

Supplement A

WeHealth Plus

(This is to supplement Part 3 Premium Provisions of the Terms and Conditions)

No claim discount

While this Policy is in effect, in accordance with the no claim discount, both Standard Premium and Premium Loading of these Terms and Benefits will be reduced immediately on the Renewal Date of this Policy provided that all of the following conditions are met:

- (a) no benefits under Section 3 of Part 6 of these Terms and Conditions and/or Sections (1), (2) and (4) to (6) of Supplement B, in respect of Confinement under this Certified Plan have been paid in the past three (3) consecutive Policy Years or more (“Eligible Number of Years”); and
- (b) this Policy has been in effect continuously during the Eligible Number of Years and no Policy reinstatement takes place during the same period.

Without prejudice to the foregoing, if any benefit under Section 3 of Part 6 of these Terms and Conditions and/or Sections (1), (2) and (4) to (6) of Supplement B, in respect of Confinement under this Certified Plan has been partly paid under a hospital reimbursement insurance policy other than any individual insurance policy issued by the Company (“Other Policy”), reimbursement for such Confinement shall not affect the determination of Eligible Number of Years provided that the Company receives reasonably satisfactory evidence, including but not limited to payment advice and certified true copy of the receipts, related to the partial payment of reimbursement under the Other Policy.

Applicable no claim discount percentages are determined based on the table below:

Eligible Number of Years	No claim discount (%)
Three (3) consecutive Policy Years or more	15

While this Policy is in effect, if after the premium has been reduced according to the table above, any benefit under Section 3 of Part 6 of these Terms and Conditions and/or Sections (1), (2) and (4) to (6) of Supplement B, in respect of Confinement in any year within the Eligible Number of Years period has been paid under this Certified Plan, the entitlement of the no claim discount shall be re-calculated by taking into account the benefit paid, and the Policy Holder shall repay the difference between the recalculated amount and the no claim discount actually received by the Policy Holder upon request by the Company.

In relation to the calculation of the amount of no claim discount, any benefits paid under Section 3 of Part 6 of these Terms and Conditions and/or Sections (1), (2) and (4) to (6) of Supplement B, in

respect of Confinement under this Certified Plan shall be attributed to the Policy Year in which the relevant admission occurred, not the Policy Year in which discharge from Hospital occurred (if such Policy Years are different).

SAMPLE

Supplement B

WeHealth Plus

(This is to supplement Part 6 Benefit Provisions of these Terms and Conditions)

Enhanced benefits

(1) Home nursing benefit

This benefit shall be payable for the Eligible Expenses charged on the home nursing services provided by a registered nurse as recommended in writing by the attending Registered Medical Practitioner, within the period stated in the Benefit Schedule, provided that: (i) the first home nursing services are received within fourteen (14) days after a discharge from Hospital or the date of each Day Case Procedure; and (ii) such home nursing service is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure, subject to the benefit limit stated in the Benefit Schedule.

(2) Kidney dialysis treatment benefit

This benefit shall be payable for the Eligible Expenses when the Insured Person receives haemodialysis or peritoneal dialysis due to chronic and irreversible kidney failure during Confinement or as a Day Patient, recommended in writing by the attending Registered Medical Practitioner, subject to the benefit limit stated in the Benefit Schedule.

Where Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of these Terms and Conditions, such Eligible Expenses shall be payable in the following order:

- (a) this Kidney dialysis treatment benefit;
- (b) Section 3(b) of Part 6 of these Terms and Conditions.

For the avoidance of doubt, this benefit shall not be payable for the Eligible Expense when the Insured Person receives haemodialysis or peritoneal dialysis during Confinement or as a Day Patient within ninety (90) days after the Policy Issuance Date or Policy Effective Date of this Policy, whichever is earlier. For Eligible Expenses when the Insured Person receives haemodialysis or

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peritoneal dialysis during Confinement or as a Day Patient within ninety (90) days after the Policy Issuance Date or Policy Effective Date of this Policy, whichever is earlier, shall only be covered under Section 3(b) of Part 6 of these Terms and Conditions.

(3) Emergency outpatient treatment benefit

This benefit shall be payable for the Eligible Expenses charged on Emergency outpatient treatments by the Hospital, provided that the Insured Person is treated in an out-patient department or Emergency department of a Hospital within twenty four (24) hours of the Accident that causes the Disability. The benefit payable is subject to the benefit limit stated in the Benefit Schedule.

Where Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of these Terms and Conditions, such Eligible Expenses shall be payable in the following order:

- (a) this Emergency outpatient treatment benefit;
- (b) Section 3 of Part 6 of these Terms and Conditions.

(4) Cardiac rehabilitation treatment benefit

This benefit shall be payable for the Eligible Expenses charged on the cardiac rehabilitation treatment that is performed by a Specialist and/or physiotherapist and is directly related to the Disability after the Insured Person is discharged from Hospital or after undergoing a Day Case Procedure, within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure, and subject to the following conditions:-

- (a) such cardiac rehabilitation treatment is recommended in writing by a Specialist;
- (b) the Disability should be in relation to heart disease as confirmed by a Specialist in writing; and
- (c) the first cardiac rehabilitation treatment should be received within fourteen (14) days after a discharge from Hospital or the date of each Day Case Procedure, and the benefit payable is subject to the benefit limit stated in the Benefit Schedule.

The covered cardiac rehabilitation treatments under this benefit include the following -

- (d) Medical evaluation;
- (e) Mobilisation exercise (including but not limited to the exercise using a treadmill, bike, rowing machine or walking/jogging track); and
- (f) Chest physiotherapy.

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Where Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of these Terms and Conditions and Section 6 of this Supplement B, such Eligible Expenses shall be payable in the following order:

- (g) this cardiac rehabilitation treatment benefit;
- (h) Section 6 of this Supplement B; and
- (i) Section 3(k) of Part 6 of these Terms and Conditions.

(5) Extra bed for family members benefit

This benefit shall be payable for the expenses charged by the Hospital on an extra bed for the Insured Person's family members (family members mean the Insured Person's spouse, child(ren), parents, or parents-in-law) for accompanying the Insured Person during the Insured Person's Confinement if the Insured Person is

- (a) below nineteen (19) years of Age; or
 - (b) sixty (60) years of Age or above,
- subject to the benefit limit stated in the Benefit Schedule.

(6) Post-Confinement / Day Case Procedure chiropractor / acupuncturist / physiotherapist treatment benefit

This benefit shall be payable for the expenses on chiropractic treatment, acupuncture treatment provided by registered Chinese medicine practitioner or physiotherapy for the same Disability which necessitated the Insured Person's Confinement / Day Case Procedure, subject to the benefit limit and within the period stated in the Benefit Schedule.

Written recommendation by the attending Registered Medical Practitioner of the Insured Person for physiotherapy is required and this physiotherapy must be Medically Necessary.

Where Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of these Terms and Conditions, such Eligible Expenses shall be payable in the following order:

- (a) Section 3(k) of Part 6 of these Terms and Conditions;
- (b) this Post-Confinement / Day Case Procedure chiropractor / acupuncturist / physiotherapist treatment benefit

(7) Supplementary medical benefit

(This benefit is payable if it is shown on the Benefit Schedule)

This benefit shall be payable according to the below formula, subject to the benefit limit stated in the Benefit Schedule:

$$\text{Excess Eligible Expenses} \times (1 - \text{Coinsurance of Supplementary medical benefit}) \times \text{Adjustment factor due to ward class upgrade (if applicable)}$$

Excess Eligible Expenses mean the amount payable under Section 3(a) to 3(i) and 3(l) of Part 6 of these Terms and Conditions exceeds any of the respective benefit limit, including per day limit, maximum number of days per Policy Year limit or per Policy Year limit, as stated in the Benefit Schedule.

Twenty percent (20%) Coinsurance of Supplementary medical benefit, as stated in the Benefit Schedule, shall be applied to the calculation of this benefit.

In any case if the Insured Person is voluntarily confined in a ward of higher class than General Ward¹, adjustment factor will be applied as shown in the table below:

Type of room of Confinement	Adjustment factor due to ward class upgrade
For Confinement in General Ward ¹ :	None
For Confinement in Semi-Private Room ² :	50%
For Confinement in Standard Private Room ³ and/or above:	25%

Under the following circumstances, no adjustment factor shall apply where the ward upgrade is due to:

- (a) unavailability of accommodation at the specified ward class due to ward or room shortage for Emergency Treatment;
- (b) isolation reasons that require a specific class of accommodation; or

¹ General Ward means a room with more than two (2) patient beds in a Hospital or a room of similar class as determined by the relevant Hospital.

² Semi-Private Room means a room with one (1) or two (2) patient beds and a shared bathroom in a Hospital or a room of similar class as determined by the relevant Hospital.

³ Standard Private Room means a standard single occupancy room with a private bathroom in a Hospital or a room of similar class as determined by the relevant Hospital. For the avoidance of doubt, Standard Private Room does not include any room in a Hospital with amenities or furnishings upgraded beyond a standard single occupancy room with private bathroom.

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- (c) other reasons not involving personal preference of the Policy Holders and/or the Insured Person.

Other benefits

(8) Death or surgical benefit due to medical negligence

If on any day of Confinement while this Policy is in effect, the Insured Person dies or undergoes a surgery solely and directly as a result of any erroneous or negligent action, omission or failure to observe acceptable standards by a Registered Medical Practitioner or registered nurses during the course of any medical procedure or treatment ("Medical Negligence Incident"), then this benefit shall be payable in lump sum for the death benefit or the surgical benefit (whichever the case may be), subject to the benefit limit stated in the Benefit Schedule and provided that the Company receives the following evidence reasonably satisfactory to the Company:

- (a) that the death occurs or the surgery is performed within thirty (30) days from the Medical Negligence Incident;
- (b) that an admission of the Medical Negligence Incident is issued by any Government authority or regulatory body of Registered Medical Practitioner or registered nurses;
- (c) that these Terms and Benefits have been satisfied;
- (d) of the right of
 - (i) the beneficiary⁴ as named in the application form; or
 - (ii) Policy Holder, or the administrator or executor of the Policy Holder's estate (if there is no designated beneficiary)to receive payment; and
- (e) of any other facts that the Company may reasonably consider material to the claim.

(9) Compassionate death benefit

If the Insured Person dies while this Policy is in effect, this benefit shall be payable subject to the benefit limit stated in the Benefit Schedule and provided that the Company receives the following evidence reasonably satisfactory to the Company:

- (a) of the death of the Insured Person;

⁴ If any beneficiary dies simultaneously with the Insured Person or within fourteen (14) days immediately following the death of the Insured Person, the Company will pay the death benefit as if the beneficiary died before the death of the Insured Person.

- (b) that these Terms and Benefits have been satisfied;
- (c) of the right of
 - (i) the beneficiary⁴ as named in the application form or;
 - (ii) Policy Holder, or the administrator or executor of the Policy Holder's estate (if there is no designated beneficiary)
to receive payment; and
- (d) of any other facts that the Company may reasonably consider material to the claim.

(10) Day surgery cash benefit

If the Insured Person undergoes any Day Case Procedure and the Surgeon's fee is payable under Section 3(f) of Part 6 of these Terms and Benefits, then this benefit shall be payable in lump sum which is subject to the benefit limit stated in the Benefit Schedule.

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