BOC Medical Comprehensive Protection Plan (Series 1)

I. Basic Benefits[1] – Select all or 2 out of 3

Insured Items and Coverage		Maximum Limit (HK$) (per Insured Person)			
		Plan 1	Plan 2	Plan 3	Plan 4 (Medical Top-up Plan)[2]
A	**Hospital and Surgical Benefits[3] (per disability per policy year) --compulsory items**				
1.	**Room and Board Fee** (a maximum of 100 days) , limit per day	$800	$1,550	$3,000	Overall maximum limit per year is $250,000 and a maximum of 55% reimbursement per claim and no specified limit per item. **Note:** The Insured Person should hold a valid hospital and surgical insurance upon submission of claims. Otherwise, this benefit will become invalid.
2.	**Physician's Visit Fee** (a maximum of 100 days) , limit per day	$800	$1,550	$3,000	
3.	**Hospital Services Fee**	$12,000	$18,000	$25,000	
4.	**Surgical Expenses** (payable in accordance with "Classification Schedule of Surgical Operations")				
	- Complex	$38,000	$50,000	$70,000	
	- Major	$20,000	$30,000	$47,000	
	- Medium	$9,000	$15,000	$19,000	
	- Minor	$5,000	$6,500	$8,000	
	(Fee for post surgical treatment by registered Chinese medical practitioner, 1 visit per day, a maximum of 5 visits per disability), limit per day	$120	$150	$180	
5.	**Operating Theatre Fee**	Payable in accordance with Item A4 up to 30% of Surgical Expenses			
6.	**Anaesthetist's Fee**	Payable in accordance with Item A4 up to 30% of Surgical Expenses			
7.	**Specialist's Fee** (Referral letter issued by the qualified attending physician is required. The time lag between the issue date of the referral letter and the date of the relevant consultation should not exceed 6 months)	$4,000	$6,000	$9,000	
8.	**Intensive Care Fee** (Maximum limit will be doubled automatically for compulsory quarantine by the government authority and for intensive care treatment in the hospital due to the contraction of infectious disease)	$15,000	$20,000	$25,000	
9.	**Post-Hospitalisation Treatment Fee** (within 6 weeks immediately after discharged from hospital or post-clinical surgery)	$1,200	$2,500	$4,500	
10.	**Extra Bed Accommodation Fee** (hospital confinement for accompanying the Insured Person; a maximum of 100 days), limit per day	$800	$1,000	$1,200	
11.	**Accidental Emergency Out-patient Treatment Expenses**	$1,500	$2,000	$2,500	
12.	**Home Nursing Fee** (a maximum of 100 days) , limit per day	$530	$850	$1,150	
13.	**Medical Appliances (Specified Items)** (Including Pacemaker, Stents for Percutaneous Transluminal, Coronary Angioplasty, Intraocular Lens, Artificial Cardiac Valve, Metallic or Artificial Joints for Joint Replacement, Prosthetic Ligaments for Replacement or Implantation between Bones and Prosthetic Intervertebral Disc)	$10,000	$20,000	$30,000	
14.	**Chemotherapy/Radiotherapy/ Targeted therapy/ Proton Therapy/ Immunotherapy/ Hormonal therapy/ Gamma Knife/ Cyber Knife/ Renal Dialysis Treatment Expenses**	$30,000	$50,000	$70,000	
15.	**Cash Allowance for Health Supplement Food** (payable from the 8th day of hospital confinement onward after surgical operation, a maximum of 5 days per disability), limit per day	$200	$300	$500	
16.	**Special Cash Allowance for Public Hospital in Hong Kong** (for general ward bed only, a maximum of 50 days. This benefit is payable where no other benefits in item A (Hospital and Surgical Benefits) are payable, but except item A15 (Cash Allowance for Health Supplement Food), limit per day	$500	$750	$1,000	
17.	**Compassionate Death Benefit** Death in the hospital as a result of accident	$8,000	$10,000	$12,000	
Overall limit per policy year for each Insured Person aged 76 or above under Item A		**$200,000**	**$400,000**	**$600,000**	

B	**Supplementary Major Medical Benefit[3] (per disability per policy year)**				
Only applicable after the exhaustion of "Hospital and Surgical Benefits" payable under Basic Benefits Items A3 to A8[4](calculation of reimbursement in accordance with percentage)		$150,000 80%	$300,000 80%	$500,000 a. 80% or b. 100%	N/A
C	**Hospital Cash Benefit**				
● Regardless of any basic benefits or plan selected, the sum insured will be covered under Plan 1 only for the insured child(ren) aged 18 or below. ● If the hospital confinement is in the Mainland China, the maximum limit of this coverage will be reduced by half. For hospital confinement outside Hong Kong (China), the maximum number of days is 90 per policy year for each Insured Person.					
1.	**Daily Hospital Cash** (a maximum of 365 days per event)	$300	$500	$1,000	$300
2.	**Double Indemnity of Daily Hospital Cash due to any one of following Events** (a maximum of 365 days per event)	$600	$1,000	$2,000	$600
i	Confinement in the Intensive Care Unit (a maximum of 90 days per event)				
ii	Receiving major organ transplant surgery or first diagnosis of cancer disease				
iii	Suffering from defined infectious disease[5] (a maximum of 30 days for each infectious disease)				
iv	Temporary leaving Hong Kong (China) but not exceeding 60 days with hospital confinement required during this period (excluding the Mainland China and Macau (China)), a maximum of 30 days per event				
v	The Insured Person and insured legal spouse are hospitalised at the same time due to the same accident				
Free Services					
1.	24-hour Worldwide Emergency Assistance Service (a hospital deposit guarantee of up to HK$40,000 in the event of emergency hospital confinement outside Hong Kong (China) is applicable)	Please refer to the policy for details			
2.	In the first policy year, each Insured Person will be entitled to a basic health check-up[6] in accordance with the insured plan. Check-up items include blood group, rubella, cholesterol, urinalysis, triglycerides, diabetes screening, paediatric assessment, etc. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.	Please visit BOCG Insurance's website for details (http://www.bocgins.com)			

II. Optional Benefits[1] ("Optional Benefits" can be additionally selected after enrolling in Basic Benefits)

Insured Items and Coverage		Maximum Limit (HK$) (per Insured Person)		
		Plan 1	Plan 2	Plan 3
D	**Out-patient Benefit**			
Network and Non-network Doctor		Network Doctor	Network Doctor	Network Doctor and Non-network Doctor
1.	**General Practitioner Consultation** (3 days western medication,1 visit per day)			
	Maximum limit per visit	-	-	Non-network Doctor $350
	Maximum number of visits per year	Unlimited	Unlimited	Unlimited
	Co-payment – Network Doctor	$30	$10	$0
	Co-payment – Non-network Doctor	N/A	N/A	20%

2.	**Specialist Consultation** (referral letter is required, 5 days western medication, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	 - Unlimited $50 N/A	 - Unlimited $30 N/A	 Non-network Doctor $700 Unlimited $20 20%
3.	**Chinese Medical Practitioner Consultation** (including bonesetter and acupuncture, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	 N/A	 - 12 $0 N/A	 $180 12 $0 20%
4.	**Physiotherapy and Chiropractor Treatment** (referral letter is required, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	 - 10 $0 N/A	 - 10 $0 N/A	 $340 10 $0 20%
5.	**Diagnostic X-ray and Laboratory Tests** (referral letter is required) Maximum limit per year Co-payment – Network Doctor Co-payment – Non-network Doctor	 $2,500 $0 N/A	 $3,000 $0 N/A	 $4,000 $0 20%
E	**Dental Benefit**			
Calculation of reimbursement in accordance with percentage:		**80%**	**100%**	N/A
1.	**Intra-oral small film radiograph** (maximum limit per film)	$60	$70	
2.	**Scaling, polishing and prophylaxis** (maximum limit per visit, maximum number of visits per year)	$300 (1 visit)	$400 (2 visits)	
3.	**Fillings, extraction** (maximum limit per tooth)	$300	$400	
4.	**Drainage of abscess** (maximum limit per tooth)	$200	$300	
5.	**Root canal fillings** (maximum limit per root)	$600	$1,200	
Overall maximum limit per policy year		$2,000	$3,800	
F	**Maternity Benefit** (per pregnancy)			
Including pre-natal and post-natal out-patient expenses. These benefits are not applicable to pregnancy or birth of child(ren) within 9 months from the policy effective date of these benefits.				
1.	**Caesarian section**	$12,000	$15,000	$22,500
2.	**Normal delivery**	$8,000	$10,000	$15,000
3.	**Miscarriage**	$6,000	$8,000	$12,000
G	**Critical Illness Benefit**			
1.	A lump sum payment will be provided in the unfortunate event of first diagnosis of the covered Critical Illness[7]. To be eligible for a claim, the Insured Person should be alive for at least 30 days after the first diagnosis of the covered Critical Illness.	$100,000	$200,000	$300,000
2.	Upon approval of a claim for Critical illness, the Insured Person's benefit under this item G will be terminated immediately.			
3.	A 90-day waiting period: No benefit will be payable for any covered Critical Illness where the signs or symptoms of which or the diagnosis of which first occurred within 90 days from the policy effective date.			
Extended Benefits				
1.	**Medical Expenses for Critical Illness** (due to ascertained the first diagnosis of cancer, stroke or cardiomyopathy)	$30,000	$45,000	$60,000
2.	**Additional benefit of the diagnosis of 5 female Critical Illnesses or serious diseases** (A lump sum payment will be made payable to female Insured Person in the event of first diagnosis of breast cancer, cervix uteri cancer, ovarian cancer, uterine cancer or system lupus erythematosus (SLE)[8])	$50,000	$80,000	$100,000

3.	**Additional benefit of the diagnosis of 5 male Critical Illnesses** (A lump sum payment will be made payable to male Insured Person in the event of first diagnosis of lung cancer, liver cancer, colon cancer, prostate cancer or cardiomyopathy)	$50,000	$80,000	$100,000

Remarks :

1. All charges incurred must be reasonable and customary.
2. Plan 4 "Medical top-up plan" will be provided for the Insured Person to supplement the inadequate protection of the existing Hospital and Surgical insurance (e.g. medical insurance offered by your employer). Compensation will only be made on the shortfall of the first hospital and surgical insurance policy and should not exceed 55% of the reimbursement per claim and the overall maximum limit per year. Maximum enrolment age is 65 years old with renewal age of up to 70 years old. Insured Person aged 71 or above can convert insured plan to Plan 1 or Plan 2 (if the Insured Person opts to convert to Plan 3, he/she is required to submit documentary proof, showing that his/her coverage is equivalent to or better than the coverage limit of Plan 3 under the "Hospital and Surgical Benefits" before the conversion).
3. The eligible Day Case Surgery and Clinical Surgery which are classified by BOCG Insurance will be paid under "Hospital and Surgical Benefit" and "Supplementary Major Medical Benefit".
4. If the insured daily maximum limit for Room and Board is less than the actual amount charged for Room and Board by the hospital for hospital confinement, BOCG Insurance reserves the right to adjust the benefits payable under "Supplementary Major Medical Benefit".
5. Defined infectious disease includes malaria, cholera, meningococcal infection, dengue fever, tetanus or atypical pneumonia including but not limited to COVID-19.
6. Health check-up will be conducted at BOCG Insurance's designated clinics or medical centres. BOCG Insurance is not liable for the services or the negligence of the relevant clinics or medical centres.
7. 40 types of Critical Illness coverage includes Cancer, Cardiomyopathy, Coronary Artery Bypass Grafting, Heart Valve Replacement, Primary Pulmonary Arterial Hypertension, Surgery To Aorta, Heart Attack, Alzheimer's Disease, Bacterial Meningitis, Tuberculous Meningitis, Benign Brain Tumor, Coma, Encephalitis, Brain Damage, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia/Paralysis, Parkinson's Disease, Poliomyelitis, Stroke, Progressive Bulbar Palsy, Blindness, Loss of Hearing, End Stage Lung Disease, Fulminant Viral Hepatitis, Kidney Failure, Loss of Independent Existence, Loss of Speech, Major Burns, Major Organ Transplant, Loss of Limbs, Total And Permanent Disability, Liver Failure, HIV Through Blood Transfusion, Aplastic Anaemia, Elephantiasis, Severe Rheumatoid Arthritis, Terminal Illness, Vegetative State (persistent).
8. SLE: Subject to a 90-day waiting period, and while the claim was settled, the Insured Persons' benefits under item G will be terminated immediately.

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