	¥2,880 subject to 50% Co-Insurance, for amounts greater than ¥360	
H					
Other Services					
H1	Included	Included	Included	Included	

Key	Schedule of Excesses:
	Unless identified elsewhere within the Policy Wording, the Excesses applicable per Section are:
	Full Cover after the Standard Sub-Plan Excess (or your Voluntary Medical Excess) as identified on your Certificate of Insurance, per Medical Condition claimed per Period of Insurance, unless stated otherwise
	Covered up to the amounts shown after the Standard Sub-Plan excess (or your Optional Excess) as identified on your Certificate of Insurance, per medical condition claimed per Period of Insurance, unless stated otherwise
	Not Covered

NOTE: With regards to treatment in the USA - The Excess and Co-Insurance will be reduced by 50% for Eligible Charges incurred within the Plan Administrator's network of providers (with the exception of claims under Section C6 Elective Treatment in the USA and Dental Claims).

With regard to the foregoing Schedule of Cover and Excesses, the references to "continuous coverage" mean continuous coverage under the Plan. The applicable benefits described will become first available to the Insured Person only at the end of the continuous coverage period so specified.