

# E. Product Summary for SmartCare Optimum<sup>Enhanced</sup>

To be retained by client

## PRODUCT INFORMATION

This is an annual medical insurance plan that covers inpatient and day surgery treatment, outpatient treatment and other benefits set out in the Benefits Schedule below, depending on the plan you have chosen.

SmartCare Optimum <sup>Enhanced</sup> Plan	Platinum	Gold	Silver
<b>Annual Policy Limit (\$)</b> Applicable to Part I, II and III	\$1,000,000	\$500,000	\$250,000
<b>PART I: INPATIENT &amp; DAY SURGERY TREATMENT</b>			
<b>Hospital &amp; Surgical Benefits</b>	<b>Per Year</b>		
Bed Type (Standard)	Single	Single	Single
Daily Hospital Room & Board Includes meals & general nursing care <sup>ENHANCED</sup>	As-charged	As-charged	As-charged
Intensive Care Unit			
Hospital Miscellaneous Expenses Includes Prescription drugs, Inpatient Diagnostic Procedures & Inpatient Physiotherapy, Operating Theatre Fees & Ancillary Charges			
Ambulance Services			
Surgeon's Fee Includes Inpatient Surgery & Day Surgery			
Anesthetist's Fee			
Inpatient Physician's Visit			
Pre-Hospitalisation/ Surgery Specialist's Consultation Up to 90 days			
Pre-Hospitalisation/ Surgery Diagnostic Services Up to 90 days			
Post-Hospitalisation/ Surgery Treatment Up to 90 days			
Major Organ Transplant			
Living organ donor (insured) transplant benefit <sup>NEW</sup>			
Congenital Conditions Benefit (24 months waiting period) <sup>NEW</sup>	\$6,000	\$4,000	\$3,000
Inpatient Psychiatric treatment <sup>NEW</sup>	\$5,000	\$3,000	\$1,000
Miscarriage Due to accident only	\$5,000	\$4,000	\$3,000
Ectopic Pregnancy	\$5,000	\$4,000	\$3,000
Surgical Implants	\$10,000	\$8,000	\$5,000
Medical Report Fees	As-charged	As-charged	As-charged
Parent Accommodation Up to 60 days per year for child below age 12			
Home Nursing Up to 182 days			
Community Hospital Confinement Up to 90 days <sup>NEW</sup>			
<b>PART II: OUTPATIENT TREATMENT</b>			
<b>Outpatient Benefits</b>	<b>Per Year</b>		
Alternative Treatment <sup>NEW</sup>	\$500	\$250	Nil
Outpatient Emergency Treatment Due to accident only	As charged	As charged	As charged
Dental Treatment Due to accident only	\$10,000	\$8,000	\$5,000
Cancer Treatment	\$150,000	\$100,000	\$75,000
Kidney Dialysis	\$150,000	\$100,000	\$75,000
Maintenance of Chronic conditions* ( 12 months waiting period) <sup>NEW</sup>	Included under Outpatient General Practitioner (Non panel) & Specialist Care		
<b>General Practitioner - Primary Care</b> <sup>ENHANCED</sup>	<b>Per Visit</b>		
General Practitioner (Panel) *	As Charged	As Charged	As Charged
Treatment at an A&E Department	\$100	\$100	\$100
Overseas Treatment	\$70	\$50	\$35
General Practitioner (Non Panel) Maximum of 12 visit for each Period of Insurance	\$70	\$50	\$35
<b>Specialist Care</b> (GP referral required) <sup>NEW</sup>	<b>Per Year</b>		
Specialist Consultation	\$2,000	\$1,000	\$500
Diagnostic Scan, X-Ray and Lab Test	\$2,000	\$1,000	\$500
Pediatrician Consultation (waiver of GP referral letter for child below 36 months)	\$500	\$250	\$150
<b>PART III: OTHER BENEFITS</b>			
<b>Benefits</b>	<b>Specified Sum Basis</b>		
Daily Recovery Benefits after 3 days of hospitalisation, up to 30 days <sup>ENHANCED</sup>	\$250	\$200	\$150
Dread Disease Recuperation Benefit Multiple Sclerosis, Heart Attack, Cancer & Stroke	\$20,000	\$15,000	\$10,000
Special Grant	\$10,000	\$8,000	\$5,000
<b>PART IV: ADDITIONAL BENEFITS</b>			
<b>Benefit</b>			
Emergency Medical Evacuation / Repatriation **	Unlimited	Unlimited	Unlimited
Repatriation of Mortal Remain or Local Burial **			

\* Please refer to policy for the list of chronic conditions.

\*\* Outpatient Panel treatment during the first month upon inception is on reimbursement basis.

\*\* The above benefits are not subject to annual policy limits.