

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