



SunMaster Group Medical Package

Comprehensive
Medical Protection
for Your Employees

SunMaster Group Medical Package

is designed especially for SMEs to provide all-round medical protection for your employees and their families. The simple and flexibility of this package can give you a choice to customize the benefits to meet your unique business needs, bringing a total peace of mind to you.



Key Features

Comprehensive

- Provide an all-round basic Hospitalization and Surgical Expenses Benefit to ensure your employees are well looked after in different circumstances. To support unexpected medical expenses, increase the maximum amount of benefits payable for each benefit item under Hospitalization and Surgical Expenses Benefit by 50% for overseas hospitalization due to accidental injury.
- Offer wide range of optional benefits, including Clinical Expenses Benefit and Major Medical Benefit.
- Provide free Worldwide Emergency Assistance¹ and China Medpass Service¹ to ensure peace of mind wherever they are in the world.

Extra Coverage

- Offer a free basic medical health check to eligible employees² upon successful enrollment on the policy effective date.
- Extend to cover the eligible employees and their spouses up to 69 years old³.

Convenient

- Offer medical card to eligible members for panel doctor clinics and hospitals to save the hassle of claim administration.
- Provide extensive doctor network of over 1,600 doctors in Hong Kong to allow your employees to quickly and easily access medical service whenever in need.

Flexible

- Companies with three or more employees may apply.
- Provide four levels of benefits to allow you to combine different level of coverage for different classes of employees.
- Customize the different level of Clinical Expenses Benefit with different benefits for different needs.

Simple

- Application and enrollment are simple.

¹ The Worldwide Emergency Assistance and China Medpass Service Benefits are provided by a third party company, Inter Partner Assistance Hong Kong Limited ("I.P.A.") and it is not guaranteed renewable. The types and limit of services provided by I.P.A. are governed by the Emergency Assistance Benefits Provisions of I.P.A.. Please refer to the Provisions for the latest service details.

² The benefit is only applicable for Clinical Expenses Benefit Plan OP1, OP2 and OP3.

³ Extended coverage is applicable for those who are insured under the Policy before attaining the age of 65. For Insureds aged from 65 to 69, standard underwriting will be applied at each Policy Anniversary.



Basic Benefits

Schedule of Benefits

Benefits (HKD)	HS0	HS1	HS2	HS3
Medical card	N/A	N/A	Provide ⁴	Provide ⁴
Entitled level of accommodation	Ward	Ward	Semi-Private	Private
Reimbursement percentage	100%	100%	100%	100%

Hospitalization and Surgical Expenses Benefit				
Daily Hospital Room and Board (inclusive of meal allowance)				
Maximum amount of benefit per day	300	500	800	1,500
Maximum days of confinement per disability	90	90	90	90
Daily Doctor's Visit				
Maximum amount of benefit per day	300	500	800	1,500
Maximum days of confinement per disability	90	90	90	90
Miscellaneous Hospital Expenses				
Maximum amount of benefit per disability	5,000	7,000	12,000	22,000
Surgical Fees				
Maximum amount of benefit per disability				
• Complex operation	20,000	30,000	40,000	80,000
• Major operation	10,000	15,000	20,000	40,000
• Intermediate operation	5,000	7,500	10,000	20,000
• Minor operation	2,500	3,750	5,000	10,000
Anaesthetist's Fees				
Maximum amount of benefit per disability				
• Complex operation	7,000	10,000	16,000	25,000
• Major operation	3,500	5,000	8,000	12,500
• Intermediate operation	1,750	2,500	4,000	6,250
• Minor operation	875	1,250	2,000	3,125
Operating Theatre Fees				
Maximum amount of benefit per disability				
• Complex operation	7,000	10,000	16,000	25,000
• Major operation	3,500	5,000	8,000	12,500
• Intermediate operation	1,750	2,500	4,000	6,250
• Minor operation	875	1,250	2,000	3,125
Specialist Consultation Fees				
Maximum amount of benefit per disability	1,000	1,500	2,000	5,000
Intensive Care Room and Board				
Maximum amount of benefit per day	300	500	800	1,500
Maximum days of confinement per disability	10	10	10	10
Private Nursing				
Maximum amount of benefit per day	N/A	N/A	280	600
Maximum days of confinement per disability	N/A	N/A	90	90
Extra Bed for Family Members of Children and Elderly				
Maximum amount of benefit per day	100	200	300	400
Maximum days of confinement per disability	30	30	30	30

⁴ The issuance of medical card for hospitalization benefits is subject to a minimum premium threshold of HKD50,000 per annum. Employer is also required to undertake the Privilege Care Card service agreement.

Schedule of Benefits (Con't)

Value-added Benefits				
Daily Hospital Cash (Government ward only in lieu of Daily Hospital Room and Board)				
Maximum amount of benefit per day	150	250	400	750
Maximum days of confinement per disability	90	90	90	90
Post Hospitalization Out-Patient (all related follow-up out-patient consultation fee within 6 weeks after discharge from Hospital)				
Maximum amount of benefit per disability	N/A	1,000	2,000	3,000
Emergency Out-Patient Treatment (Accidental injury only)				
Maximum amount of benefit per disability	400	800	1,200	2,000
Top-up Benefit for Hospitalization Overseas (Accidental injury only) (exclude Hong Kong, Macau and Mainland China)		Increase the maximum amount of benefits payable for each Benefit item under Hospitalization and Surgical Expenses Benefit except value - added Benefits by 50%		
Worldwide Emergency Assistance China Medpass Service				

Compassionate Death Benefit				
Compassionate Death Benefit (Employee only)	10,000	10,000	10,000	10,000



Premium

The average annual premium for Hospitalization and Surgical Expenses Benefit is determined by the total sum of the premium of each member according to the age band and the benefit plan enrolled at the policy effective date and then divided by the total number of members under the corresponding benefit plan.

For details of the calculation, please refer to the premium illustration section below.



Hospitalization and Surgical Expenses Benefit

EMPLOYEE				
Premium per member (HKD)				
Attaining Age ⁵	HS0	HS1	HS2	HS3
Age 15-19	586	846	1,285	2,339
Age 20-24	591	853	1,296	2,358
Age 25-29	647	935	1,420	2,585
Age 30-34	705	1,018	1,546	2,815
Age 35-39	826	1,192	1,811	3,297
Age 40-44	971	1,402	2,131	3,879
Age 45-49	1,209	1,745	2,652	4,827
Age 50-54	1,442	2,082	3,163	5,758
Age 55-59	1,806	2,608	3,962	7,212
Age 60-64	2,771	4,001	6,078	11,065
Age 65-69 ⁶	2,799	4,041	6,139	11,176

SPOUSE				
Premium per member (HKD)				
Attaining Age ⁵	HS0	HS1	HS2	HS3
Age 15-19	791	1,142	1,735	3,158
Age 20-24	797	1,151	1,749	3,184
Age 25-29	874	1,262	1,917	3,490
Age 30-34	952	1,374	2,087	3,800
Age 35-39	1,115	1,609	2,445	4,451
Age 40-44	1,311	1,893	2,876	5,236
Age 45-49	1,632	2,356	3,580	6,517
Age 50-54	1,947	2,811	4,270	7,773
Age 55-59	2,438	3,520	5,348	9,737
Age 60-64	3,741	5,401	8,205	14,937
Age 65-69 ⁶	3,778	5,455	8,288	15,088

CHILD				
Premium per member (HKD)				
Attaining Age ⁵	HS0	HS1	HS2	HS3
Age 0-4 ⁷	907	1,309	1,989	3,620
Age 5-9	791	1,142	1,735	3,158
Age 10-14	791	1,142	1,735	3,158
Age 15-19 ⁸	791	1,142	1,735	3,158
Age 20-22 ⁸	797	1,151	1,749	3,184

⁵ The attaining age is based on the age of employees and their dependents at the policy effective date or at the Policy Anniversary Date.

⁶ The premiums are only applicable for those who are insured under the policy before attaining age of 65. For insured members aged from 65 to 69, standard underwriting will be applied at each Policy Anniversary and their coverage shall be provided subject to satisfactory underwriting result.

⁷ Dependent children aged 15 days old may enroll.

⁸ Dependent children between the ages of 19 and 22, who are full time students, may enroll.

Premium Illustration

$$\text{Average annual premium per member}^9 = \frac{\text{Total sum of the premium of each member according to the age band and the benefit plan}}{\text{Total number of members under the corresponding benefit plan}}$$

Below is the example for reference:

Employee	Attaining Age	Plan	Premium (HKD)
Staff A	22	HS1	853
Staff B	26	HS1	935
Staff C	30	HS1	1,018
Staff D	34	HS1	1,018
Manager E	29	HS2	1,420
Manager F	37	HS2	1,811

Plan	Average Annual Premium per Member ⁹ (HKD) [A]	Number of Members Enrolled in the Plan [B]	Total Annual Premium (HKD) [A] x [B]
HS1	$(853 + 935 + 1,018 + 1,018) \div 4 = 956$	4	3,824
HS2	$(1,420 + 1,811) \div 2 = 1,616$	2	3,232
			Total: 7,056

⁹ Premium rates are applicable to future enrollment.

Optional Benefits – Major Medical Benefit

Schedule of Benefits

Benefits (HKD)	MM0	MM1	MM2	MM3
Entitled level of accommodation	Ward	Ward	Semi-Private	Private
Reimbursement percentage	80%	80%	80%	80%
Maximum amount of benefits per disability	20,000	50,000	100,000	200,000

If option of Major Medical Benefit is selected, the benefit plan(s) must be the same as the Hospitalization and Surgical Expenses Benefit.

If a higher level of hospital accommodation facilities and services other than the entitled level is used, the respective adjustment factor shown below will be applied for the calculation of the total amount of claims payable.

Entitled level of hospital accommodation	Actual level of hospital accommodation	Adjustment factor (%)
Ward	Semi-Private	50
Ward	Private	25
Ward	Deluxe	12.5
Semi-Private	Private	50
Semi-Private	Deluxe	25
Private	Deluxe	50

Premium – Major Medical Benefit

Annual premium per member (HKD)	MM0	MM1	MM2	MM3
Employee	433	685	609	1,217
Spouse	585	925	822	1,643
Child	585	925	822	1,643

Claims Illustration

(The following example is hypothetical and for illustrative purposes only. If there are any changes in the values, no separate announcement will be made.)

Staff A is covered under Clinical Expenses Benefit (Plan OP0), Hospitalization and Surgical Expenses Benefit (Plan HS1) and Major Medical Benefit (Plan MM1).

Staff A has incurred an outpatient consultation by a General Doctor of HKD500 and was subsequently hospitalized in a Semi-Private room for 2 days due to sickness and had an Intermediate operation and incurred medical expense of HKD40,000.

Clinical Expenses Benefit

Benefit Item	Medical Expense (HKD)	Paid Amount ¹ (HKD)
General Consultation Benefit	500	120

Hospitalization and Surgical Expenses Benefit

1. The hospitalization medical expense is first paid under Hospitalization and Surgical Expenses Benefit (Plan HS1).

Benefit Item	Medical Expense (HKD)	Paid Amount ¹ (HKD)
Daily Hospital Room and Board (inclusive of meal allowance)	2,000 (1,000 x 2 days)	1,000
Daily Doctor's Visit	2,000 (1,000 x 2 days)	1,000
Miscellaneous Hospital Expenses	20,000	7,000
Surgical Fees	16,000	7,500
Subtotal:	40,000	16,500

Major Medical Benefit

2. The excess amount in respect of the any benefit item under the Hospitalization and Surgical Expenses Benefit is then paid under Major Medical Benefit (Plan MM1). (The reimbursement percentage shall be adjusted according to the actual level of hospital accommodation).

Benefit Item	Eligible Medical Expense (HKD)	Paid Amount ² (HKD)
Major Medical Benefit	40,000 - 16,500 = 23,500	23,500 x 50% = 11,750
Subtotal:		11,750

Total reimbursement for (1) + (2): HKD16,500 + HKD11,750 = HKD28,250. The rest of the medical expense will not be covered in this claim.

Note:

- ¹ The paid amount is subject to the maximum amount of benefit for Clinical Expenses Benefit or Hospitalization and Surgical Expenses Benefit per Disability and maximum number of visits or Days of Confinement (if applicable) as shown in the Schedule of Benefits.
- ² The paid amount has applied 50% adjustment factor as staff A has used a higher level of hospital accommodation, facilities and services other than the entitled level as shown in the Schedule of Benefits.

Customize
the different level of
Clinical Expenses
Benefit with different
benefits for
different needs.

Optional Benefits – Clinical Expenses Benefit

Schedule of Benefits

Benefits (HKD)	OP0	OP1	OP2	OP3
Medical card	Provide	Provide	Provide	Provide
Basic Health Check	N/A	Provide	Provide	Provide
General Consultation¹⁰				
By panel doctor : Co-payment per visit (inclusive of 3 days basic medication)	50	20	10	0
By reimbursement : Daily Benefit Limit	120	150	180	250
Reimbursement percentage	80%	80%	80%	100%
Maximum number of visits per policy year	30	30	30	30
Chinese Medicine Practitioner Treatment¹⁰				
By panel doctor: Co-payment per visit (inclusive of 2 packs of Chinese medicine)	N/A	60	40	0
By reimbursement : Daily Benefit Limit	N/A	120	140	230
Reimbursement percentage	N/A	80%	80%	100%
Maximum number of visits per policy year	N/A	10	10	10
Specialist Consultation^{11, 12}				
By panel doctor : Co-payment per visit (inclusive of up to 5 days basic medication)	140	100	60	0
By reimbursement : Daily Benefit Limit	250	300	350	500
Reimbursement percentage	80%	80%	80%	100%
Maximum number of visits per policy year	10	10	10	10
Diagnostic X-Ray & Laboratory Test¹¹				
Reimbursement percentage	N/A	100%	100%	100%
Maximum amount of benefit per policy year	N/A	1,000	1,500	3,000

¹⁰ Maximum 1 visit per day. Subject to maximum 30 visits per Policy Year.

¹¹ A written referral letter provided by the General Medical Practitioner is required.

¹² Referral letter is waived for 6 types of Specialist Consultation (for panel doctor only), including otorhinolaryngology, ophthalmology, orthopaedics & traumatology, dermatology, gynaecology and paediatrics.

Premium – Clinical Expenses Benefit

Annual premium per member (HKD)	OP0	OP1	OP2	OP3
Employee	904	2,583	2,913	4,492
Spouse	1,220	3,487	3,933	6,064
Child	1,220	3,487	3,933	6,064

Conditions

Eligibility

- Applicable to companies with minimum 3 employees.
- Only one plan is allowed for companies with 5 employees or less; two plans for 6 to 20 employees and three plans for 21 employees or more.
- All full-time permanent employees who are on active service and their spouses (if applicable) who are below the age of 65 may enroll as insured persons.
- Unmarried dependent insured children aged 15 days but under 19 years old or, in cases of full time student, below 23 years old at the time of enrollment may enroll.
- Insured employees and spouses are eligible to renew their benefits up to the age of 69. For Insured aged from 65 to 69, standard underwriting will be applied at each Policy Anniversary and their coverage should be provided subject to satisfactory underwriting result.

Enrollment guidelines

- All eligible employees must enroll in the Hospitalization and Surgical Expenses Benefit.
- If dependent benefits are selected for a specific group of employees, all eligible dependents must be enrolled in the same benefits plan as the employees.
- If optional benefits are chosen for a specific group of employees, all eligible employees and their dependents (if applicable) within that group must be enrolled for those benefits.
- For companies with 10 employees or less, all eligible employees and their dependents must complete a health declaration and their coverage is subject to underwriting result.
- Premium are payable annually in advance by employer.

Key Exclusions

We will not pay any claims or expenses directly or indirectly caused by or resulting from any of the following except Compassionate Death Benefit:

- Exclusions for Medical Benefits
 1. Pre-existing conditions for which the Insured receives medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of coverage, unless the Insured has been covered under this Policy for not less than twelve (12) months;
 2. Hospitalization primarily for the purpose of diagnostic X-Ray, advanced imaging, laboratory tests or physiotherapy;
 3. general check up, rest cure, sanitarium care;
 4. special nursing care or charges and expenses for wheel-chair, iron-lung, artificial limbs, braces, crutches, dentures, glasses, hearing aids, heat appliances or other prosthetic devices or hospital equipment except for the rental of such devices or equipment during Hospitalization;
 5. charges for non-medical services such as telephone, television, radio, guest meals, photocopy of medical report, tax and the like;
 6. Injuries arising from war or any act of war (whether war is declared or not), insurrection, civil war, or any warlike operation, whether or not the Insured was actively participating in them;
 7. suicide, or any attempt threat, while sane or insane; intentionally self-inflicted injuries, Injury or Sickness sustained while the Insured is under the influence of drugs or alcohol, and treatment in connection with addiction or abuse to drugs or alcohol;
 8. treatment of illness directly or indirectly, wholly or partly by Human Immunodeficiency Virus (HIV) and/or HIV-related illness including acquired immune deficiency syndrome (AIDS) and/or any mutations, deviations or variations thereof; venereal disease, sexually transmitted disease;
 9. psychiatric treatment, mental or nervous disease or disorder and including any investigation and treatment of psychological, emotional, or behavioral conditions;
 10. dental treatment and oral surgery except for emergency treatment from an Accident received during Hospitalization. Any follow up treatment after discharge from Hospital related to dental treatment or oral surgery shall be excluded;
 11. eye examinations, surgical procedure for correction of eye refraction including routine eye tests, fitting of spectacles or lens; cosmetic surgery, plastic surgery and the like, except and to the extent that any such treatment is necessary for the cure or alleviation of an Injury to the Insured;
 12. vaccinations, immunization, injections, preventive medication or preventive care;
 13. pregnancy, childbirth, miscarriage, abortion and all complications in connection therewith;
 14. any expense incurred after a person has ceased to be insured under this benefit or after this benefit has been terminated;
 15. expenses recoverable from a Third Party
 16. any investigation, treatment or surgical operation for Congenital Conditions;
 17. alternative treatment including but not limited to acupuncture, Tui Nai, hypnotism, rolfing, massage therapy and aroma therapy; or
 18. any charges for birth control or reversal of birth control, infertility including in-vitro fertilization or any other artificial method of inducing pregnancy, sterilization, sexual dysfunction including but not limited to impotence and the like.
- Exclusions for Worldwide Emergency Assistance Benefits and China Medpass Service
 1. Pre-existing conditions which manifested themselves prior the commencement of the trip;
 2. pregnancy, maternity or any related complications;
 3. Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, deep-sea diving utilizing a hard helmet with air hose attachments, scuba-diving, water motorcycling, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes or guides, parachuting or martial arts;
 4. costs which would have been payable if the event giving rise to the intervention of Inter Partner Assistance Hong Kong Limited ("I.P.A.") had not occurred;
 5. any treatment that can be reasonably delayed according to I.P.A.'s doctor's opinion until the Insured returns to his or her Country of Residence;
 6. drug addiction or abuse, alcohol abuse, sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases;
 7. congenital abnormalities;
 8. injuries sustained or illnesses contracted as a result of participation in illegal acts;
 9. services rendered without the authorization and/or intervention of I.P.A.;
 10. expenses incurred where the Insured, in the opinion of the I.P.A.'s doctor, is physically able to return to his or her Country of Residence sitting as a normal passenger and without a medical escort;
 11. medical conditions related to psychiatric disorders; or
 12. the Insured's engaging in any form of aerial flight except as a fare paying passenger on a regular scheduled flight or licensed charter aircraft over an established route.

The final list of exclusion is subject to the group insurance policy issued by Sun Life Hong Kong Limited.

Key Product Risks

1. The cost of living and medical cost in the future are likely to be higher than it is today due to inflation, so the benefit may be insufficient to meet the Insureds' needs even if Sun Life Hong Kong Limited ("Sun Life Hong Kong") meets its contractual obligation. The Policy Owner should hence consider the impact of inflation when planning the benefit for its Insureds.
2. This plan is an insurance policy issued by Sun Life Hong Kong and the benefits are subject to the paying ability of Sun Life Hong Kong. In the event that Sun Life Hong Kong becomes insolvent and is unable to meet the contractual obligation under the policy, the Policy Owner and Insureds with premium contribution (if applicable) may lose all or part of their premium paid and benefits.
3. This plan is not guaranteed renewable.
4. Renewal premium may be adjusted according to the overall loss ratio of the SunMaster Group Medical Package. Sun Life Hong Kong shall have the right to accept or reject any application and offer renewal.
5. i. Sun Life Hong Kong has the right to terminate this policy upon the earliest of the following:
 - a. Premium is still unpaid and the grace period* expires; or
 - b. On any Policy Anniversary:
 - i. if the insurance plan is Non-contributory, fewer than the total number of Eligible Persons are insured under this Policy; or
 - ii. if the insurance plan is Contributory, fewer than 75 percent of the total number of Eligible Persons are insured under this Policy, provided that Sun Life Hong Kong gives the Policy Owner at least 30 days' notice of its intent to terminate.
 - ii. After termination of this policy or any Benefit, the Policy Owner may apply for reinstatement, which will be subject to the consent of Sun Life Hong Kong and to the terms and conditions which Sun Life Hong Kong may impose including the payment of any premium due and not paid together with interest at a rate to be decided by Sun Life Hong Kong.
 - iii. All benefits in the Schedule of Benefits will terminate automatically upon the termination of the Hospitalization and Surgical Expenses Benefit to which this benefit is attached. This Benefit may be discontinued upon written request to Sun Life Hong Kong. In respect of any individual Insured, this Benefit will terminate automatically on Insured's Benefit cessation age. Termination of this Benefit will be without prejudice to any claims arising prior to the date of termination.

* See point 3 of Important Information.

Important Information

1. The policy shall be effective subject to the completion of Application Form and payment in advance of the first premium due on the Policy Effective Date.
2. This product brochure is a product summary intended for reference and use in Hong Kong only. Please refer to the Policy Document for definition of capitalized terms, and full terms, conditions and exclusions. If there is any conflict between the Policy Document and this brochure, the Policy Document shall prevail.
3. A grace period of thirty (30) days from each Premium due date will be allowed for the payment of each Premium (other than the first). During the grace period, this Policy will remain in force unless terminated and accordingly, if an Insured dies or an event on which insurance becomes payable occurs during the grace period, we will, subject to the terms and conditions of this Policy, pay the insurance. If any Premium with respect to any or all Insureds or any class of Insured is not paid before the expiration of the grace period, the insurance under this Policy will terminate automatically with respect to all such Insureds at the expiration of the grace period, except that if the Policy Owner gives us written notice of earlier discontinuance at the commencement of or during the grace period, the insurance under this Policy will terminate with respect to all such Insureds as of that earlier date. The Policy Owner will be liable to us for all unpaid Premiums with respect to any Insured for the period (including a pro-rata premium for the grace period) during which the insurance under this Policy was in force with respect to such Insureds.
4. The Policy Owner shall give at least 30 days prior written notice to Sun Life Hong Kong to cancel this policy and shall not be entitled to a refund of premium paid (if any) under this policy.
5. Under the Insurance Ordinance (Cap. 41), Insurance (Levy) Order and Insurance (Levy) Regulation, all in-force policies are subject to a levy. The levy rate and the maximum levy payable per Policy Year is set out in the below table.

Policy Inception Dates / Policy Anniversary Dates (Both dates inclusive)	Levy rate	Maximum Amount of Levy (HKD) per Policy Year for Group Life Policy	Maximum Amount of Levy (HKD) per Policy Year for Group Medical policy
1 January 2018 to 31 March 2019	0.040%	40	2,000
1 April 2019 to 31 March 2020	0.060%	60	3,000
1 April 2020 to 31 March 2021	0.085%	85	4,250
1 April 2021 onwards (Inclusive of that date)	0.100%	100	5,000

6. Levy payable is calculated at applicable levy rate of premium.
7. Policy Owners shall pay the levy in FULL on each premium payable.
8. Levy collected will be remitted to the Insurance Authority in accordance with the prescribed arrangements.

For more information, please contact your Sun Life Financial Consultant / insurance intermediary.

Sun Life Hong Kong Limited

(Incorporated in Bermuda with limited liability)

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Dental Package Plan (DT1)

牙科保健計劃

To be provided by appointed dentists
由特約牙醫提供牙科保健服務

Primary Dental Care 基本牙科計劃

Items 計劃內容		Frequency per Policy Year 計劃年內次數
Routine oral examination	口腔檢查	Unlimited 無限次數
Treatment planning	治療計劃	
Scaling & polishing	洗牙服務	Once per year 每年一次
Oral hygienic instruction	口腔衛生護理指導	
Preventive advice	口腔疾病預防建議	
Anterior composite fillings due to decay (canines and incisors only)	由蛀牙引起的瓷粉補牙 (只限門牙及犬齒)	Unlimited 無限次數
Amalgam fillings due to decay	由蛀牙引起銀粉補牙	
Simple extraction (excluding wisdom teeth & surgical extraction)	簡單脫牙 (不包括智慧齒及手術脫牙)	
Intra-oral x-ray	口腔 X光檢驗 (口內)	
Drugs therapy for relief of pain and infection	舒緩痛楚及感染之藥物	
Drainage of abscesses (without surgery)	清除牙瘡治療 (不需手術清除牙瘡)	
Dressing to relieve acute toothache	臨時補牙治療 (牙齒止痛)	
Emergency consultation within office hours	緊急診症服務 — 辦公時間內	

Annual Fee: \$525/member

費用：每位 \$525

The annual fee is payable in advance annually and will be adjusted on a daily pro-rata basis for any addition and termination of members at the end of each Policy Year.

每位客戶須於每一年預繳年費，任何成員人數的加減將於計劃年度期末按每日的比例作出調整。

EXCLUDED CONDITIONS AND ITEMS FOR DENTAL BENEFITS 牙科保健保障的不保項目

- Any extraction for orthodontic reasons. 任何因牙齒矯正所需之脫牙。
- Any dental treatment for the purpose of beautification. 任何美容性質之牙科治療。
- All re-treatments of previous dental procedures. 所有重做之牙科治療。
- Any treatments that require the attention of a dental specialist. 任何需要牙科專科醫生跟進之治療。

The Dental Package Plan is provided by appointed dentists who are third party service providers. The Dental Package Plan is not guaranteed renewal. The types and limit of Dental Benefits provided by the appointed dentists are governed by provision of the appointed dentists. Please contact your Sun Life Financial Consultant / insurance intermediary for details.

牙科保健計劃是由特約牙醫第三方供應商提供服務，該牙科保健計劃並非保證續保。有關牙科保健保障及限制均受特約牙醫之保障條款所約束，如欲了解細則，請聯絡永明金融理財顧問或保險中介人。

This insert should be read in conjunction with the SunMaster Group Medical Package Plan booklet or group insurance proposal.
此單張應與「永明僱員福利計劃系列智選團體醫療保險計劃」小冊子或團體保險建議書一併閱讀。

