

GlobalHealth Advantage Plans offer a wide range of comprehensive personal and family medical insurance products, backed by superior customer service, Chartis Insurance Company China Limited is your trusted insurance partner.

Chartis Insurance Company China Limited offers a wide range of plans to enhance any corporate, organisation, or association employee benefits programs, with flexible structures and cost savings.

Presented to (Name of Applicant): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Presented by (Name of Advisor): \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Covered Member	Gender	Date of Birth (dd/mm/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PLAN SELECTED

Advantage 100   
  Advantage 200   
  Advantage 300   
  Advantage 400   
  Advantage 500

Please note that this is not a summary of contract and the premium is not guaranteed, Chartis Insurance Company China Limited may at its sole discretion change the table of rates on a class basis for all similar policies on the same form. The annual premium is based on the Insured Person's age on the first day of the Period of Insurance and the renewal premium rates as determined by Chartis Insurance Company China Limited at the time of renewal, based on the attained age of the Insured Person. This plan is available to a person from age 15 days to 65 years, residing in China. The application is subject to underwriting review and acceptance.

### PRODUCT INFORMATION

This is a medical plan and we will pay the compensation as set out in the Schedule of Benefits:

- Worldwide Coverage (excluding Cuba, Burma, Iran and Sudan, Syria hereinafter "Worldwide Coverage") or North American Exclusion Coverage (excluding Cuba, Burma, Iran, Sudan, Syria, Northern America and Caribbean, hereinafter "North American Exclusion")
- Benefit Level up to US\$3 million per year for Advantage 300, Advantage 400 and Advantage 500; Up to US\$250,000 per year for Advantage 200; Up to US\$250,000 per disability for Advantage 100
- Range of deductibles are available for all Advantage Plans
- Hospitalisation and Out-patient Surgery, with or without general out-patient benefits
- The Applicant may add his/her spouse, and any unmarried children below age 19 to the Policy. Children cannot be added to the policy unless a parent or a legal guardian is an Insured Person. An unmarried child who is over 19 but less than 23 may also be added if enrolled in full-time education.
- Out-patient Directing Billing services are available for the following plans with nil deductible: Advantage 400 & Advantage 500.

#### Eligibility:

- The following basic eligibility rules apply for the GlobalHealth Advantage plans:
- Applicant must be between age 18 to 65 years at the time of application.
  - Persons to be insured must be between the ages of 15 days and 65 years at the time of application.
  - Persons residing in North America and the Caribbean are not eligible for the GlobalHealth Advantage plans.
  - The Applicant may add his/her spouse, and any unmarried children below age 19 to the Policy. Children cannot be added to the Policy unless a parent or a legal guardian is an insured person. An unmarried child who is over 19 but less than 23 may also be added if enrolled in full-time education.
  - Children born while either parent is an Insured Person may be added 15 days after discharge in a normal healthy condition from Hospital upon request.

Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Plan Maximum	\$250,000/ ¥1,600,000 per Disability	\$250,000/ ¥1,600,000 per year	\$3,000,000/ ¥19,200,000 per year	\$3,000,000/ ¥19,200,000 per year	\$3,000,000/ ¥19,200,000 per year
Hospitalisation & Out-patient Surgery	Hospitalisation & Out-patient Surgery sub-limits:	Hospitalisation & Out-patient Surgery sub-limits:			
Room and board including general nursing care	\$250/ ¥1,600 per day	\$300/ ¥1,920 per day			
Parental Accommodation (added bed, same room)	No Cover	Fully Covered			
Theatre fees; intensive care; X-rays; CT Scans; MRI Scans; Ultrasounds; laboratory tests; Medicines and Drugs; blood and plasma; medical appliances; rental of wheel chairs, crutches and walkers; standard surgical implants	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Surgeon's Fees including pre- and post-surgical services	\$15,000/¥96,000 per Disability	\$20,000/ ¥128,000 per year			
Anaesthetist Fees	30% of Surgeon's Fees	30% of Surgeon's Fees			
Professional Fees including physician, specialist, radiologist, physiotherapist and pathologist	Fully Covered	Fully Covered			
Pre-hospitalisation					
Medical services incurred within 30 days prior to a covered Confinement in a Hospital which are provided by or ordered by a Physician as a direct consequence of the covered Disability which necessitated such Confinement	Up to \$1,000/ ¥6,400 per Disability incurred within 30 days prior to a covered confinement	Up to \$1,000/ ¥6,400 per Disability incurred within 30 days prior to a covered confinement	Fully Covered	Fully Covered	Fully Covered
Post-hospitalisation					
Normal follow-up treatment for up to 90 days following hospitalisation					
Physicians and specialists office visits	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Physiotherapist, chiropractor and acupuncturist when certified necessary by an attending Physician					
Medicines and Drugs; dressings; X-rays; diagnostic laboratory tests; surgical appliances					
Oncology					
Chemotherapy and radiotherapy	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Renal Dialysis					
Kidney Dialysis	\$15,000/¥96,000 lifetime benefit	\$15,000/¥96,000 lifetime benefit	Fully Covered	Fully Covered	Fully Covered
Complications of Pregnancy					
In-patient treatment necessary as a direct result of Complications of Pregnancy including Newborn Accommodation	Hospitalisation & Out-patient Surgery sub-limits apply	Hospitalisation & Out-patient Surgery sub-limits apply	Fully Covered	Fully Covered	Fully Covered
AIDS/ HIV					
Coverage will apply when signs or symptoms are present for the first time after five years continuous coverage under the plan and any renewal thereof	\$25,000/ ¥160,000 lifetime benefit	\$25,000/ ¥160,000 lifetime benefit	\$100,000/ ¥640,000 lifetime benefit	\$100,000/ ¥640,000 lifetime benefit	\$100,000/ ¥640,000 lifetime benefit
Private Nursing					
In Hospital when certified medically necessary by an attending Physician	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Home Nursing by a registered nurse immediately following hospitalisation or surgery in a Hospital	No Cover	No Cover	Fully Covered up to 28 weeks per Disability	Fully Covered up to 28 weeks per Disability	Fully Covered up to 28 weeks per Disability
Mental or Nervous Disorders					
Inpatient treatment in a Hospital	No Cover	No Cover	\$5,000/¥32,000 per year \$10,000/ ¥64,000 lifetime benefit	\$5,000/¥32,000 per year \$10,000/ ¥64,000 lifetime benefit	\$5,000/¥32,000 per year \$10,000/ ¥64,000 lifetime benefit
Organ Transplant					
Transplant of heart, liver, kidney, bone marrow, cornea or lung to a limit of	\$250,000/ ¥1,600,000 per Disability	\$250,000/ ¥1,600,000 per Disability	\$750,000/ ¥4,800,000 per Disability	\$750,000/ ¥4,800,000 per Disability	\$750,000/ ¥4,800,000 per Disability
Hospice Care					
Hospice/ Palliative Care	No Cover	No Cover	\$10,000/ ¥64,000 lifetime benefit	\$10,000/ ¥64,000 lifetime benefit	\$10,000/ ¥64,000 lifetime benefit
Emergency Benefits (see Emergency Service Program for full details)					
Worldwide emergency assistance including evacuation and repatriation	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Local Ambulance to Hospital					
Emergency room treatment					
Dental treatment for up to 14 days following Accidental damage to sound natural teeth					
Repatriation of Mortal Remains	\$7,500/¥48,000	\$7,500/¥48,000	\$7,500/¥48,000	\$7,500/¥48,000	\$7,500/¥48,000

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
<b>Chronic Conditions</b>					
Treatment for a Chronic Condition received while an admitted patient in a Hospital	Hospitalisation & Out-patient Surgery sub-limits apply	Hospitalisation & Out-patient Surgery sub-limits apply	Fully Covered	Fully Covered	Fully Covered
General Practitioner and specialist consultations; prescribed Medicines and drugs;	No Cover	Included in optional out-patient	No Cover	Fully Covered	Fully Covered
<b>Out-patient</b>					
Physicians and specialists consultations					
Physiotherapist provided by referral from an attending Physician	No Cover	Optional \$5,000/¥32,000 per year	No Cover	Fully Covered	Fully Covered
Prescribed medicines; dressings; X-rays; diagnostic laboratory tests and surgical appliances					
<b>Complementary Medicine</b>					
Physiotherapist without certification from an attending Physician; chiropractor; osteopath; homeopath; podiatrist; speech therapist; dietician	No Cover	No Cover	No Cover	\$500/¥3,200 per year	\$500/¥3,200 per year
Acupuncturist; bone setter and Chinese medicine practitioner not exceeding \$50 per visit					
<b>Maternity (deductible does not apply)</b>					
Pre-natal and post-natal services; miscarriage; therapeutic abortion; costs of delivery including all Hospital and professional fees and up to seven days of nursery care	No Cover	No Cover	No Cover	No Cover	\$10,000/¥64,000 per pregnancy
<b>Optional Benefits</b>					
<b>Dental</b>					
Routine Dental Treatment (Examinations; tooth cleaning; normal composite fillings; inlay (excluding gold inlays); onlay (excluding gold onlays); extractions; sealant)	\$700/¥4,480 per year	\$700/¥4,480 per year	\$700/¥4,480 per year	\$700/¥4,480 per year	\$700/¥4,480 per year
Major Restorative Dental Work (Removal of impacted, buried or unerupted teeth; removal of roots; root canal treatment; removal of solid odontomes; apicectomy; new or repair of bridge work (excluding gold bridge work); new or repair of crowns (excluding all gold crowns); new or repair of upper and lower dentures)	\$1,500/¥9,600 per year	\$1,500/¥9,600 per year	\$1,500/¥9,600 per year	\$1,500/¥9,600 per year	\$1,500/¥9,600 per year

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

Optional Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
<b>Worldwide Cover</b>					
Opt to enjoy the benefit of elective treatment in North America with a truly worldwide plan	The Advantage 100 is always Worldwide Coverage	The Advantage 200 is always Worldwide Coverage	Optional	Optional	Optional
<b>Deductible</b>					
Range of deductibles available to reduce your premium	Per Disability \$500/¥3,200 \$1,000/¥6,400 \$2,000/¥12,800 \$5,000/¥32,000	Annual Nil \$500/¥3,200 \$1,000/¥6,400 \$2,000/¥12,800 \$5,000/¥32,000	Annual Nil \$500/¥3,200 \$1,000/¥6,400 \$2,000/¥12,800 \$5,000/¥32,000	Annual Nil \$500/¥3,200 \$1,000/¥6,400 \$2,000/¥12,800 \$5,000/¥32,000	Annual Nil \$500/¥3,200 \$1,000/¥6,400 \$2,000/¥12,800 \$5,000/¥32,000

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## OPTIONAL BENEFITS

The Insured may have the option of taking out **Personal Accident & Hospital Income** as a rider to a **GlobalHealth** medical policy.

- **Accidental Death, Burns and Dismemberment**

We'll pay the Insured a lump sum payment in the event of death, burns or dismemberment as a result of an accident.

- **Hospital Income**

If the Insured is confined to the hospital due to Injury or sickness, we will pay the daily hospital income benefit up to a maximum of 90 days per policy year.

Summary of Coverage	Maximum Limit (USD)					
	Classic		Premier		Supreme	
	Child Plan	Adult Plan	Child Plan	Adult Plan	Child Plan	Adult Plan
Accidental Death, Burns and Dismemberment	\$15,000 (¥96,000)	\$75,000 (¥480,000)	\$15,000 (¥96,000)	\$150,000 (¥960,000)	\$15,000 (¥96,000)	\$300,000 (¥1,920,000)
Hospital Income (Up to 90 days per policy year)	N/A	\$45 (¥288)	N/A	\$80 (¥512)	N/A	\$80 (¥512)

NOTE: Please note that any proposed child under 18 years of age has been currently insured under any death benefit offered by the Chartis China or other insurance companies, then Chartis China will not accept the application for such child to be covered under this optional benefit.

## PREMIUMS

### Worldwide Coverage (WW)

If you select Worldwide Coverage, you will enjoy coverage anywhere in the world, including North America and the Caribbean but excluding Cuba, Burma, Iran, Sudan and Syria.

### North American Exclusion (NAE)

If you select North American Exclusion coverage, coverage will be Worldwide excluding Cuba, Burma, Iran, Sudan, Syria North America and the Caribbean. Losses arising from Sudden Illness or accidental injury which occur in North America and the Caribbean are covered for the first 30 Travel Days in any policy year. *Please note that coverage under the Advantage 100 and Advantage 200 is always Worldwide.*

## ADVANTAGE 100 (WW)

AGE	Per Disability Deductible								
	Nil	500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
		US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	Not Available	724	4,634	675	4,320	617	3,949	494	3,162
19 - 25	Not Available	776	4,966	723	4,627	662	4,237	529	3,386
26 - 30	Not Available	828	5,299	772	4,941	706	4,518	565	3,616
31 - 35	Not Available	885	5,664	825	5,280	754	4,826	604	3,866
36 - 40	Not Available	942	6,029	878	5,619	803	5,139	642	4,109
41 - 45	Not Available	1,080	6,912	1,007	6,445	921	5,894	737	4,717
46 - 50	Not Available	1,219	7,802	1,136	7,270	1,039	6,650	831	5,318
51 - 55	Not Available	1,575	10,080	1,468	9,395	1,343	8,595	1,074	6,874
56 - 60	Not Available	2,026	12,966	1,922	12,301	1,800	11,520	1,539	9,850
61 - 65	Not Available	3,008	19,251	2,906	18,598	2,788	17,843	2,535	16,224
66 - 70*	Not Available	3,617	23,149	3,518	22,515	3,403	21,779	3,158	20,211
71 - 75*	Not Available	4,389	28,090	4,295	27,488	4,186	26,790	3,953	25,299
76 - 80*	Not Available	6,144	39,322	6,013	38,483	5,861	37,510	5,534	35,418

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 200 (WW)

### In-Patient only

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	935	5,984	823	5,267	767	4,909	701	4,486	561	3,590
19 - 25	1,003	6,419	882	5,645	822	5,261	752	4,813	602	3,853
26 - 30	1,069	6,842	941	6,022	877	5,613	802	5,133	642	4,109
31 - 35	1,143	7,315	1,006	6,438	937	5,997	857	5,485	686	4,390
36 - 40	1,217	7,789	1,071	6,854	998	6,387	913	5,843	730	4,672
41 - 45	1,395	8,928	1,228	7,859	1,144	7,322	1,046	6,694	837	5,357
46 - 50	1,574	10,074	1,385	8,864	1,291	8,262	1,181	7,558	944	6,042
51 - 55	2,034	13,018	1,790	11,456	1,668	10,675	1,526	9,766	1,220	7,808
56 - 60	2,483	15,891	2,251	14,406	2,135	13,664	2,000	12,800	1,710	10,944
61 - 65	3,490	22,336	3,269	20,922	3,159	20,218	3,031	19,398	2,755	17,632
66 - 70*	4,057	25,965	3,847	24,621	3,743	23,955	3,621	23,174	3,359	21,498
71 - 75*	4,868	31,155	4,669	29,882	4,569	29,242	4,453	28,499	4,205	26,912
76 - 80*	6,815	43,616	6,536	41,830	6,397	40,941	6,235	39,904	5,887	37,677

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 200 (WW)

### In-patient and Out-patient

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	1,559	9,978	1,372	8,781	1,278	8,179	1,169	7,482	935	5,984
19 - 25	1,671	10,694	1,471	9,414	1,370	8,768	1,254	8,026	1,003	6,419
26 - 30	1,782	11,405	1,568	10,035	1,462	9,357	1,337	8,557	1,069	6,842
31 - 35	1,905	12,192	1,677	10,733	1,562	9,997	1,429	9,146	1,143	7,315
36 - 40	2,028	12,979	1,785	11,424	1,663	10,643	1,521	9,734	1,217	7,789
41 - 45	2,325	14,880	2,046	13,094	1,907	12,205	1,744	11,162	1,395	8,928
46 - 50	2,624	16,794	2,309	14,778	2,152	13,773	1,968	12,595	1,574	10,074
51 - 55	3,391	21,702	2,984	19,098	2,781	17,798	2,543	16,275	2,035	13,024
56 - 60	4,139	26,490	3,753	24,019	3,559	22,778	3,334	21,338	2,851	18,246
61 - 65	5,817	37,229	5,450	34,880	5,266	33,702	5,052	32,333	4,593	29,395
66 - 70*	6,762	43,277	6,414	41,050	6,239	39,930	6,036	38,630	5,600	35,840
71 - 75*	8,114	51,930	7,783	49,811	7,617	48,749	7,424	47,514	7,010	44,864
76 - 80*	11,198	71,667	10,740	68,736	10,512	67,277	10,245	65,568	9,954	63,706

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 300 (WW)

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	1,725	11,040	1,518	9,715	1,414	9,050	1,293	8,275	1,035	6,624
19 - 25	2,145	13,728	1,888	12,083	1,759	11,258	1,609	10,298	1,287	8,237
26 - 30	2,906	18,598	2,557	16,365	2,383	15,251	2,180	13,952	1,744	11,162
31 - 35	3,086	19,750	2,716	17,382	2,531	16,198	2,315	14,816	1,852	11,853
36 - 40	3,179	20,346	2,798	17,907	2,607	16,685	2,384	15,258	1,907	12,205
41 - 45	3,849	24,634	3,454	22,106	3,156	20,198	2,887	18,477	2,309	14,778
46 - 50	4,279	27,386	3,854	24,666	3,509	22,458	3,209	20,538	2,567	16,429
51 - 55	5,534	35,418	5,117	32,749	4,734	30,298	4,151	26,566	3,320	21,248
56 - 60	6,756	43,238	6,360	40,704	5,996	38,374	5,442	34,829	4,653	29,779
61 - 65	9,717	62,189	9,341	59,782	8,995	57,568	8,468	54,195	7,719	49,402
66 - 70*	11,174	71,514	10,816	69,222	10,488	67,123	9,988	63,923	9,276	59,366
71 - 75*	13,409	85,818	13,069	83,642	12,757	81,645	12,282	78,605	11,606	74,278
76 - 80*	15,554	99,546	15,160	97,024	14,798	94,707	14,247	91,181	13,463	86,163

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 300 (NAE)

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	852	5,453	749	4,794	698	4,467	639	4,090	511	3,270
19 - 25	1,058	6,771	931	5,958	868	5,555	794	5,082	635	4,064
26 - 30	1,434	9,178	1,262	8,077	1,176	7,526	1,075	6,880	860	5,504
31 - 35	1,523	9,747	1,340	8,576	1,249	7,994	1,142	7,309	914	5,850
36 - 40	1,569	10,042	1,381	8,838	1,287	8,237	1,177	7,533	941	6,022
41 - 45	1,943	12,435	1,710	10,944	1,593	10,195	1,457	9,325	1,166	7,462
46 - 50	2,160	13,824	1,901	12,166	1,771	11,334	1,620	10,368	1,296	8,294
51 - 55	2,766	17,702	2,434	15,578	2,268	14,515	2,074	13,274	1,659	10,618
56 - 60	3,580	22,912	3,265	20,896	3,107	19,885	2,923	18,707	2,529	16,186
61 - 65	5,465	34,976	5,165	33,056	5,015	32,096	4,841	30,982	4,466	28,582
66 - 70*	6,284	40,218	6,000	38,400	5,857	37,485	5,691	36,422	5,336	34,150
71 - 75*	7,540	48,256	7,270	46,528	7,135	45,664	6,977	44,653	6,639	42,490
76 - 80*	8,746	55,974	8,433	53,971	8,276	52,966	8,093	51,795	7,701	49,286

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 400 (WW)

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	2,743	17,555	2,413	15,443	2,249	14,394	2,057	13,165	1,646	10,534
19 - 25	3,155	20,192	2,776	17,766	2,587	16,557	2,366	15,142	1,893	12,115
26 - 30	4,274	27,354	3,832	24,525	3,505	22,432	3,206	20,518	2,564	16,410
31 - 35	4,539	29,050	4,124	26,394	3,762	24,077	3,404	21,786	2,723	17,427
36 - 40	4,676	29,926	4,244	27,162	3,876	24,806	3,507	22,445	2,806	17,958
41 - 45	5,734	36,698	5,313	34,003	4,945	31,648	4,300	27,520	3,440	22,016
46 - 50	6,373	40,787	5,943	38,035	5,603	35,859	4,780	30,592	3,824	24,474
51 - 55	8,054	51,546	7,642	48,909	7,323	46,867	6,454	41,306	4,833	30,931
56 - 60	9,832	62,925	9,440	60,416	9,137	58,477	8,312	53,197	6,771	43,334
61 - 65	13,822	88,461	13,450	86,080	13,161	84,230	12,378	79,219	10,914	69,850
66 - 70*	15,895	101,728	15,542	99,469	15,268	97,715	14,523	92,947	13,133	84,051
71 - 75*	19,074	122,074	18,739	119,930	18,478	118,259	17,771	113,734	16,450	105,280
76 - 80*	22,787	145,837	22,386	143,270	22,075	141,280	21,230	135,872	20,302	129,933

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 400 (NAE)

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	1,822	11,661	1,604	10,266	1,494	9,562	1,367	8,749	1,093	6,995
19 - 25	2,075	13,280	1,826	11,686	1,702	10,893	1,556	9,958	1,245	7,968
26 - 30	2,812	17,997	2,475	15,840	2,306	14,758	2,109	13,498	1,687	10,797
31 - 35	2,987	19,117	2,629	16,826	2,449	15,674	2,240	14,336	1,792	11,469
36 - 40	3,077	19,693	2,708	17,331	2,523	16,147	2,308	14,771	1,846	11,814
41 - 45	3,811	24,390	3,388	21,683	3,125	20,000	2,858	18,291	2,287	14,637
46 - 50	4,234	27,098	3,820	24,448	3,472	22,221	3,176	20,326	2,540	16,256
51 - 55	5,256	33,638	4,872	31,181	4,550	29,120	3,942	25,229	3,153	20,179
56 - 60	6,804	43,546	6,440	41,216	6,134	39,258	5,556	35,558	4,807	30,765
61 - 65	10,546	67,494	10,187	65,197	9,885	63,264	9,315	59,616	8,575	54,880
66 - 70*	11,674	74,714	11,345	72,608	11,069	70,842	10,548	67,507	9,872	63,181
71 - 75*	14,008	89,651	13,696	87,654	13,434	85,978	12,938	82,803	12,296	78,694
76 - 80*	17,086	109,350	16,705	106,912	16,386	104,870	15,781	100,998	14,998	95,987

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 500 (WW)

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	2,743	17,555	2,413	15,443	2,249	14,394	2,057	13,165	1,646	10,534
19 - 25	3,712	23,757	3,310	21,184	3,054	19,546	2,799	17,914	2,251	14,406
26 - 30	6,512	41,677	6,091	38,982	5,732	36,685	5,158	33,011	4,346	27,814
31 - 35	6,702	42,893	6,281	40,198	5,922	37,901	5,349	34,234	4,537	29,037
36 - 40	6,801	43,526	6,380	40,832	6,021	38,534	5,448	34,867	4,635	29,664
41 - 45	7,728	49,459	7,303	46,739	6,928	44,339	6,235	39,904	5,107	32,685
46 - 50	8,189	52,410	7,771	49,734	7,402	47,373	6,622	42,381	5,216	33,382
51 - 55	8,054	51,546	7,642	48,909	7,323	46,867	6,454	41,306	4,833	30,931
56 - 60	9,832	62,925	9,440	60,416	9,137	58,477	8,312	53,197	6,771	43,334
61 - 65	13,822	88,461	13,450	86,080	13,161	84,230	12,378	79,219	10,914	69,850
66 - 70*	15,895	101,728	15,542	99,469	15,268	97,715	14,523	92,947	13,133	84,051
71 - 75*	19,074	122,074	18,739	119,930	18,478	118,259	17,771	113,734	16,450	105,280
76 - 80*	22,787	145,837	22,386	143,270	22,075	141,280	21,230	135,872	20,302	129,933

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

## ADVANTAGE 500 (NAE)

AGE	Annual Deductible									
	Nil		500	3,200	1,000	6,400	2,000	12,800	5,000	32,000
	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB	US\$	RMB
0 - 18	1,822	11,661	1,604	10,266	1,494	9,562	1,367	8,749	1,093	6,995
19 - 25	2,948	18,867	2,659	17,018	2,515	16,096	2,347	15,021	1,986	12,710
26 - 30	4,944	31,642	4,519	28,922	4,302	27,533	4,053	25,939	3,518	22,515
31 - 35	5,703	36,499	5,278	33,779	5,062	32,397	4,812	30,797	4,278	27,379
36 - 40	5,776	36,966	5,351	34,246	5,135	32,864	4,885	31,264	4,351	27,846
41 - 45	6,167	39,469	5,744	36,762	5,372	34,381	5,064	32,410	4,402	28,173
46 - 50	6,491	41,542	6,070	38,848	5,691	36,422	5,240	33,536	4,490	28,736
51 - 55	5,256	33,638	4,872	31,181	4,550	29,120	3,942	25,229	3,153	20,179
56 - 60	6,804	43,546	6,440	41,216	6,134	39,258	5,556	35,558	4,807	30,765
61 - 65	10,546	67,494	10,187	65,197	9,885	63,264	9,315	59,616	8,575	54,880
66 - 70*	11,674	74,714	11,345	72,608	11,069	70,842	10,548	67,507	9,872	63,181
71 - 75*	14,008	89,651	13,696	87,654	13,434	85,978	12,938	82,803	12,296	78,694
76 - 80*	17,086	109,350	16,705	106,912	16,386	104,870	15,781	100,998	14,998	95,987

\*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$ (or RMB equivalent)

**Optional Dental**

US\$ 460 (RMB 2,944) per person per year

Annual Premium	Age	Classic		Premier		Supreme	
		US\$	RMB	US\$	RMB	US\$	RMB
Accidental Death, Burns and Dismemberment	Adult Plan	150	960	300	1,920	600	3,840
	Child Plan	35	224	35	224	35	224
Hospital Income	18-29	55	352	90	576	90	576
	30-39	85	544	140	896	140	896
	40-49	115	736	190	1,216	190	1,216
	50-65	160	1,024	265	1,696	265	1,696

## KEY PRODUCT PROVISIONS

The following are key product provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract. Please consult your insurance advisor or Chartis Insurance Company China Limited should you need further explanation.

(a) **Qualifying Period**

Eligibility for benefits commences 30 days after an Insured Person has been included in this Policy, except when necessitated by a Bodily Injury occurring wholly after the Initial Effective Date of this insurance. No Qualifying Period will be applicable to renewal policies or to coverage for an Insured Person who was covered by a Preceding Policy.

(b) **Waiting Period for Maternity**

Where maternity benefits are specifically provided for on the Benefits Schedule and only one Insured Person over the age of 19 is enrolled in the plan containing maternity benefits, the maternity benefits shall be limited to Covered Charges incurred 24 months after the Initial Effective Date. Where maternity benefits are specifically provided for on the Benefits Schedule and two or more Insured Persons over the age of 19 are enrolled in the plan containing maternity benefits, the maternity benefits shall be limited to Covered Charges incurred 12 months after the Initial Effective Date.

(c) **30-Day Free Look Privilege**

The Policyholder has 30 days from the receipt of the Policy to examine the terms and conditions of the Policy and may cancel the Policy within the foregoing 30-day period by written request to the Company in which case premiums paid will be refunded. If the Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Where the Policy is so cancelled, the Company shall have no liability whatsoever under the cancelled Policy and the Company will be entitled to recover from the Policyholder any expense incurred by the Company in underwriting the Policy.

(d) **Routine Dental Treatment**

Costs incurred within 3 months from the Commencement Date of this option or Your Date of Entry, whichever is the later, are excluded except Examinations and Tooth cleaning.

(e) **Major Restorative Dental Work**

Costs incurred within 6 months from the Commencement Date of this option or Your Date of Entry, whichever is the later, are excluded.

(f) **Exclusions**

The following treatments, items, conditions, activities and their related, associated or consequential expenses are excluded from the Policy and the Company shall not be liable for:

1. Pre-Existing Conditions or any related, associated or consequential Disabilities, unless disclosed to and accepted in writing by the Company.
2. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person(s) including legislation or insurance coverage relating to occupational death, Bodily Injury, Illness or disease.
3. Routine medical examinations or check-ups, examinations for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, hearing aids, chelation therapy except for heavy metal poisoning, hydro colon therapy, counselling, Custodial or Maintenance Care, rest cures, and services or treatment at home or while a bed patient at any facility that is not a Hospital unless specifically stated on the Benefits Schedule.
4. Dentistry, except that which is explicitly stated in the optional dental plan Benefits Schedule as being covered by the Policy, Cosmetic Treatment, and Reconstructive Surgery except for charges for the prompt repair of a Bodily Injury. In the case of Bodily Injury to teeth, the teeth repaired must have been sound and natural, the Bodily Injury must occur while the person is an Insured Person and the Bodily Injury must not be directly or indirectly caused by biting or chewing.
5. Illness, tests or treatment related to fertility, Assisted Conception, impotence or erectile dysfunction, contraception, sterilization, birth defects, Congenital Conditions, Developmental Abnormalities or any abortion performed due to psychological or social reasons, and consequences thereof.
6. Pregnancy or childbirth including pre-natal and post-natal care, except where Maternity Benefits are stated on the Benefits Schedule as being covered by the Policy.

## KEY PRODUCT PROVISIONS (continued)

7. Corrective devices and durable medical equipment. Treatment that is either not part of Western (allopathic) medicine, except where Complementary Medicine benefits are stated on the Benefits Schedule as being covered by the Policy, or which is not Medically Necessary, or complications or Disabilities consequential thereupon.
8. All costs relating to human cornea, bone marrow, muscular, skeletal or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to Organ Transplantation (including conditions requiring or likely to require transplantation and status-post transplantation) except as provided by the Organ Transplantation Benefit when this benefit is stated on the Benefits Schedule as being covered by the Policy.
9. Tests or treatment of psychiatric, psychological, Mental and Nervous Conditions, and any physiological or psychosomatic causes or manifestations thereof unless specifically stated on the Benefits Schedule, self-inflicted Bodily Injury, suicide or attempted suicide, deliberate exposure to exceptional danger except in an effort to save human life, excessive consumption of alcohol or narcotics or similar drugs or agents, sleep disorders, learning difficulties, behavioral disorders, or Venereal Disease.
10. Any treatment or test in connection with Human Immunodeficiency Virus (HIV) related Illness including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and/or any mutation, derivation, or variation thereof except when AIDS/HIV Benefits are stated on the Benefits Schedule as being covered by the Policy.
11. Experimental or pioneering medical and surgery techniques except with the Company's prior approval in writing.
12. Services which are not recommended and prescribed by the Insured Person's attending Physician except for a second opinion prior to surgery and continuity of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or specialist.
13. Refractive defects of the eye, such as nearsightedness and astigmatism, spectacles, monacles or contact lenses.
14. Disabilities as a result of duties of employment or profession in Employment Class III or IV, participation in any professional sport, or aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial aircraft unless disclosed to and accepted by the Company.
15. Disabilities while serving as a member of a police or military unit of any country or international authority, or participation in War, civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, any known or suspected Terrorist Act, or any illegal act. Any medical services rendered to an Insured Person while he is confined in a prison, jail, any other correctional facility including halfway houses or similar facilities, or any mental institution. Exposure to ionizing radiation or radioactive contamination of any kind.
16. Hospital inpatient treatment for convalescence, rehabilitation, supervision or conditions which in the opinion of the Company's medical adviser(s) can be properly treated as an outpatient.
17. Transportation costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved emergency medical evacuation, and all emergency medical evacuation costs not approved in advance by the Company or its appointed 24-hour emergency medical assistance center.
18. Charges, or portions of charges, which are not Reasonable and Customary Charges. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered Reasonable and Customary in the absence of such legislation.
19. Any costs incurred for treatment outside of the Period of Insurance.
20. Any Covered Charge incurred or any Disability suffered in Cuba, Burma, Iran or Sudan.
21. This Policy will not cover any loss, Disability, damage or legal liability suffered or sustained directly or indirectly by the Insured Person if the Insured Person is:
  - 1) a terrorist;
  - 2) a member of a terrorist organisation;
  - 3) a narcotics trafficker; or
  - 4) a purveyor of nuclear, chemical or biological weapons.

**Important Notice:** This summary is prepared to assist you in evaluating the benefits provided by the GlobalHealth Advantage Plan. All benefits shall be paid at Reasonable and Customary Charges for the jurisdiction where services are rendered. For complete details of plan benefits, conditions, limitations, and exclusions, you should refer to the policy, schedules, and endorsements, copies of which will be provided upon request. The Underwriter reserves the right to modify or retract any of the plans, benefits, terms, and conditions described herein without prior notice.

**For enquiries / applications, please contact us**

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