



# Care & Health INDIVIDUALS

## TABLE OF BENEFITS – ASIA



PLAN	Primary	Vitality	Serenity	Prestige
<b>Maximum annual limit</b> <i>Benefits are per insured and per policy year unless stated otherwise</i>	US\$ 200,000, US\$ 300,000, US\$ 500,000 or US\$ 4,500,000	US\$ 200,000, US\$ 300,000, US\$ 500,000 or US\$ 4,500,000	US\$ 300,000, US\$ 500,000 or US\$ 4,500,000	US\$ 300,000, US\$ 500,000 or US\$ 4,500,000
<b>HOSPITALIZATION</b>				
<b>Direct settlement for Inpatient services</b> within the Henner medical provider network	Yes	Yes	Yes	Yes
<b>Inpatient treatment charges</b> <sup>(1)</sup>	100%	100%	100%	100%
<b>Hospital Accommodation</b> <sup>(1)</sup> Intensive Care Unit (ICU)	100%	100%	100%	100%
<b>Hospital Accommodation</b> <sup>(1)</sup> Standard private or semi-private room	100%	100%	100%	100%
<b>Parent Hospital Accommodation</b> when staying with an Insured patient under 16 years of age	100% up to 30 days Up to US\$ 60 / day thereafter	100% up to 30 days Up to US\$ 60 / day thereafter	100% up to 30 days Up to US\$ 120 / day thereafter	100% up to 30 days Up to US\$ 120 / day thereafter
<b>Daily Cash Benefit</b> paid to you if you receive hospital inpatient treatment for a covered condition but will not be lodging a claim	100% up to 30 days Up to US\$ 200 / day	100% up to 30 days Max US\$ 200 / day	100% up to 30 days Max US\$ 200 / day	100% up to 30 days Max US\$ 200 / day
<b>Post Surgical Outpatient Services</b>	Up to 90 days from discharge	Covered in Outpatient	Covered in Outpatient	Covered in Outpatient
<b>Rehabilitation</b> <sup>(1)</sup> after hospitalization	100% while in hospital Up to 90 days post hospitalization	100% while in hospital Up to 90 days post hospitalization	100% while in hospital Up to 90 days post hospitalization	100% while in hospital Up to 90 days post hospitalization
<b>Home nursing</b> <sup>(1)</sup> in lieu of an extended hospital stay	100% up to 60 days	100% up to 60 days	100% up to 60 days	100% up to 60 days
<b>Palliative Care</b> <sup>(1)</sup> with a Palliative Care team	100% up to US\$ 25,000 Lifetime limit	100% up to US\$ 50,000 Lifetime limit	100% up to US\$ 100,000 Lifetime limit	100% up to US\$ 200,000 Lifetime limit
<b>Land Ambulance</b> <sup>(1)</sup> where medically necessary	100%	100%	100%	100%
<b>Treatment for alcohol or substance abuse</b> <sup>(1)(6)</sup> in recognized treatment facilities for the condition	-	100% up to US\$ 15,000 Lifetime limit	100% up to US\$ 25,000 Lifetime limit	100% up to US\$ 50,000 Lifetime limit
<b>Inpatient Psychiatric Treatment</b> <sup>(1)</sup> in a registered psychiatric unit of a Hospital and under the regular care of a licensed psychiatrist	-	-	100% up to 30 days After 2 years 100% up to US\$ 15,000	100% up to 30 days After 2 years 100% up to US\$ 15,000
<b>Accidental Damage to Teeth</b> <sup>(1)</sup>	100% Up to US\$ 550	100% Up to US\$ 550	100% Up to US\$ 1,400	100% Up to US\$ 2,500
<b>Equipment Charges</b> <sup>(1)</sup> rental of crutches, braces or wheelchairs	100% up to 90 days following treatment as an Inpatient	100% up to 90 days following treatment as an Inpatient	100% up to 90 days following treatment as an Inpatient	100% up to 90 days following treatment as an Inpatient
<b>Organ transplant</b> <sup>(1)</sup> operation costs for bone marrow, cornea, heart, liver, kidney and lung transplants	Covered	Covered	Covered	Covered
<b>Cancer treatment</b> <sup>(1)</sup> received as an Inpatient, Day-Patient or Outpatient (oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis)	100%	100%	100%	100%
<b>HIV/AIDS</b> <sup>(1)(5)</sup>	Up to US\$ 100,000 Lifetime limit	Up to US\$ 200,000 Lifetime limit	Up to US\$ 500,000 Lifetime limit	Covered
<b>Pre-existing and Chronic Conditions</b> within the usual limits of the plan	Covered	Covered	Covered	Covered
<b>New Born Child</b> can be enrolled without waiting periods with full benefits per your own plan if registered within 30 days of delivery	Covered	Covered	Covered	Covered
<b>OUTPATIENT SERVICES</b> <sup>(7)</sup>				
<b>Direct settlement for Outpatient services</b> within the Henner medical provider network	No	Yes	Yes	Yes
<b>General Practitioner consultation</b>	-	100% up to US\$ 60 / visit <i>No limit with Direct billing</i>	100% up to US\$ 150 / visit <i>No limit with Direct billing</i>	100%
<b>Specialist consultation</b>	-	100% up to US\$ 100 / visit <i>No limit with Direct billing</i>	100% up to US\$ 230 / visit <i>No limit with Direct billing</i>	100%
<b>Nursing care</b>	-	100%	100%	100%
<b>Prescribed medicines, vaccinations, radiology, diagnostic and laboratory tests</b>	-	100% up to US\$ 3,000	100%	100%
<b>Prescribed Health Supplements</b> (e.g. vitamins)	-	-	-	100% up to US\$ 300 <i>(No Direct billing)</i>
<b>Outpatient Surgery</b> <sup>(1)</sup>	100%	100%	100%	100%
<b>Prescribed complementary therapies and medicines</b> with registered practitioner for speech therapy, orthoptics, chiropractic, osteopathy, homeopathy, podiatry, Traditional Chinese Medicine (and any medication prescribed), acupuncture, and physiotherapy <sup>(2)</sup>	-	-	100% up to US\$ 150 / session Max 15 sessions	100% up to US\$ 180 / session Max 20 sessions
<b>Psychologist consultation</b> <sup>(1)</sup> with a licensed psychologist	-	-	-	100% up to US\$ 150 / visit Max 10 visits
<b>Psychiatric treatment</b> <sup>(1)</sup> with a licensed psychiatrist	-	-	100% up to US\$ 230 / visit Max 10 visits	100% up to US\$ 250 / visit Max 10 visits
<b>Medical Checkup</b> <sup>(5)</sup>	-	-	100% up to US\$ 750 Limited to 1 every 2 years <i>(No Direct billing)</i>	100% up to US\$ 1,250 <i>(No Direct billing)</i>
<b>HIV/AIDS</b> <sup>(1)(5)</sup>	-	Included in your Hospitalization HIV/AIDS benefit limit	Included in your Hospitalization HIV/AIDS benefit limit	Included in your Hospitalization HIV/AIDS benefit limit
<b>Pre-existing and Chronic Conditions</b> within the usual limits of the plan	-	Covered	Covered	Covered
<b>MEDICAL PROSTHESES</b> <sup>(3)</sup>				
<b>Prosthesis</b> following hospitalization <sup>(1)</sup>	-	-	100% up to US\$ 3,000	100% up to US\$ 4,500
<b>Orthopaedics, Assistive Hearing Devices</b> <sup>(1)</sup>	-	-	100% up to US\$ 900 / device within your US\$ 3,000 limit	100% up to US\$ 1,200 / device on top of your US\$ 4,500 limit

EMERGENCY ASSISTANCE, EVACUATION & REPATRIATION	
Emergency medical evacuation and repatriation	100%
Round-trip airfare for next of kin in the event of hospitalization lasting more than 5 consecutive days (return ticket, accommodation costs)	100% Limited to one ticket Accommodation for 10 days up to US\$ 120 / day
Repatriation of mortal remains, Related expenses / casket	100% / up to US\$ 4,000
Compassionate visit in the event of death of a direct family member	100%
Second medical opinion	100%
Dispatch of medicines unavailable locally	Covered
PERSONAL LIABILITY <sup>(8)</sup>	
Personal liability	Subject to sublimits and up to a maximum of US\$ 7,800,000
Tenants and Neighbors liability	Subject to sublimits and up to a maximum of US\$ 350,000

OPTIONS	Primary	Vitality	Serenity	Prestige
MATERNITY <sup>(4)(7)</sup>				
Natural Delivery and Elective Caesarean including pre & post natal care	-	100% up to US\$ 7,000	100% up to US\$ 12,000	100% up to US\$ 15,000
Non Elective Caesarean Delivery including pre & post natal care	-	100% up to US\$ 14,000	100% up to US\$ 21,000	100% up to US\$ 25,000
Major medical complications	-	Covered as Inpatient	Covered as Inpatient	Covered as Inpatient
Infertility treatment <sup>(1) (5)</sup> AI and IVF for patients under 40 years of age and trying for their first child	-	-	100% Up to US\$ 3,000/procedure Lifetime limit of 3 procedures	100% Up to US\$ 3,000 / procedure Lifetime limit of 3 procedures
DENTAL <sup>(3)(7)</sup>				
MAXIMUM ANNUAL LIMIT (per insured)	-	Up to US\$ 1,000	Up to US\$ 1,500	Up to US\$ 3,000
Routine Dental treatment	-	100% up to US\$ 500	100% up to US\$ 900	100% up to US\$ 1,500
Major Restorative Dental treatments <sup>(1)</sup> including orthodontic work for children under age 16	-	100% up to US\$ 800	100% up to US\$ 1,200	100% up to US\$ 2,100
Teeth whitening <sup>(6)</sup>	-	-	-	100% up to US\$ 1,200 every 3 years
Adult Orthodontic work <sup>(1)(6)</sup> from age 16	-	-	-	100% up to US\$ 1,200 every 3 years
VISION <sup>(3)(7)</sup> (can be selected only if Dental option is taken)				
MAXIMUM ANNUAL LIMIT (per insured)	-	-	Up to US\$ 500	Up to US\$ 800
Spectacle lenses (excluding sunglasses)	-	-	100% up to US\$ 300	100% up to US\$ 500
Frames	-	-	100% up to US\$ 150	100% up to US\$ 200
Contact lenses	-	-	100% up to US\$ 150	100% up to US\$ 200
Lasik surgery & Lens implants <sup>(1)(6)</sup>	-	-	-	Included in the Vision Care benefit of US\$ 800

## LIFE INSURANCE AS AN OPTION OR STAND ALONE PLAN

LIFE INSURANCE	Primary	Vitality	Serenity	Prestige	
Death (all causes) or Total Permanent Disability, choose the lump sum benefit <sup>(9)</sup>	-	US\$ 25,000	US\$ 50,000	US\$ 100,000	US\$ 250,000
Optional double benefit when Death is caused by Accident, the Death (all causes) or Total Permanent Disability lump sum multiplied by 2	-	US\$ 50,000	US\$ 100,000	US\$ 200,000	US\$ 500,000

All dollar benefits are per person, per policy year, unless stated otherwise

100% means 100% of usual benefits payable

(1) These benefits are subject to prior agreement

(2) To be eligible for benefits, consultations with a physiotherapist require a referral letter prescribed by a medical doctor

(3) A 6 month-waiting period is applicable

(4) A 10 month-waiting period is applicable

(5) A 12 month-waiting period is applicable

(6) A 24 month-waiting period is applicable

(7) 10% or 20% coinsurance are available for people who prefer lower reimbursement levels (80% or 90% of usual benefits payable) in return for lower premiums.

The coinsurance applies to eligible Outpatient benefits, and Maternity, Dental, Vision options if selected

(8) A deductible of US\$ 150 is compulsory for any claim

(9) Lump sum is limited to 3 times the gross annual income of the past 12 months

**NAVIGATOR**  
Insurance Brokers Ltd.  
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong  
Tel : +852 2530 2530 | Fax : +852 2530 2535  
Email : crew@navigator-insurance.com | www.navigator-insurance.com



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Hauteville Insurance Company Limited - Harbour House  
Les Amballes -St Peter Port Guernsey GY1 4QA - Channel Islands Licenced by the Guernsey Financial Services Commission Register number: 24676

La Garantie Médicale et Chirurgicale - Association constituted in accordance with the 1901 French law regarding non-profitable organizations - 14 bd du Général Leclerc, 92200 Neuilly-sur-Seine - France