

Benefits Schedule

# MyHEALTH CHINA



Benefit Schedule			
Insurance Plan	Essential	Extensive	Elite
Area of cover	Worldwide Worldwide Excluding USA Greater China		
Deductible	RMB 0 / 10,200 / 20,400 USD 0 / 1,500 / 3,000  Only applicable to hospitalization benefits, worldwide emergency assistance benefits and special outpatient benefits under this insurance plan.		
Reimbursement ratio (Applicable to hospitalization benefits, worldwide emergency assistance benefits, special outpatient benefits, general outpatient benefits)	Non-high-cost providers: 100% reimbursement High-cost providers: 60% reimbursement		100% reimbursement
Pre-existing condition	Not covered		
Overall limit per person per period of insurance	RMB 6,800,000 USD 1,000,000	RMB 13,600,000 USD 2,000,000	RMB 20,000,000 USD 3,000,000
Waiting period	30 days No waiting periods apply to accident, unless otherwise stated in the benefit schedule		
I. Hospitalization Benefits			
1. Room and board (including general nursing care)	Covered  Treatment in Hong Kong will be covered up to: Double Occupancy Room Reimbursement ratio 100%; Single Occupancy Room Reimbursement ratio 80%;  Other areas: Reimbursement ratio 100%	Covered  Treatment in Hong Kong will be covered up to: Double Occupancy Room Reimbursement ratio 100%; Single Occupancy Room Reimbursement ratio 80%;  Other areas: Reimbursement ratio 100%	Covered  Treatment in Hong Kong will be covered up to: Double Occupancy Room Reimbursement ratio 100%; Single Occupancy Room Reimbursement ratio 80%;  Other areas: Reimbursement ratio 100%
2. Surgery fees, operating room and anesthesia recovery room costs, anesthesia fees, intensive care unit fees, intensive care nursing fees	Covered	Covered	Covered
3. Pathological examination fee, imaging examination fee, diagnostic test and examination fee, including but not limited to the fees of X-ray fluoroscopy, CT scanning, MRI, B ultrasound scanning, laboratory examination, etc.	Covered	Covered	Covered
4. Medical supplies, blood and plasma, surgical equipment	Covered	Covered	Covered
5. Physician and therapist fees  This benefit includes internists surgeons (including consultation before operation and follow-up consultation after operation), anesthetist, specialists, radiologists, physiotherapists and pathologists fees, etc.	Covered	Covered	Covered
6. Rehabilitation treatment  The reasonable and medically necessary rehabilitation treatment recommended by the attending physician is covered	Covered, Up to 60 days	Covered, Up to 80 days	Covered, Up to 185 days
7. Local ambulance	Covered	Covered	Covered
8. Day care treatment & day surgery (including the above 1-7 benefits)	Covered	Covered	Covered
9. Parental accommodation	Covered	Covered	Covered

Only one added bed and same room for child under age 18 is covered			
10. Pre-hospitalization Medical services incurred prior to a covered confinement in a hospital as a direct consequence of the covered disability which necessitated such confinement.	Covered, Up to 30 days	Covered, Up to 30 days	Covered, Up to 180 days
11. Post-hospitalization This benefit covers normal follow-up treatment after discharge.	Covered, Up to 60 days	Covered, Up to 90 days	Covered, Up to 180 days
12. Private nursing during hospitalization and after discharge	Not covered	Covered	Covered
(1) Private nursing during hospitalization	Not covered	Covered	Covered
(2) Private nursing after discharge	Not covered	RMB 918 / USD 135 per day Up to 30 days	RMB 1,530 / USD 225 per day Up to 90 days
13. Medical auxiliary appliance	Covered	Covered	Covered
(1) Surgical implants, appliance and device	Covered, external prosthesis and any services associated with the selection, fitting or repair are covered up to RMB 6,800 / USD 1,000	Covered, external prosthesis and any services associated with the selection, fitting or repair are covered up to RMB 136,000 / USD 2,000	Covered, external prosthesis and any services associated with the selection, fitting or repair are covered up to RMB 204,000 / USD 3,000
(2) External prosthesis, appliance and device  Covers one initial repair, selection or fitting cost and up to two (2) replacements for members below age 18			
(3) Crutches, wheelchairs and other appliance which mainly provide convenience for life	Covered	Covered	Covered
14. Organ transplant	Covered	Covered	Covered
Organ acquisition fees or the expenses related to donor are not covered	RMB 1,000,000 / USD 147,060	RMB 2,000,000 / USD 294,120	
15. Inpatient treatment for psychiatric or mental disorder	Covered, Up to 30 days	Covered, Up to 30 days	Covered, Up to 60 days
16. AIDS/Human Immunodeficiency Virus (HIV) treatment	Covered	Covered	Covered
Only for the insured who has been covered under this benefit or similar benefit five years prior to the first application.	RMB 340,000 / USD 50,000	RMB 680,000 / USD 100,000	
17. Hospice care	Covered RMB 170,000 / USD 25,000	Covered RMB 340,000 / USD 50,000	Covered RMB 680,000 / USD 100,000
18. Stem cell treatment	Not covered	Covered RMB 102,000	Covered RMB 204,000
19. Adult preventive screening (Hospitalization + Outpatient) (Only the screenings are covered. The associated consultation cost will not be covered)	Covered RMB 1,700 / USD 250 Once per period of insurance	Covered RMB 1,700 / USD 250 Once per period of insurance	Covered RMB 1,700 / USD 250 Once per period of insurance
(1) Mammography for women aged 40 years and above	Hong Kong region: Only limited to panel network providers by AIG Insurance	Hong Kong region: Only limited to panel network providers by AIG Insurance	Hong Kong region: Only limited to panel network providers by AIG Insurance
(2) Pap smear for women aged 19 and above			
(3) Prostate screening for men aged 40 years and above	Other regions: No limitations	Other regions: No limitations	Other regions: No limitations
20. No-Claims hospital allowance	Covered RMB 680 / USD 100 per day, Up to 45 days	Covered RMB 1,360 / USD 200 per day, Up to 45 days	Covered RMB 2,720 / USD 400 per day, Up to 45 days
21. Pregnancy complications	Not covered	Covered	Covered

22. Congenital and hereditary conditions	Not covered	Covered RMB 136,000 / USD 20,000	Covered RMB 272,000 / USD 40,000
23. Surgery or Invasive endoscopic examination  This benefit does not cover the following: laryngoscopy, nasopharyngoscopy, otoscopy; any <i>surgery</i> on the skin and subcutaneous tissue for <i>illness</i> other than <i>surgery</i> following a confirmed diagnosis of cancer.	Covered	Covered	Covered
<b>II. Worldwide Emergency Treatment Benefits</b>			
1. Ambulance for accident and sudden illness	Within area of cover : Covered	Within area of cover : Covered	Within area of cover : Covered
2. Sudden illness and accidental injury	Outside of area of cover : RMB 680,000 / USD 100,000	Outside of area of cover : RMB 680,000 / USD 100,000	Outside of area of cover : RMB 680,000 / USD 100,000
3. Emergency dental treatment (due to accident)  This benefit covers dental treatment for up to 14 days following accidental damage to sound natural teeth.	Covered	Covered	Covered
<b>III. Emergency Assistance Benefits</b>			
1. Emergency medical evacuation and medically required repatriation fees	Covered RMB 6,800,000 / USD 1,000,000	Covered RMB 6,800,000 / USD 1,000,000	Covered RMB 6,800,000 / USD 1,000,000
(1) Emergency medical evacuation and medically required repatriation	Covered	Covered	Covered
(2) Return of the member to the country of residence after recovery	Return economy class airline ticket	Return economy class airline ticket	Return economy class airline ticket
(3) Compassionate visit (if the member is unaccompanied and hospitalization is reasonably expected to be more than 7 days)	Round trip economy class airline ticket: Up to RMB 1,020 / USD 150 per night for a maximum of 7 days	Round trip economy class airline ticket: Up to RMB 1,020 / USD 150 per night for a maximum of 7 days	Round trip economy class airline ticket: Up to RMB 1,020 / USD 150 per night for a maximum of 7 days
(4) Repatriation expense for accompanying relatives:	Covered	Covered	Covered
1) Return of insured's one relative	One-way economy class airline ticket	One-way economy class airline ticket	One-way economy class airline ticket
2) Return of insured's one spouse or children	One-way economy class airline ticket	One-way economy class airline ticket	One-way economy class airline ticket
2. Repatriation of mortal remains	RMB 204,000 / USD 30,000	RMB 204,000 / USD 30,000	RMB 204,000 / USD 30,000
(1) Repatriation of mortal remains	Covered	Covered	Covered
(2) Cost of a transport coffin for repatriation of the body by air	RMB 34,000 / USD 5,000	RMB 34,000 / USD 5,000	RMB 34,000 / USD 5,000
(3) Presence of a person to accompany the deceased	Economy round-trip transportation & hotel accommodation Up to RMB 1,020 / USD 150 per night for a maximum of 7 days	Economy round-trip transportation & hotel accommodation Up to RMB 1,020 / USD 150 per night for a maximum of 7 days	Economy round-trip transportation & hotel accommodation Up to RMB 1,020 / USD 150 per night for a maximum of 7 days
(4) Repatriation expense for accompanying relatives:	One-way economy class airline ticket	One-way economy class airline ticket	One-way economy class airline ticket
Return of insured's relative			
3. Compassionate visit	Economy round-trip transportation Up to RMB 6,800 / USD 1,000	Economy round-trip transportation Up to RMB 6,800 / USD 1,000	Economy round-trip transportation Up to RMB 6,800 / USD 1,000

<b>IV. Special Outpatient Benefits</b>			
1. Oncology	Covered	Covered	Covered
2. Kidney dialysis	Covered RMB 340,000 / USD 50,000 (Combined limit for Outpatient and Inpatient)	Covered	Covered
<b>V. General Outpatient Benefits (Optional)</b>			
Overall limit per person per period of insurance	RMB 70,000 / USD 10,300	Covered	Covered
Reimbursement Ratio	Option 1: 100%; Option 2: 80%, direct billing services at Hong Kong panel network providers, reimbursement ratio 100%	Option 1: 100%; Option 2: 80%, direct billing services at Hong Kong panel network providers, reimbursement ratio 100%	Option 1: 100%; Option 2: 80%, direct billing services at Hong Kong panel network providers, reimbursement ratio 100%
1. General outpatient treatment	Covered	Covered	Covered
Consultation fees and treatment by a physician, drugs, dressings and surgical equipment, pathological examination, imaging examination, diagnostic test and examination are covered.	Covered	Covered	Covered
2. Supplementary outpatient medical benefit	Covered	Covered	Covered
(1) Treatment of physiotherapy, chiropractic, osteopathy, podiatry, speech, rehabilitation therapy, nutritional therapy and homeopathy	Covered RMB 5,000 / USD 735	Up to 10 outpatient visits	Up to 10 outpatient visits
(2) Traditional Chinese medicine therapy, acupuncture, orthopedics		RMB 800 / USD 118 per visit Maximum 10 visits per period of insurance	RMB 1,500 / USD 220 per visit Maximum 15 visits per period of insurance
(3) Behavioural and developmental disorders	Not covered	Covered, RMB 6,800 / USD 1,000	Covered, RMB 10,200 / USD 1,500
3. Outpatient treatments for chronic conditions	Covered	Covered	Covered
4. Outpatient treatment for psychiatric or mental disorder	Not covered	Covered RMB 17,000 / USD 2,500	Covered RMB 50,000 / USD 7,350
5. Medical auxiliary appliance: Crutches, wheelchairs and other appliance which mainly provide convenience for life	Covered RMB 13,600 / USD 2,000, Maximum two mobility aids per disability	Covered RMB 23,800 / USD 3,500, Maximum two mobility aids per disability	Covered RMB 47,600 / USD 7,000, Maximum two mobility aids per disability
<b>VI. Maternity Benefit (Optional)</b>			
This applies to women insured between 19 to 45 years of age who have selected an Extensive or Elite plan with no deductible, and who have been beneficiaries of this or a comparable benefit in the year preceding their initial purchase of this insurance plan.			
1. Coverage includes reasonable and customary costs for prenatal and postnatal care, abortion, delivery expenses (including hospital and doctor fees), medical expenses for pregnancy complications, and newborn care costs for up to seven days from the day of birth, which are actually incurred after the waiting period has elapsed and for a pregnancy that started during the coverage period.	Covered RMB 34,000 / USD 5,000 per pregnancy	Covered RMB 68,000 / USD 10,000 per pregnancy	Covered RMB 102,000 / USD 15,000 per pregnancy
2. No-Claim maternity allowance	Covered RMB 6,800 / USD 1,000 per delivery	Covered RMB 13,600 / USD 2,000 per delivery	Covered RMB 20,400 / USD 3,000 per delivery
<b>VII. Dental and Optical Benefits (Optional)</b>			
1. Routine dental treatment	Covered	Covered	Covered
(1) Examination			
(2) Tooth cleaning (including fluoride treatment, tooth cleaning and polishing preventive treatment)	RMB 5,000 / USD 735	RMB 8,500 / USD 1,250	RMB 8,500 / USD 1,250
(3) Ordinary compound filling surgery			

(4) Inlay (excluding gold teeth)			
(5) Onlay (excluding gold teeth)			
(6) Sealing			
2. Major dental restoration	Covered	Covered	Covered
Including the examination fee, medical drug cost, material cost, etc. covered by the following items.	Covered	Covered	Covered
Waiting Period	180 days	180 days	180 days
(1) Removal of impacted, buried teeth or unsprouted teeth	RMB 10,000 / USD 1470 Reimbursement ratio 50%	RMB 17,000 / USD 2,500	RMB 17,000 / USD 2,500
(2) Removal of root treatment			
(3) Removal of root canal treatment			
(4) Removal of solid odontomes			
(5) Removal of apicectomy			
(6) New or repair of bridge work and crowns (Excluding gold bridge work and all gold crowns)			
(7) New or repair of upper and lower dentures			
3. Eye examinations, prescription lenses and frames	Not covered	Not covered	Covered RMB 2,040 / USD 300

The Chinese version shall always prevail in case of any discrepancy or inconsistency between Chinese version and its English translation.

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