

Name of the Certified Plan	Health Essential Medical Plan – Standard	Health Supreme Medical Plan
Type of the Certified Plan	Standard Plan	Flexi Plan
Certification Number	S00037-01-000-02	F00039-01-000-02 (Plan I)         F00039-01-001-02 (Plan I - Premier)           F00039-02-000-02 (Plan II)         F00039-02-001-02 (Plan II - Premier)           F00039-03-000-02 (Plan III)         F00039-03-001-02 (Plan III - Premier)
Basic benefit items		
(a) Room and board	$\checkmark$	$\checkmark$
(b) Miscellaneous charges	✓	✓
(c) Attending doctor's visit fee	✓	$\checkmark$
(d) Specialist's fee	✓	✓
(e) Intensive care	✓	✓
(f) Surgeon's fee	✓	✓
(g) Anaesthetist's fee	✓	✓
(h) Operating theatre charges	✓	✓
<ul> <li>(i) Prescribed Diagnostic Imaging Tests</li> </ul>	√	4
(j) Prescribed Non-surgical Cancer Treatments	✓	$\checkmark$
(k) Pre- and post-Confinement/Day Case Procedure outpatient care	×	~
(I) Psychiatric treatments	$\checkmark$	$\checkmark$
Enhanced benefit items		
(a) Outpatient kidney dialysis	×	$\checkmark$
(b) Rehabilitation benefit	×	$\checkmark$
(c) Hospital companion bed	×	$\checkmark$
(d) Traditional Chinese medicines for Designated Cancer	×	$\checkmark$
(e) Pregnancy complications	×	$\checkmark$
(f) Post-surgery home nursing	×	$\checkmark$
(g) Emergency out-patient (Accident)	×	$\checkmark$
Other benefit items		
(a) Day case surgery cash benefit	×	✓
(b) Compassionate death benefit	✓	✓
(c) Accidental death benefit	✓	$\checkmark$
<ul> <li>(d) Medical accident and incident extension benefit</li> </ul>	×	$\checkmark$
Extra services		
Cashless Arrangement Service for Hospitalization	×	✓
Second Medical Opinion from Overseas Expert Service	×	✓
Worldwide Emergency Assistance	×	$\checkmark$
Supplementary major medical benefit	×	× ✓
No Claim Discount	×	$\checkmark$