MEDICAL INSURANCE PLAN FOR RETIREES / LONG SERVING LEAVERS OF

THE CHINESE UNIVERSITY OF HONG KONG

(July 2023)

Arranged by
Mercer (Hong Kong) Limited

CONTENTS

FOREWORD

This booklet summarises the coverage of the Medical Insurance Plan for Retirees/ Long Serving Leavers (the Plan) set up with the help of The Chinese University of Hong Kong (the University) for all eligible retirees/leavers and their spouses. It is a self-paid insurance plan between the retirees/leavers and the Insurer. The coverage provides financial protection in the event you need medical care for an injury or illness.

The medical benefits are insured by Liberty International Insurance Limited (the Insurer) and managed by Mercer (Hong Kong) Limited.

Whilst every effort has been made to ensure the accuracy of the contents of this booklet, it must be clearly understood that should there be any discrepancy between this booklet and the provisions of the contract with the Insurer, then the contract shall prevail.

You should study this booklet carefully so as to gain a good understanding of how the Plan operates. For enquiries, you may contact:

General enquiry:	Mercer (Hong Kong) Limited (2864 5490 / 2864 2656)
Eligibility and Enrolment for joining the Plan:	CUHK Human Resources Office (Eligibility) (3943 1955 / 3943 7291 / 3943 1987) CUHK Finance Office (Enrolment) (3943 7236)
Medical issues and potential claim situation:	Liberty International Insurance Limited (2892 3809)
Tracking claim status:	Liberty International Insurance Limited (2892 3809)

1. GENERAL INFORMATION

1.1 Policy Effective/Anniversary Date

The Policy Effective Date is 1 July 2005 and the Anniversary Date is 1 July each year.

1.2 Eligibility

You may apply to join the Plan if you are under the age of 70 and meet the following service criteria upon retiring from or leaving University service:

a) as a staff member on regular terms of service, you are retiring after having served the University for not less than 10 years; or
b) as a full-time or fractional-time staff , you are leaving University service on resignation or completion of contract after having completed not less than 10 years' continuous full-time or fractional-time University service; or
c) you have at least 5 years' continuous membership under the University Voluntary Top-up Medical Insurance Scheme immediately prior to leaving University service.

You must apply within 21 days from the date of retirement / departure from the University service.

As this scheme has a maximum entry age limit of "before 70", if your employment with the University will go beyond age 70, you are allowed to enrol into the scheme before reaching the age of 70 irrespective of your employment status. The enrolment should include your spouse irrespective of his/her age. On the other hand, if your spouse will reach age 70 before you while you are still in University employment, your spouse alone shall join the MIPR first before reaching 70.

In all circumstances, while you / your spouse are covered by both the University's SMBS and MIPR, SMBS should be the first claim, i.e. only eligible expenses in excess of the SMBS coverage will be entitled to reimbursement in the MIPR policy.

However, if you are moving from the University straight into another employment within a 3-month period **after your retirement** and the new employer provides a medical protection/insurance scheme, then you may defer your application until you leave that position. Indeed, if your new employer does not extend medical cover to your spouse, you may enrol your spouse into the Plan first and enrol yourself later when you leave the said employment. You must inform the Insurer about your intention to defer the application within 21 days after your retirement from the University. However, for an eligible participant who happens to be hospitalised on the day he/she first becomes eligible, cover will commence only on the day immediately following the termination of such hospital confinement.

No medical examination is required for the purpose of enrolment.

While information about this Plan will be promulgated in the "Notes for Retiring Appointees" on the Human Resources Office's homepage, the University will not be able to inform eligible leaving appointees individually except for retirees defined under section 1.2(a) . Such eligible appointees who are interested in joining the Plan should follow the enrolment procedure as set out in section 1.4 below.

Retiring and long-serving leaving staff may approach the Human Resources Office for clarification if they have doubt in their eligibility for the Plan.

1.3 Spouse's Cover

If you are married at the time of your application to join the Plan or you marry after you have joined, you should enrol your spouse, unless he/she is:

a) already aged 70 or above or
b) normally residing outside Hong Kong or
c) covered under medical benefits provided by the spouse's employer.

For situations b) and c), he/she will be eligible to enrol when he/she returns to reside in Hong Kong or cease(s) to be covered by medical benefits provided by the spouse's employer. You should submit documentary proof of such an occurrence in support of your application.

If you do not enrol your spouse at the first opportunity, you will not be able to do so at a later date.

If your spouse is confined in a hospital on the date the insurance would otherwise have become effective, cover shall commence only on the day immediately following the termination of such hospital confinement.

1.4 Enrolment

You will need to complete and return an application form (obtainable from the Finance Office website stated below) together with a cheque for the premium payment to Payroll and Superannuation Unit of Finance Office **within 21 days** from the date of your retirement / departure from the University service. Once your application form has been processed, each applicant will receive a confirmation letter sent by the Insurer as an evidence of participation in the Plan. There will be no refund of the premium paid should your membership of the Plan cease prematurely.
https://www.fno.cuhk.edu.hk/tc/staff/medical-benefits/psu/medical-insurance-plan-for-retirees-long-serving-leavers-mipr/

If you are joining the Plan after an Anniversary Date, you will be charged a pro-rata premium for the first partial year of membership calculated with reference to your eligibility start date (i.e. the date following your retirement/departure from the University service). However, you should still enclose full year premium payment in the first instance and any premium overpaid will be refunded to you after the amount of pro-rata premium is determined by the Insurer.

1.5 Cost of the Plan

The age-related annual insurance premium that you have to pay to participate in the Plan is set by the Insurer and will be published in the Finance Office's website below. You have the choice of paying the higher premium rate to bear the lower "Deductible" per Policy Year of HK$10,000 or a lower premium rate for the higher "Deductible" of HK$30,000. The "Deductible" is the initial amount of "eligible expenses" (see sections 2.1 and 2.2 below) that cannot be claimed from the Insurer, which you must bear. If you are applying as a couple, the choice of the level of deductible must be the same for the two of you.

The premium rates are subject to an annual review in the light of the total number of enrolments in the new insurance year and the claim experience of the Plan in the current year. Premium rates for the coming insurance year will be uploaded to the Finance Office's website below by early June. The updated rates can also be obtained from the Payroll and Superannuation Unit of Finance Office (Tel: 3943 7236). Existing members will receive a Renewal Invitation from the Insurer in early June every year. Members who are interested in renewing their membership but do not receive any Renewal Invitation should contact the Insurer before the end of a scheme year.

Finance Office Website on the Plan:
https://www.fno.cuhk.edu.hk/tc/staff/medical-benefits/psu/medical-insurance-plan-for-retirees-long-serving-leavers-mipr/

1.6 Coverage

The Plan covers those specialist outpatient/in-patient care referred by a Registered Medical Practitioner (RMP)* and medication, medical tests or treatments arising therefrom. Charges from traditional Chinese medical practitioners, bone-setting or acupuncture treatments are not covered by the Plan.

Geographically, the Plan covers medical expenses incurred in Hong Kong only.

* "Registered Medical Practitioner (RMP)" shall mean a registered and legally qualified practitioner of Western Medicine recognized by the law of Hong Kong SAR, including those practicing in University Health Service (UHS). A Registered Medical Practitioner shall not include the insured member or the insured member's immediate family members.

1.7 Termination of Benefits

The coverage terminates on the cessation of membership in the Plan. All medical expenses incurred after the cessation of membership in the Plan will not be covered. Membership cessation may be by one of the following means:

a) Your specific written advice to the Insurer to withdraw from the Plan;
b) The Insurer's decision not to offer renewal to you;
c) Non-payment of premium;
d) Termination of the Plan;

e) The Anniversary Date which coincides with or is immediately after you have attained the age of 100**.**

Any case of dishonesty or wilful misrepresentation in making the declaration at the time of application for joining the Plan and in the claiming of benefits by a member will result in the immediate termination of his or her membership from the Plan.

1.8 Future Plan Changes

The University and the Insurer hope to continue the Plan on a long-term basis, but reserve the right to modify, amend, or discontinue any or all of the provisions of the Plan at any time.

2. MEDICAL BENEFITS

2.1 Key Features

The Plan covers hospital and surgical treatment (but not maternity delivery services), as well as specialist consultations (including medication, medical tests and medical treatments arising out of such consultations), subject to referral letter by a RMP. It should be noted that all referral will be valid for a period of not more than 12 months from the date of referral letter issuance. Members are advised to consult the insurance company beforehand for flexibility allowed for chronic illnesses.

Other key features of the coverage are as follows:

a) The overall maximum benefit is HK$450,000 per Policy Year per insured person. Should hospitalisation straddle Policy Years, all the medical expenses for the confinement will need to be claimed against the first Policy Year only. Please refer to the Schedule of Benefits for details / sub-limits of benefits.

b) Cover extends to pre-existing medical conditions, subject to pre-specified limits (see section 2.3 below).

c) There is a choice of Deductibles ("eligible expenses" that you have to bear before any reimbursement by the Insurer) of either HK$10,000 or HK$30,000 per Policy Year. You should note that non-eligible medical expenses incurred cannot be counted towards the Deductible. These include, but are not limited to, expenses for treatment not referred by RMP, maternity-related expenses and other expenses referred to in section 3 (Exclusions) below.

d) There is a cash benefit of HK$500 per night for up to 180 nights per Policy Year should hospitalisation be for a minimum of 2 nights in an open ward of a Hospital Authority (HA) hospital. This benefit is not subject to the Deductible. However, this benefit shall not be applicable if such hospitalisation incurs expenses other than the room charges that are payable under the Policy.

e) Hospitalisation coverage will be up to the level of charges that is associated with confinement in a semi-private room (second class accommodation).

2.2 Eligible Expenses

Only expenses incurred for specialist outpatient/inpatient care, with prior referral by a RMP, will be covered and counted towards the Deductible.

The amount of medical expenses incurred that will be counted towards "eligible expenses" under the Plan will be determined in accordance with a 'Schedule of Benefits' as set out in the Appendix. This Schedule will be applicable for expenses incurred in HA hospitals, private hospitals or clinics.

Accident and Emergency (A&E) expenses at HA hospitals alone are not "eligible expenses" and will not count towards the Deductible. However, an A&E visit at an HA hospital followed by immediate hospitalisation will be an eligible expense.

2.3 Coverage of Pre-existing Medical Conditions

A special concession of the Plan is that it will cover your pre-existing medical conditions, if any (except any hospitalisation and/or surgical treatment that have been planned prior to your application to join the Plan), subject to a per Policy Year sub-benefit limit as below:

Pre-existing conditions will be covered up to the following limits per Policy Year which is determined by the member's age when he/she enters the Plan, subject to the Deductible:

HK$200,000 for those up to age 64
HK$150,000 for age group 65 to 69

As a further concession, full cover will be reinstated for a pre-existing condition after 18 months of membership. When this is on a date other than 1 July, the coverage during the Policy Year of reinstatement (of full cover) of a pre-existing condition will be pro-rated.

A pre-existing medical condition is defined as follows:

a) Any injury, illness or condition and/or directly related conditions for which the member showed symptoms or has received medical treatment or advice or of which the member was aware or could reasonably be expected to be aware prior to/on the first day of insurance.

b) Notwithstanding a) above, the following disabilities when occurring during the first six months of membership will be deemed pre-existing conditions:

- cataracts
- hallux valgus
- diabetes
- hyperthyroidism
- kidney, urethra or bladder disease
- gall stones
- gastric or duodenal disease
- hypertension
- haemorrhoids
- tumours/lumps of internal organs, skin, muscular tissue & bone

3. EXCLUSIONS

The following treatment, conditions, activities, items and their related expenses are not covered by the Plan:

a) Any hospitalisation and/or surgical treatment that have been planned prior to your application to join the Plan.

b) Medical expenses incurred outside Hong Kong.

c) Charges for non-medical services such as telephone, television, radio and the like services provided by the Hospital.

d) Tests and treatment relating to infertility, contraception or sterilisation.

e) All dental treatment or surgery (except dental procedures necessary to restore or replace sound natural teeth lost or damaged as the result of an accident.

f) All transportation costs incurred for trips specifically made for the purpose of obtaining medical treatment.

g) Services or treatment at any institution that is mainly a long-term care facility, spa, hydro-clinic, or sanatorium and that provides only incidental or limited hospital services.

h) Cost resulting from abuse of alcohol and drug addiction or abuse.

i) General medical consultations, Chinese medical practitioners, bone-setting or acupuncture treatments and related medication (consultations for specialist treatment will be covered, but must be supported by a written referral from a Registered Western Medical Practitioner).

j) Routine medical examinations (including vaccinations, the issue of medical certificates and attestations and examinations as to suitability for employment or travel). Routine eye and ear examinations, including the cost of spectacles, contact lenses, correction of eye visions or eye refraction and hearing aids.

k) Tests primarily for investigations or diagnosis and tests not incidental to treatment or diagnosis of a covered illness or injury or any treatment which is not medically necessary. Treatment or investigations of an optional nature (e.g. requests for osteoporosis testing, hepatitis testing, gynaecology check ups, cholesterol check ups).

l) Elective cosmetic surgery.

m) Those of external devices or equipment used in the medical treatment concerned.

n) Charges for the procurement or use of special braces, appliances, wheel chairs, crutches or other equipment.

o) Maternity Care; including childbirth, miscarriage, abortion, prenatal care, postnatal care and other complications arising therefrom.

p) Acquisition cost of organ for transplantation and all expenses incurred by the donor.

q) Motor car racing, motorbike racing, horse racing and all professional sports.

r) Treatment not undertaken by or on the recommendation of a registered medical practitioner. Treatment that is not scientifically recognised, and non-medical services.

s) Treatment for injuries resulting from participation in war, riot, civil commotion or an illegal act, including resultant imprisonment.

t) Treatment for injuries or illness incurred while serving as a member of police or military forces.

u) Claims for costs of treatment in respect of medical expenses incurred after the expiry date of the Master policy arising from Bodily Injury and/or Sickness occurring during the insurance period unless the insurance has been renewed.

v) Other items as a current practice unacceptable for medical reimbursement (e.g. in-hospital companion bed; items not listed in the Government Gazette; receipts on payments that are not itemised and not showing specific treatment and separate charges for different items; laboratory expenses not specifically defined).

4. CLAIMS PROCEDURE

4.1 Referral

You should carefully note that if you seek medical services (specialist outpatient or in-patient care) without prior referral by a RMP, the related expenses will not be eligible for reimbursement.

Prior consultation with a RMP for emergency conditions may not always be possible, especially after its normal office hours. In such circumstances, you are advised to attend an A&E Department of any HA hospitals or other 24-hour non-HA clinics, and obtain supporting documents from the hospital in case of emergency admission. Related expenses (including hospitalisation, surgery and follow-up specialist care) will then be accepted for consideration of reimbursement with the supporting documents.

4.2 Deductible

Although you will have to bear your selected Deductible, you will still need to submit the receipts for all "eligible expenses" to the Insurer so that the Insurer will be able to determine when the Deductible has been reached and subsequent "eligible expenses" should be reimbursed.

Submission period for claims within the deductible amount is extended to 6 months.

4.3 Medical Claims Procedure

You should carefully observe the following claims procedure for the different types of expenses so as to avoid unnecessary delay in obtaining your reimbursement.

a) Settle the bill first and obtain a receipt from the specialist clinic/hospital.

b) Complete the "Medical Insurance Plan for Retirees / Long Serving Leavers (MIPR) Claim Form" (Claim Form) which is obtainable from Finance Office's website below. You may use photocopies of the blank Form.
(https://www.fno.cuhk.edu.hk/tc/staff/medical-benefits/psu/medical-insurance-plan-for-retirees-long-serving-leavers-mipr/)

c) Submit the completed Form, bill, original receipt(s), and a photocopy of the referral letter to the Insurer for processing.

d) Keep a copy of the documents set out in sub-paragraph 4.3(c) above for your own record.

e) Claims must reach the Insurer within 90 days of the date of treatment or, for those related to hospital and surgical treatment, within 90 days after discharge from the hospital. Late submission of claims will be rejected by the Insurer.

f) It normally takes the Insurer up to 60 days to process your claim and a "Claim Summary" will be sent to your e-mail address (or correspondence address if e-mail account is not available), whether your eligible expenses exceed your chosen Deductible or not. Reimbursement will only be made to your bank account after your eligible expenses exceed your chosen Deductible and provided supporting information is complete.

The additional information required and detailed procedures for the different types of claims are set out below.

Specialist Outpatient Care

You should always obtain an official receipt from the clinic. The receipt must include the following information:

a) full name of the patient
b) date of consultation
c) diagnosis
d) medical charges
e) signature of the doctor
f) operation performed (if applicable)

Please also attach a photocopy of the referral letter issued by a Registered Medical Practitioner, which should state the name of the Specialist to whom you are referred. Your doctor is free to refer you to any specialist of his/her choice. However, self-referral is not accepted. You are reminded to retain the original copy of the referral letter for future use and make photocopy for submission with each future claim (on condition that the referral is still valid).

If you are submitting a prescription expense, you should attach a photocopy of the prescription/letter issued by the attending doctor, which should show the name of the medication, and the number of days of medication required.

Hospitalisation

1) You should always obtain an official receipt from the attending doctor and the hospital. The receipt must include the following information:

a) hospitalisation period;
b) full name of the patient;
c) details of the charges; and
d) diagnosis.

2) If you confine in an HA hospital, you should request the doctor to provide you with a Discharge Summary and forward this with your claim; If you confine in a non-HA hospitals, you should request your treating Physician to complete Part III of the Claim Form.

APPENDIX

Medical Insurance Plan for Retirees / Long Serving Leavers
Schedule of Benefits

		HK$
Reimbursement Percentage		**100%**
Room Class		Semi-Private Room
Room and Board, per day limit Maximum no. of days per policy year		$2,010 365
Intensive Care Unit, per day limit Maximum no. of days per policy year		$7,820 365
Hospital Special Services, per policy year limit (including clinical investigation - X-ray examination, ECG examination, Ultrasonic examination / Organ imaging, Radioisotope scan, CT scanning, MRI scan)		$40,000
Surgical Fees per confinement	- Complex Operation - Major Operation - Intermediate Operation - Minor Operation	$79,500 $48,850 $24,440 $10,000
Operating Theatre Charges	- Complex Operation - Major Operation - Intermediate Operation - Minor Operation	$19,360 $17,110 $8,570 $3,500
Anaesthetist's Fee per confinement	- Complex Operation - Major Operation - Intermediate Operation - Minor Operation	$19,360 $17,110 $8,570 $3,500
In-patient Doctor's Consultation, per day limit Maximum no. of days per policy year		$640 365
In-Hospital / Out-Patient Specialist Fees * per day limit Maximum no. of days per policy year		$1,380 365
Clinical Prescribed Drug and Medicine/Target Therapy#, per policy year limit		$150,000
Chemotherapy Expense , per policy year limit		$400,000
In-patient / Out-Patient Therapy Treatment #, per day limit (including : Physiotherapy / Occupational therapy / Speech Therapy) Maximum no. of days per policy year		$315 365
Post Hospitalization Treatment per day limit (within 30 days immediately following discharges from hospital)		$1,380
Clinical Oncology for Radiotherapy per policy year (including planning, moulding, teletherapy, brachytherapy and similar therapeutic procedure)		$100,000
Mental Illness and Psychiatric disorders, per policy year limit (including Psychotherapy treatment at $440 per visit)		$15,000
HIV / AIDS treatment, per policy year limit		$15,000
Self-inflicted injuries treatment, per policy year limit		$30,000
Daily Cash - Government Ward (confinement at least 2 nights), per day limit Maximum no. of days per policy year		$500 180
Overall annual limit per policy year		**$450,000**

** Referral letter is required for Specialist Consultation & In-patient Care either referred by University Health Services (UHS) or any Registered Medical Practitioner in Western Medicine.*
 # Specialist Referral letter is required for Clinical Prescribed Drug & Medicine.

The above scale is subject to changes as may be made and approved by the University/Insurer from time to time. For reimbursement claims of expenses for items not shown in the above table, the Insurer has the authority and discretion to determine whether or not the claims should be accepted and if so the amount to be reimbursed.