GENERALI
GLOBAL HEALTH

NAVIGATOR
Insurance Brokers Ltd.

Tel (852) 2530 2530
Fax (852) 2530 2535
crew@navigator-insurance.com
www.navigator-insurance.com

Unit 8E Golden Sun Centre
59-67 Bonham Strand West
Sheung Wan, Hong Kong

Corporate Choice

Benefit Schedule

1.Core benefits

This benefit schedule should be read in conjunction with the member guide and your certificate of insurance, which will highlight the plans purchased and any optional benefits provided. All defined terms are highlighted in bold type and are described in the member guide.

Core cover includes hospital charges, costs associated with operations, surgeries and other in-patient treatments, rehabilitation and palliative care following discharge from hospital and emergency assistance.

Geographical area options	**Worldwide excl. USA**

Benefits		**Definitions**
Reimbursement	100%	Unless specifically noted to the contrary, **treatment** is reimbursed 100% up to **reasonable and customary charges** after the payment of any applicable **deductibles**. Where USA **cover** has been purchased, any **treatment** undertaken outside of the network will be subject to 20% **co-insurance**, unless there is no network **hospital** within 30 miles of **your** address, the **treatment you** require is not available in a network **hospital**, or it is an **emergency**.
Annual maximum	**€2,500.000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Hospital charges		
Room and board	in full (standard private room)	Charges for **in-patient** or **day-patient room and board** when a stay in **hospital** is **medically necessary**, the length of stay is judged **medically necessary** and **treatment** is managed by a **specialist**. If the **treatment** charges are determined by the choice of room, **we** will pay the **treatment** costs appropriate for that room type.
Hospital cash	€150 per night to 30 nights	For **treatment** that would have ordinarily been eligible under this **policy** and was received free of charge, a defined cash **benefit** will be paid for each night the **insured person** receives **in-patient treatment**. The **benefit** is available for a maximum of 30 nights.
Parent accommodation	in full	**Room and board** costs of one parent staying in **hospital** overnight with an **insured person** under 18 years old while the child is admitted and is receiving eligible **treatment** as an **in-patient**.
Operating theatre, drugs and dressings & internal prosthesis	in full	The costs of the operating theatre, the recovery room, internal **appliances** integral to the surgical procedure, **drugs and dressings** used in the operating or recovery room and **drugs and dressings** and **durable medical equipment** used during **your hospital** stay.
Intensive & high dependency care	in full	**Medically necessary** costs for the use of an intensive care unit (ICU) or high dependency unit (HDU).
Surgery costs, surgeons' and anaesthetists' fees	in full	The costs of **medically necessary treatment** required immediately before, during, and after the surgery. These include the surgeons' and anaesthetist's fees.

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Benefits		Definitions
Annual maximum	**€2,500.000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Hospital charges (continued)		
Physician and nurse fees	in full	The cost of consultation fees associated with a **medical practitioner/specialist** or **qualified nurse** for the period of **your in-patient** or **day-patient** stay
Diagnostic tests	in full	The costs of **medically necessary diagnostic tests** including but not limited to pathology, radiology and electrocardiograms (ECG), when **you** are referred by **your medical practitioner/specialist** in order to diagnose or assess the symptoms of **your medical condition** during an **in-patient** or **day-patient** stay.
CT/MRI/PET scans	in full	The costs of **medically necessary** radiology including CT, MRI or PET scan (or combination of these scans) when recommended by **your medical practitioner/specialist** and undertaken as an **in-patient**, **day-patient** or **out-patient**.
External prosthesis	in full	The cost of the initial **prosthesis** needed as part of **your treatment** and which is required at the time of **your** surgical procedure. **We** do not pay for any replacement **prosthesis** including any replacement devices required in relation to a **pre-existing condition**.
Operations, surgeries and treatments		
Reconstructive / remedial surgery	in full	Surgery required as a result of an **accident**, illness or surgery which occurred during the **period of cover** and is undertaken within 12 months of the **accident**/ illness/surgery occurring to restore natural function or appearance, subject to the **cover** being in force. **Cover** includes one reconstructive/remedial surgery per **medical condition** unless **medically necessary** to perform multiple surgeries.
Accidental dental treatment	in-patient - in full out-patient - €1,500	**Emergency** dental **treatment** required for damage to sound, natural teeth following an **accident**. **You** must contact us within 48 hours of the **accident** and seek **treatment** within 7 days of the **accident**. If **treatment** continues for longer than one year from the date of the **accident**, **your** case may be reassessed by **us**.
Cancer ☎	in full	**In-patient**, **day-patient** or **out-patient treatment** given for a diagnosed **cancer** condition. This includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination as well as any prescribed **drugs and dressings** required to treat the **medical condition**. Following a **cancer** diagnosis, the cost of a genomic profiling service provided by an independent diagnostics provider selected by **us**, used to identify the most appropriate **treatment** according to the **insured person's** genome where clinically appropriate, as determined by **your medical practitioner**.
Transplant services ☎	in full	**Treatment** for and in relation to life-sustaining human organ, tissue and cell transplants including but not limited to kidney, pancreas, liver, heart, lung, bone marrow and cornea, in respect of the **insured person** as a recipient. The transplant shall be carried out in internationally accredited institutions by accredited surgeons and where the organ, tissue or cell procurement is in accordance with World Health Organisation (WHO) guidelines. **We** will only pay for medical costs associated with the donor as an **in-patient** or **day-patient** when services are rendered in the same network facility where the transplant occurs and where the donation does not lead to a loss of the donor's life. Costs associated for the donor search or procurement of the organ, tissue or cell are excluded. **Cover** includes the cost of anti-rejection medication (immunotherapy). The specific type and length of **treatment** will be determined by the type of transplant and underlying **medical condition**.

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Benefits		Definitions
Annual maximum	**€2,500.000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Operations, surgeries and treatments (continued)		
Renal dialysis ☎	in full	**Treatment** of renal failure, including renal dialysis as an **in-patient**, **day-patient** or **out-patient**. This includes pre and post-operative renal dialysis as part of intensive care and for ongoing maintenance while waiting for a kidney transplant for a limit of up to two years.
Psychiatric treatment and psychotherapy ☎	no cover	**Medically necessary in-patient** or **day-patient treatment** of a recognised **mental health disorder** in a recognised psychiatric unit of a **hospital**. All **treatment** must be administered under the direct supervision of a consultant psychiatrist.
Acute phases of chronic conditions	in full	**Acute** flare-up of a **chronic condition**, providing active **treatment** as an **in-patient** or **day-patient** stay in order to stabilise the **medical condition** for the period of admission only.
Emergency out-patient care	in full (in the US, covered until stable for transfer; up to 50,000)	**We** will pay for **emergency treatment** at an **accident** and **emergency** unit or **emergency** room of a **hospital**.
Congenital conditions	in full	**Treatment** of a **congenital disorder** requiring **acute** care or surgical intervention to cure the **medical condition**.
Out-patient surgery	in full	**Treatment** costs for a surgical procedure performed in an **out-patient** surgery, hospital **out-patient** department or clinic.
Rehabilitation and palliative care following discharge from hospital		
Home nursing ☎	no cover	**We** pay for **home nursing** following discharge from a **hospital** as consequence of eligible **in-patient treatment**. **We** pay if the **home nursing**: - is required only to provide medical care - is **medically necessary** - starts immediately following discharge from **hospital** - is provided by a visiting **qualified nurse** - is recommended or prescribed by **your medical practitioner/specialist**.
Palliative care / hospice fees	no cover	**Treatment** following the diagnosis that **your medical condition** is **terminal** and **you** will no longer receive **treatment** that will result in a recovery. **We** pay for **your** palliative **treatment**, social, psychological and spiritual care and **hospital** or hospice accommodation, nursing care and prescribed **drugs and dressings**.
Rehabilitation services ☎	in full (90 nights)	**Rehabilitation** undertaken in a **hospital** as an **in-patient** or in a recognised **rehabilitation** unit and under the direction of a **specialist**, including **room and board**, physical therapy, occupational therapy, dieticians and speech therapy. **Treatment** must begin within 30 days after the end of **your treatment** in **hospital** for a **medical condition** which is covered by **your policy** and arose as a result of the **medical condition** which required hospitalisation, or as a result of the **treatmen**t for that **medical condition**. **We** do not pay **room and board** for **rehabilitation** when the **treatment** given is solely **physiotherapy**.

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Benefits		Definitions
Annual maximum	**€2,500.000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Complications in pregnancy and other post-birth benefits		
Pregnancy related medical conditions	in full	**In-patient treatment** of a **medical condition** which arises during the antenatal stages of pregnancy or during childbirth. **We** would consider **treatment** including, but not limited to: ectopic pregnancy, stillbirth, abnormal cell growth in the womb (hydatidform mole), retained placenta or placenta praevia, placenta abruption, pre-eclampsia or eclampsia and/or toxaemia, pregnancy related diabetes, post-partum haemorrhage, miscarriage requiring immediate surgical **treatment**, failure to progress in labour, pregnancy related vitamin and mineral deficiency and cholestasis of pregnancy. **We** will **cover** the cost of **emergency** caesarean section, where it is **medically necessary** due to non-progression in labour. Where **we** are not satisfied that the caesarean section was **medically necessary**, **we** will only **cover** up to **your** maternity **benefit limit**, where purchased. **We** do not cover caesarean section costs due to a previously elective caesarean section.
New born care ☎	in full	**We** will pay for **new born care** of a **medical condition** requiring **in-patient treatment**, including **congenital disorders** which manifest themselves within 30 days of birth under the mother's **policy**, where the mother's **policy** includes **new born care benefit**. Where the mother's **policy** does not include **new born care benefit**, a **new born** would only receive **cover** and **benefits** once enrolled as a **dependant** on the **policy**. For full **cover** and **benefits** to apply to a **new born**, he/she needs to be enrolled into the **policy** as a **dependant** within 30 days from their date of birth. Where the **new born** is enrolled after 30 days from his/her date of birth, they may be subject to eligibility restrictions. From the date of enrolment as a **dependent**, any eligible **treatment** the **new born** receives will be funded using their **new born care benefit**, not the mother's **new born care benefit**.
Child accommodation	in full	**Room and board** costs relating to a **new born** (up to 12 weeks old) to accompany its mother (being an **insured person**) while she is receiving **treatment** as an **in-patient** in a **hospital**.
Evacuation and repatriation services		
Medical evacuation ☎	in full	Costs of an **insured person**, in the event of **emergency treatment** not being readily available in the region or country of incident, to be transported by the most medically appropriate means to the nearest appropriate medical facility for the purpose of admission to **hospital** as an **in-patient** or **day-patient**. **We** will pay the reasonable expenses for: • the most medically appropriate transportation costs for the **insured person**. • local travel costs to and from medical appointments when **treatment** is being received as a **day-patient**. • standard hotel room in a 4* hotel or equivalent, to be determined by **us**, for the **insured person** immediately pre- and post-**hospital** admission periods provided that the **insured person** is under the care of a **specialist** for a period of up to seven days post discharge from **hospital**. • an economy class airfare ticket to return the **insured person** to the site where the **emergency** initially arose or to the that person's **country of residence**. Medical evacuation or repatriation benefits do not extend to include air/sea rescue or mountain rescue services.
Medical repatriation ☎	in full	

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Benefits		Definitions
Annual maximum	**€2,500.000**	This is the overall maximum **benefit limit** of **your policy** and applies per **insured person**, per **period of cover**. **We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Evacuation and repatriation services (continued)		
Accompanying person expenses ☎	€2,000	Reasonable costs for an **immediate family member** to accompany **you** during a medical evacuation if there is a reasonable need, which would include physical assistance during transportation, **you** do not have a medical escort or the reason for evacuation relates to a serious, **acute** illness and only where the **treatment** received is on an **in-patient** or **day-patient** basis. Reasonable costs include: • 1 economy return flight (even if the **insured person** is travelling in another class for medical reasons). Or, where the accompanying person is providing **medically necessary** assistance to the **insured person** during transportation, **we** will **cover** the costs of the accompanying person's travel on the **medically necessary** transport • Reasonable living expenses • Reasonable costs for travel to and from **hospital** • Standard hotel room in a 4* hotel or equivalent, to be determined by **us** This **benefit** will only be paid once per **medical condition** and must be pre-authorised by **us**.
Incidental expenses ☎		The cost of incidental expenses related to the **emergency** including: • 1 economy return flight and accommodation for a child in the event of an evacuation, provided they are under the age of 18 and they would otherwise be left without a parent or guardian • Reasonable child care and pet care, where the child or pets remain in the **country or residence**.
Repatriation of mortal remains ☎	€10,000	Reasonable costs for the transportation of **your** mortal remains following **your** death whilst outside of **your** home country. The costs of a local burial in the country where the death occurred, other than **your** home country, cremation costs in the country where the death occurred and transportation of the urn to **your country of residence** or home country. Where a local burial or cremation is chosen, costs will be covered to the same cost of repatriation to home country. **We** do not pay for the cost of burial caskets, or the transportation costs for someone to collect or accompany **your** mortal remains.
Local road ambulance	in full	**We** will pay for in-country ambulatory transportation by road or, if **medically necessary**, air ambulance to the nearest suitable **hospital** or other place of **treatment** where services are available to provide **treatment** for **your** eligible **accident** or **medical condition**, as well as a clinical escort where deemed **medically necessary** to accompany **you**. **We** do not pay for mountain/air/sea rescue services.
Local air ambulance		

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2.Out-patient benefits

Out-patient plans		Definitions
Out-patient (OP) maximum	**In full (to Core cover annual maximum)**	**We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Consultations and scans		
Out-patient consultations	in full	**Out-patient medical practitioner/specialist** or **qualified nurse** fees including consultations to: • assess the symptoms of **your medical condition** • arrange or receive **treatment** • follow-up on **treatment** already received • prescribe **drugs and dressings**
Out-patient psychiatric treatment and psychotherapy	no cover	Consultations and associated costs for **treatment** with mental health **specialists** in an **out-patient** setting. Mental health **treatment** must be a consequence of a defined **mental health disorder**, provided the overall **treatment** is under the referral of a practicing registered psychiatrist licensed to practice as such in the country where the **treatment** is taking place.
Routine chronic condition management	in full	Management of **chronic conditions** requiring ongoing or long-term monitoring through consultations with a **medical practitioner/specialist** including examinations, check-ups and the prescribing of **drugs and dressings**. Prescriptions for **drugs and dressings** that exceed the **period of cover** will only be covered for the duration of the remaining **period of cover**.
Diagnostic tests	in full	The costs of diagnostic tests used to diagnose or assess the symptoms of **your medical condition** when ordered by **your medical practitioner/specialist**.
Medicines and medical equipment		
Prescribed drugs and dressings	in full	The cost of **drugs and dressings** prescribed by **your medical practitioner/specialist** and will only be used for the **treatment** of a **medical condition** or injury. Prescriptions for **drugs and dressings** that exceed the **period of cover** will only be covered for the duration of the remaining **period of cover**. **Drugs and dressings** does not include prescriptions which can be purchased over-the-counter.

Out-patient plans		Definitions
Overall Out-patient benefit limit	**In full (to Core cover annual maximum)**	**We** will pay for the cost of **benefits** allowable under the **policy** subject to the overall annual maximum and any specified sub-limits.
Medicines and medical equipment (continued)		
Durable medical equipment	€2,500	The cost to rent, or at **our** discretion to purchase, any **durable medical equipment** that is ordered by a **medical practitioner/specialist** to be used in the course of **treatment** for an **accident** or **medical condition**, or while undertaking nursing at home where **medically necessary** and where recommended by a **medical practitioner/specialist**.
Hearing aids	no cover	The costs of one set of hearing aids as a consequence of a diagnosed **medical condition** significantly impairing the **insured person's** ability to hear. A 50% **co-insurance** applies to hearing aids.
Specialist and alternative treatments		
HIV/AIDS	covered as any other condition	Costs which arise from, or are in any way related to Human Immuno Deficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any variations thereof. Expenses are limited to pre and post-diagnosis consultations, routine check-ups and **drugs and dressings**. The **benefit** is only available after three years of continuous membership.
Rehabilitation and other therapy: physiotherapy, speech therapy, oculomotor therapy, occupational therapy	in full (30 visits)	**We** will pay for **physiotherapy**, speech therapy, oculomotor therapy and occupational therapy costs under the direction of a registered therapist, where the **treatment** is of short duration to relieve pain or restore function. If **you** are not referred by a **medical practitioner/specialist**, **you** will need to gain **pre-authoirsation**.
Complementary treatment	€3,000	**Complementary treatment** provided as an **out-patient** in respect of an eligible **medical condition**. The practitioner must be appropriately qualified and registered to practice in the country where the **treatment** is received.
Prevention and wellbeing		
Vaccinations	no cover	**Vaccinations** must have completed clinical trials and be approved for use in the country where **treatment** is taking place. The cost for the visit and administration of the **vaccination** is included.

3.Additional benefits

Additional benefits		Definitions
Wellness		
Annual health assessment	no cover	**We** will pay for one health assessment per **period of cover** to assess **your** state of health where it is provided in one single medical facility, by a recognised **medical practitioner/specialist** or **qualified nurse**, all the tests are undertaken in the same consultation and results are provided as a single medical report. The actual tests **you** have will depend on the health screening offered by **your** provider but may include routine tests such as blood sugar and cholesterol tests, a blood pressure test and a kidney function test. It may also include specific screening tests, such as mammogram, pap test, colon **cancer** screening, or prostate **cancer** screening.
Well-baby checks		Well-baby checks, effective from 24 hours after birth and up until the child's second birthday and as recommended by a **medical practitioner/specialist**, including physical examinations, measurements, screenings, evaluations and blood tests as is recommended in the country where the **treatment** is undertaken.
Vision		
Annual eye test	in full	One eye test each **contract year**, which includes the cost of **your** consultation.
Glasses and contact lenses	€600	The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an ophthalmologist or optician to correct a sight/vision problem, such as short or long sight to a maximum of one pair per **insured person** per **period of cover**. The cost of frames, only if **you** have been prescribed new spectacle lenses, and where confirmation of the prescription/purchase of lenses is provided. New spectacle lenses to a maximum of one pair per **insured person** for every two **periods of cover**. The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.
Pregnancy and childbirth		
Natural childbirth	€10,000 per pregnancy	**Medically necessary** costs incurred during normal **pregnancy** and childbirth including scans and delivery costs in a **hospital** or at home. Complications of **pregnancy** as a result of fertility **treatment** and artificial insemination (IVF) will be limited to this **benefit**.
C-section		Non-**emergency** caesarean section and **medically necessary** caesarean section costs due to previous elective caesarean section.
Pre-and post-natal check ups		Pre and post-natal check-ups up to six weeks following birth for a mother, being an **insured person**, prior to and following childbirth.
Paediatrician costs		Well-baby examinations and paediatrician costs for the first examination/check-up of a **new born** baby, if the examination is made within 24 hours of delivery

Additional benefits		Definitions
Dental		
Routine, restorative and orthodontic	€5,000 (routine dental, basic restorative and major restorative dental treatment) €5,000 (orthodontic treatment)	Routine dental **treatment** which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative **treatment** including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal **treatment**. Major restorative **treatment** defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where **medically necessary** rather than for cosmetic purposes compared with other **treatment** options available. Orthodontic **treatment** covering the fees and associated costs of a **dental practitioner** carrying out orthodontic **treatment** on any **insured person** up to and including 18 years of age. Costs of **medically necessary drugs and dressings** required as part of the eligible dental **treatment**. A **co-insurance** of 15% applies to basic restorative **treatment** A **co-insurance** of 15% applies to major restorative **treatment** A **co-insurance** of 15% applies to orthodontic **treatment**

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