

Employee Medical Care Plan

僱員醫療保障計劃

Terms and Conditions

條款及細則

Please read these terms and conditions carefully.
Should you have any queries, please contact us for assistance.
請詳細閱讀此條款及細則。如有任何查詢，請與我們聯繫。

Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of AIA Group Limited. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

藍十字（亞太）保險有限公司乃友邦保險控股有限公司之子公司，與Blue Cross and Blue Shield Association 及其任何關聯公司或持牌人並無任何關聯。

TERMS AND CONDITIONS FOR EMPLOYEE MEDICAL CARE PLAN

INSURING CLAUSE

The Policyholder and the Company agree that:

1. this Policy including any endorsement attached to this Policy shall be read together as one contract formed between the Policyholder and the Company;
2. the Application and declaration that have been completed and provided to the Company are the basis of this contract and are deemed to be incorporated herein;
3. all statements made by or for the Insured in the Application, and in any questionnaire or amendment shall be treated as representations and not warranties;
4. this Policy comes into force on the Effective Date as specified in the Schedule of Benefits on the condition that the Policyholder has paid the first premium in full and the Application has been approved by the Company; and
5. the Policyholder shall ensure that the Insured is aware of the content of the Policy and duly complies with the terms insofar as relevant to him.

DEFINITIONS

Unless the context otherwise requires, the definitions below apply to the following words and phrases wherever they appear in these terms and conditions, Schedule of Benefits, Schedule of Insured or any endorsement attached to this Policy:

1. **"Accident"** shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured and caused by violent, external and visible means.
2. **"Age"** shall mean the age at the nearest birthday of an Insured on the Insured Effective Date or Renewal date.
3. **"Anaesthetist"** shall mean a Specialist in anaesthesiology.
4. **"Application"** shall mean the application submitted to the Company in respect of this Policy, including but not limited to the application form, evidence of insurability, any documents or information submitted and any statements and declarations made in relation to such application.
5. **"Benefits Provisions"** shall mean the terms and conditions under the Benefits Provisions section of these terms and conditions.
6. **"Child"** shall mean a person who:
 - a) has attained the Age of 12 days;
 - b) has never been married;
 - c) is financially dependent upon an Insured; and
 - d) is under the Age of 19, or is under the Age of 26 and is in full-time education at a recognised educational institution.
7. **"Chinese Medicine Practitioner"** shall mean a Chinese medicine practitioner who is a) duly registered with the Chinese Medicine Council of Hong Kong pursuant to the Chinese Medicine Ordinance (Cap. 549) of the Laws of Hong Kong) or in relation to jurisdictions outside of

Hong Kong, a body of equivalent standing; and b) legally authorised for practising Chinese medicine in the locality where the treatment is provided to the Insured, but in no circumstance shall include the Insured, the Policyholder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Insured.

8. **"Chiropractor"** shall mean a person who is a) duly registered with the Chiropractors Council pursuant to the Chiropractors Registration Ordinance (Cap. 428 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising chiropractic in the locality where the treatment is provided to the Insured, but in no circumstance shall include the Insured, the Policyholder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Insured.
9. **"Company"** shall mean Blue Cross (Asia-Pacific) Insurance Limited.
10. **"Confinement"** or **"Confined"** shall mean an admission of the Insured to a Hospital for a stay as an Inpatient upon the recommendation of a Physician in writing. For the avoidance of doubt, such recommendation must be obtained prior to the discharge of the Insured.
11. **"Congenital Conditions"** shall mean any medical, physical or mental abnormalities existed at the time of birth, whether or not being manifested, diagnosed or known about at birth or any neo-natal abnormalities developed within 6 months of birth.
12. **"Country of Residence"** shall mean the country where an Insured primarily lives and works for a continuous period of over 90 days within 365 days preceding the date of Injury.
13. **"Credit Facilities Services"** shall mean the credit facilities services offered by the Company including but not limited to the healthcare card and the letter of guarantee.
14. **"Day Case Procedure"** shall mean a Medically Necessary surgical procedure which is performed in an outpatient facility. An outpatient facility may refer to a) a Physician's clinic; or b) a day case centre, a day care centre or an outpatient department or equivalent facility established and operated by a Hospital.
15. **"Dental Condition"** shall mean a dental condition marked by a pathological deviation from the normal sound state.
16. **"Dentist"** shall mean a person who is a) duly registered with the Dental Council of Hong Kong pursuant to the Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for rendering dental treatments or services in the locality where the treatment is provided to the Insured, but in no circumstance shall include the Insured, the Policyholder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Insured.
17. **"Dependant"** shall mean the Insured's spouse and Children.
18. **"Developmental Conditions"** shall mean disorders which manifest signs of early, delay or impairment in a

child's physical, mental, cognitive, motor, language, behavioural, social interaction, learning or other development when compared to the normal healthy state of person at the given age, level or stage of development.

19. **"Disability"** shall mean a Sickness or Disease arising from a pathogenic cause, or an Injury, including any and all complications therefrom. Any subsequent Sickness, Disease or Injury arising after 90 days following the latest discharge from the Hospital, latest medical consultation or laboratory test or completion of a course of Prescribed Medicines and Drugs (whichever is the latest) arising from the same pathogenic cause or Accident shall be considered as a new Disability.
20. **"Effective Date"** with respect to the Period of Insurance shall mean the date when the applicable benefits of this Policy take effect, which is specified as "Effective Date" in the Schedule of Benefits or any endorsement to this Policy.
21. **"Eligible Expenses"** shall mean expenses for Medically Necessary treatment or services rendered with respect to a Disability or Dental Condition. In any event, the amount shall not exceed the actual charges incurred and the relevant maximum benefit limits as specified in the Schedule of Benefits.
22. **"Eligible Public Hospital"** shall mean a public Hospital which is wholly owned or subvented by the government of Hong Kong and operated or supervised by the Hospital Authority.
23. **"Hong Kong"** shall mean the Hong Kong Special Administrative Region of the People's Republic of China.
24. **"Hospital"** shall mean an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as resident patients, and which:
 - a) has facilities for diagnosis and major operations;
 - b) provides 24 hours nursing services by licensed or registered nurses;
 - c) maintains a Physician; and
 - d) is not primarily a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.
25. **"Immediate Family Member"** shall mean a person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian.
26. **"Injury"** shall mean any bodily damage solely caused by an Accident independent of any other causes.
27. **"Inpatient"** shall mean an Insured a) who is registered as a resident bed patient in a Hospital for receiving Medically Necessary treatment of any Sickness, Disease or Injury, which cannot be performed safely in an outpatient setting; and b) whose occupancy of a bed is evidenced by a daily room and board charges invoiced by a Hospital.
28. **"Insured"** shall mean any person who is insured under this Policy, and named as the "Insured" in the Schedule of Insured or the subsequent endorsement to this Policy.
29. **"Insured Effective Date"** shall mean the first day when the Insured is covered by the Policy.
30. **"Medically Necessary"** shall mean the need to have treatment or service for the purpose of treating a

Disability or Dental Condition in accordance with the generally accepted standards of medical practice and such treatment or service must:

- a) require the expertise of a Chinese Medicine Practitioner, Chiropractor, Dentist, Registered Medical Practitioner, Physiotherapist or Specialist as the case may be;
 - b) be consistent with the diagnosis and necessary for the treatment of the condition;
 - c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the Insured, his family members, caretaker or attending practitioner; and
 - d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
31. **"Period of Insurance"** shall mean the period of time the Policy is in force, which is specified as "Period of Insurance" in the Schedule of Benefits or any subsequent endorsement to this Policy.
 32. **"Physician", "Registered Medical Practitioner" or "Doctor"** shall mean a medical practitioner who is a) duly registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161) of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for rendering medical and surgical service in the locality where the treatment is provided to the Insured, but in no circumstance shall include the Insured, the Policyholder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Insured.
 33. **"Physiotherapist"** shall mean a person who is a) duly registered with the Supplementary Medical Professions Council of Hong Kong pursuant to the Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising physiotherapy in the locality where the treatment is provided to the Insured, but in no circumstance shall include the Insured, the Policyholder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Insured.
 34. **"Policy"** shall mean this "Employee Medical Care Plan" policy underwritten and issued by the Company, which refers to the entire contract between the Policyholder and the Company including but not limited to these terms and conditions, Application, declaration, Schedule of Benefits, Schedule of Insured, and any attachments or endorsements attached thereto, if applicable.
 35. **"Policyholder"** shall mean the company, firm, institution, organisation or business entity which owns this Policy and is named as the "Policyholder" in the Schedule of Benefits or subsequent endorsement to this Policy.
 36. **"Pre-existing Conditions"** shall mean any disability which presented signs or symptoms of which the Insured was aware or should reasonably have been aware or for which the Insured received medical or surgical care or treatment within 90 days immediately preceding the Insured Effective Date, unless the Insured has been covered under the Policy for not less than 365 days.

37. **“Prescribed Medicines and Drugs”** shall mean the western medicines and drugs as prescribed by a Physician for the treatment of a covered Disability.
38. **“Reasonable and Customary”** shall mean a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatment, services or supplies to individuals of the same sex and age, for a similar disease or injury. The “Reasonable and Customary” charges shall not in any event exceed the actual charges incurred. In determining whether an expense is “Reasonable and Customary”, the Company may make reference to the following (if applicable):
- the gazette issued by the Hong Kong government which sets out the fees for the private patient services in public hospitals in Hong Kong;
 - industrial treatment or service fee survey;
 - internal claim statistics;
 - extent or level of benefit insured; and/or
 - other pertinent source of reference in the locality where the treatments, services or supplies are provided.
39. **“Renewal” or “Renew”** shall mean the Policy is renewed without any lapse of time upon its expiry.
40. **“Schedule of Benefits”** shall mean a schedule of benefits attached to this Policy which sets out the benefits conditions and maximum benefits covered (as revised from time to time).
41. **“Schedule of Insured”** shall mean a schedule attached to this Policy which sets out the particulars of each Insured and his eligible benefits under this Policy.
42. **“Sickness” or “Disease”** shall mean a physical or medical condition marked by a pathological deviation from the normal healthy state.
43. **“Specialist”** shall mean any Physician who is a) registered in the Specialist Register of the Medical Council of Hong Kong or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising specialist care according to his qualified specialty in the locality where the treatment is provided to the Insured.
44. **“Surgeon”** shall mean a Specialist who is qualified to perform a surgical procedure or operation.

GENERAL CONDITIONS

Interpretation

- Throughout this Policy, where the context so admits, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.
- Headings are for convenience only and shall not affect the interpretation of this Policy.
- A time of day is a reference to the time in Hong Kong.
- Unless specifically stated in any endorsement attached to this Policy, should any conflict arise in respect of any terms in this Policy and any other material produced by the Company, these terms and conditions shall prevail.

- Unless otherwise defined, capitalised terms used in this Policy shall have the meanings ascribed to them under the definitions section of these terms and conditions.
- The English version is the official version of this Policy and the Chinese version is for reference only. Should there be any discrepancy between the English and Chinese versions, the English version of the Policy shall apply and prevail.

Additions, Deletions or Changes of Insured

Subject to the conditions of this Policy, the Policyholder shall notify the Company any addition, deletion or changes of Insured within 30 days from the date of such addition, deletion or changes of Insured. The Company shall credit or debit the Policyholder for premium on a daily pro-rata basis from the date of such addition, deletion or changes of Insured.

Alterations

No alteration to this Policy including any endorsement thereto shall be valid unless the same is duly signed by an authorised representative of the Company.

Cancellation

The Policyholder may cancel this Policy by giving not less than 30 days' prior written notice to the Company. The Policyholder may be entitled to a refund of part of the premium paid without interest during the first Period of Insurance if the following conditions are fulfilled: a) no claims have been made; b) there is no outstanding annual premium under the Policy; and c) all healthcare cards (if any) and coupons (if any) are returned to the Company. The premium will be refunded in accordance with the table below:

Period covered from the Effective Date of the first Period of Insurance		Premium to be refunded	
Not exceeding	2 months	75%	of the annual premium
	4 months	55%	
	6 months	35%	
	8 months	15%	
Over 8 months		Nil	

No premium will be refunded to the Policyholder after the end of the 8th month of the first Period of Insurance.

Notwithstanding anything to the contrary, any indebtedness which may be owing under this Policy shall be deducted from the premium to be refunded.

If cancellation shall take place after this Policy has been Renewed upon the expiry of the first Period of Insurance, no premium will be refunded to the Policyholder.

The Company may cease to provide cover to any Insured if any requirement under this Policy has not been complied with and in such event, the Company may refund the premium to the Policyholder on a pro-rata basis for the unexpired Policy period of that Insured. For the avoidance of doubt, the Policy shall remain effective for the remainder of the Policy period in respect of other Insured(s).

Change of Corporate Details

During the Period of Insurance, the Policyholder shall give immediate notice to the Company in respect of any change of address, name or any other change of corporate details.

Change of risk

During the Period of Insurance, the Policyholder shall give immediate notice to the Company in respect of any change of address, residency, occupation of the Insured or any other change of risk which may affect the cover of this Policy. The Company reserves the right to adjust the premium for any period, in the past or future, to effect such change of risk. The Policyholder shall pay the additional premium as required.

Change of Benefits

Any change of benefits or coverage under this Policy as requested by the Policyholder shall only take effect at Renewal or subject to the approval by the Company.

In respect of the Basic Hospital and Surgical Benefits under Section A and the Optional Supplementary Medical Benefits under Section B of the Benefits Provisions, if an Insured is afflicted with a Disability prior to the benefit upgrade, the Insured shall only be entitled to the benefit level in-force at the time when the Disability commences. However, if the benefit upgrade has been in force for 365 days when the Insured receives medical treatment for a Disability that precedes the benefit upgrade, the Insured shall be entitled to the benefit level after the benefit upgrade. Nevertheless, if the Insured is Confined in a Hospital at the time when the benefit upgrade first takes effect ("the Current Confinement"), the benefit upgrade will have no application to the Current Confinement and will only take effect after the Insured is discharged from the Current Confinement.

Clerical Error

Any clerical error shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

Currency of Payment

All the amounts payable to or by the Company shall be made in the currency specified in the Schedule of Benefits or in Hong Kong dollars if not specified. The currency exchange rate is solely determined by the Company with reference to the prevailing market rate.

Eligibility for Coverage

- a) The coverage for all group members is non-contributory, meaning that eligible members of the group are not required to pay any part of the premium and 100% of eligible members of the group shall be covered by this Policy.
- b) Insurance coverage of any member and his Dependant(s) shall be terminated at the same time when the member ceases to be covered by the Policy.
- c) Members whose insurance coverage have been terminated and who re-apply for insurance coverage shall be considered as new members.
- d) Each member shall become eligible for coverage under this Policy when written notification from the Policyholder has been received and approved by the Company. The actual coverage date shall be a date on which the member is actually performing his duties at work for the Policyholder on a full-time basis or on a part-time basis with at least 20 hours of work per week. However, for any member who is absent from work due to

sickness or injury on the date on which he would become eligible for coverage, the actual coverage date shall be the date on which he returns to work.

Governing Law

This Policy is issued in Hong Kong and shall be governed by and construed in accordance with the laws of Hong Kong.

Liability

The due observance of the terms and conditions of this Policy relating to anything to be done or not to be done or to be complied with by the Insured or any other person claiming to be indemnified, and the truth of the contents of the Application, proposal and declaration shall be the conditions precedent to any liability of the Company.

Minimum and Maximum Age

Anyone who is between Age of 12 days and 70 years (both inclusive) is eligible to enrol as an Insured under this Policy. No coverage shall be renewed for any Insured who is over the Age of 75 at the time of Renewal.

Misstatement of Age and/or Sex

Without prejudice to the Company's rights in the case of misrepresentation and fraud, if an Insured's Age and/or sex is misstated in the Application or in any subsequent document submitted to the Company, the Company may adjust the premium, in the past or future, on the basis of the correct Age and/or sex. No benefits shall be payable unless the adjusted premium has been paid.

Where the Insured would not have satisfied the insurability requirements on the basis of the correct Age or sex, the Company has the right to declare the Policy void or refuse to provide cover for that Insured. If a claim has been paid in respect of the Insured who is not insurable according to the Company's requirements, any benefits obtained by the Policyholder and/or the Insured shall become immediately repayable to the Company. The liability of the Company shall be limited to refunding the premium paid for such cover without interest less any benefits paid in respect of the subject Insured.

Misrepresentation/Fraud

The Company has the right to declare this Policy void, demand repayment of any benefits paid and/or refuse to provide coverage under this Policy in case of any of the following events:

- a) any material fact affecting the risk is incorrectly stated in or omitted from the Application or any statement or declaration made by the Insured;
- b) the Policy or any Renewal thereof is obtained through any misrepresentation or suppression;
- c) any claim submitted is fraudulent or exaggerated; or
- d) any declaration or statement in support of the Application or any claim is untrue.

Notices to Company

All notices which the Company requires the Policyholder and/or the Insured to give must be in writing, addressed to and received by the Company.

Other Insurance or Sources

In the event that the Insured is entitled to recover all or part of the expenses from any other insurance or sources, the Company will only be liable for such amount in excess of the amount payable under such other insurance or sources.

Ownership and Discharge under the Policy

The Company shall treat the Policyholder as the absolute owner of the Policy and shall not be bound to recognise any equitable or other interest of any other party in the Policy. The payment of any benefits hereunder to the Policyholder or Insured shall be deemed to be full and effective discharge of the Company's obligations under the Policy.

Rights of Third Parties

Any person or entity who is not a party to this Policy shall have no rights under the Contract (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

Sanctions Limitation and Exclusion Clause

It is hereby declared and agreed that notwithstanding anything to the contrary in this Policy:

(1) The Company may, on such notice in writing as the Company may decide, terminate this Policy at any time, whether with effect from inception of this Policy or otherwise, in circumstances where the Policyholder, the Insured or any person or entity connected with this Policy have exposed or may, in the Company's opinion, expose the Company to the risk of being or becoming subject to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company, or any other applicable economic or trade sanction laws or regulations. The Company shall not thereafter be required to transact any business with the Policyholder and/or the Insured and/or any person or entity connected with this Policy, including but not limited to making or receiving any payments under this Policy.

(2) Without prejudice to paragraph (1) above, this Policy shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any, or any risk of, sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company, or any other applicable economic or trade sanction laws or regulations.

Subrogation

The Company has the right to proceed at its own expense in the name of the Policyholder and/or the Insured against any third party who may be responsible for any occurrence giving rise to a claim under this Policy and any amount so recovered from any third party shall belong to the Company. The Policyholder and/or the Insured shall fully cooperate with the Company in the recovery action.

Suits Against Third Parties

Nothing in this Policy shall render the Company liable to indemnify, join, respond to or defend any suit for damages for any cause or reason which may be instituted by the Policyholder or an Insured against any Doctor or Hospital nominated under this Policy, including without limitation to any suit for negligence, malpractice or professional

misconduct or any other causes in relation to or arising out of the treatment or examination of an Insured under the terms of this Policy.

Termination of Benefits

Unless renewed by the Company, the benefits under this Policy shall be terminated at the expiry of the Period of Insurance (00:00 hour). If an Insured is Confined in a Hospital for a Disability at the time before such termination, then the benefits under this Policy shall be terminated at the time when the Insured is discharged from the Hospital for that Disability or the Insured's benefits for that Disability have been exhausted, whichever is earlier.

Territorial Scope of Cover

All benefits described in this Policy are applicable worldwide except where otherwise stated.

Waiver

No waiver by any party of any breach by any other party of any provision hereof shall be deemed to be a waiver of any subsequent breach of that or any other provision hereof and any forbearance or delay by any party in exercising any of its rights hereunder shall not be construed as a waiver thereof, and the provisions of this Policy insofar as the same shall not have been performed as of the date of this Policy shall remain in full force and effect.

PREMIUM PROVISIONS

Grace Period

The Company shall allow a grace period of 30 days after the premium due date for payment of each premium. The Policy will continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid at the expiration of the grace period, the Policy shall lapse as from the premium due date unless the Company otherwise agrees.

Payment of Premiums

The amount of premium payable is specified in the debit note or billing issued by the Company. The premium, whether paid annually or by instalment as agreed by the Company, shall be paid in advance when due before any benefits under this Policy shall be paid.

Premium due dates, Renewal dates and policy years are determined with reference to the commencement date of the Policy.

RENEWAL PROVISIONS

Renewal

At the expiry of this Policy, subject to (i) the right of the Company to terminate the Policy as provided herein and (ii) the consent of the Company, this Policy may be renewed for another Period of Insurance at such rate or on such terms as the Company may determine depending on the benefits and the scope of coverage at the time of each Renewal.

Revision of Benefit Structure

The Company reserves the right to revise the benefit structure under this Policy. The Company shall give the Policyholder a written notice not less than 30 days prior to the expiry of the Period of Insurance specifying the revised Schedule of Benefits, the new premium and its effective date. The revised Schedule of Benefits and new premium shall take effect on the Renewal date or any other date as specified in the notice. This Policy shall automatically

terminate on the next premium due date unless the Policyholder accepts the revised terms of the written notice and pays the premium. Following each revision, the revised Schedule of Benefits shall be issued together with the endorsement (if applicable).

CLAIM PROVISIONS

Abandoned Claims

If the Company disclaims liability for any claim under this Policy, and such claim has not been referred by the Policyholder and/or Insured to arbitration as described below within 12 calendar months from the date of such disclaimer, then the claim shall for all purposes be considered abandoned and not recoverable.

Arbitration

Any disputes or differences arising out of or in connection with this Policy shall be referred to and determined by arbitration administered by the Hong Kong International Arbitration Centre in accordance with the Arbitration Ordinance (Cap. 609 of the Laws of Hong Kong). If the parties fail to agree on the choice of an arbitrator, the Chairperson of Hong Kong International Arbitration Centre shall appoint one.

Claim Procedures

Within 90 days after clinical visit or discharge from the Hospital, any related claim for medical expenses incurred must be notified and submitted to the Company using the prescribed form or, if applicable, via e-claim platform at the Company's designated website

(<http://supercare.bluecross.com.hk>) or Blue Cross HK App, together with all necessary original documents. Failure to give notice or submit a claim within the specified time period will result in rejection of such claim.

The Company may require further submission of information, certificates, evidence, medical reports, data or other materials for claims assessment purpose. The Company shall not accept liability for any claim if the required information is not received within 60 days from the issue date of any written request(s) unless otherwise agreed and approved by the Company.

The Company reserves the right to deduct any unpaid premium for the relevant Period of Insurance from any amount payable by the Company under this Policy.

Payment of a claim by the Company shall not be regarded as precedent for payment of subsequent claims. If a claim, which is not payable according to the terms and conditions of this Policy, has been paid, the Policyholder and the Insured shall upon written demand of the Company be liable to reimburse the Company immediately for the amount so paid, including all ineligible or excessive expenses incurred; or the Company reserves the right to deduct any ineligible or excessive expenses incurred but paid from the new claim application.

For calculation of benefit payable with respect to Eligible Expenses without breakdown, the Company reserves the right to reimburse the charges on a pro-rata basis.

No arbitration shall be commenced within the first 60 days from the date when all proof of claims as required by the Policy has been received by the Company.

BENEFITS PROVISIONS

Save as otherwise provided in this Policy, Eligible Expenses are payable in respect of the benefits set out below. All benefits payable to the Insured pursuant to (i) Section A – Basic Hospital and Surgical Benefits (Items 1-13); (ii) Section B – Optional Supplementary Medical Benefits (only applicable to the benefit items as specified in the Schedule of Benefits); (iii) Section C – Optional Outpatient Benefits (Items 1-7) and (iv) Section D – Optional Dental Benefits (Items 1-2) are subject to the maximum benefit limits, deductible (if applicable), reimbursement percentage and benefits conditions applicable to the selected benefit level and level code as stated in the Schedule of Benefits, as well as the terms and conditions and exclusions of the Policy herein. For sections or items indicated with an asterisk (*), benefits in such sections or items are available only if the Policyholder or Insured has opted for those benefits under this Policy.

A. Basic Hospital and Surgical Benefits

If during the Period of Insurance, the Insured, as a result of a Disability, is Confined in a Hospital or treated in a clinic or the outpatient department of a Hospital as an outpatient or day patient (as the case may be), Eligible Expenses shall be payable in respect of the following:

1. **Room and Board** – Hospital room charges including meals incurred by an Insured.
2. **Miscellaneous Hospital Charges** – Hospital charges incurred by an Insured as an Inpatient for receiving treatment of a Disability and include, without limitation, the following as well as charges for items l, p & q below incurred by the Insured as an outpatient:
 - a) Road ambulance service to and/or from the Hospital;
 - b) Anaesthetic and oxygen administration;
 - c) Blood transfusion, except charges for blood and blood plasma;
 - d) Dressing and plaster casts;
 - e) Prescribed Medicines and Drugs consumed and general nursing services rendered during Confinement;
 - f) Medical and surgical appliances, implants and devices except artificial limbs and prosthetic devices ;
 - g) Medical and surgical disposables and consumables used in a ward;
 - h) Films, imaging and X-ray and their interpretation;
 - i) Intravenous infusions including IV fluids;
 - j) Laboratory examinations;
 - k) Radioactive isotope, radiotherapy and related tests;
 - l) Computerised Tomography Scan ("CT Scan"), Magnetic Resonance Imaging ("MRI") and Positron Emission Tomography Scan ("PET Scan") services;
 - m) Inpatient rental of walking aids and wheelchair;
 - n) Anaesthetist's fees and operating theatre charges (if these benefits are not separately listed in the Schedule of Benefits), and charges incurred for the consumables and equipment used during the surgical procedure or operation;
 - o) Physiotherapy performed during Confinement for the treatment of a Disability;
 - p) Active treatment in respect of chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, cyberknife or gamma knife for cancer treatment upon the written recommendation of

the attending Physician; and

- q) Regular haemodialysis or peritoneal dialysis for the treatment of chronic and irreversible kidney failure upon the written recommendation of the attending Physician.

3. **Surgeon's Fees** – the fees payable for a surgical procedure or operation performed on an Insured by a Surgeon during a Confinement or Day Case Procedure upon the written recommendation of the attending Physician.

The Surgeon's fees shall be paid subject to the maximum benefit limits specified in the Schedule of Benefits with reference to the relevant surgical category and percentage payable for such operation under the surgical schedule. If an operation performed is not included in the surgical schedule, the Company reserves the right to determine its surgical category with reference to the gazette issued by the Hong Kong government, relative value units or any other relevant publication or information such as the schedule of fees recognized by the local government, relevant authorities and medical association.

4. **Anaesthetist's Fees** – the charges for services rendered by an Anaesthetist in relation to a surgical procedure or operation of the Insured on condition that Surgeon's fees are payable under Section A.3 of the Benefits Provisions.
5. **Operating Theatre Charges** – the charges incurred for the use of an operating theatre (including but not limited to a treatment room and recovery room) during a surgical procedure or operation on condition that Surgeon's fees are payable under Section A.3 of the Benefits Provisions.
6. **Physician's Hospital Visits** – charges for attending Registered Medical Practitioner visit per day of Confinement or a Day Case Procedure (as the case may be), or charges for clinic consultation rendered by the attending Physician on the same day of the Day Case Procedure; and charges for professional services rendered by the attending Physician in respect of such Confinement or Day Case Procedure, including but not limited to escort in ambulance, monitoring and interpretation of report.

For all Confinement or Day Case Procedure, this benefit also includes charges for one pre-hospitalisation or pre-surgical clinic consultation (including medication and dressings) and all necessary follow up consultations (including medication and dressings) up to a maximum of 6 weeks after discharge from the Hospital or the Day Case Procedure provided that the consultations are directly related to and as a result of the diagnosis necessitating such Confinement, surgical procedures or operations, and are rendered by the attending Registered Medical Practitioner or other Registered Medical Practitioners practising in the same clinic of the Registered Medical Practitioner.

7. **Specialist's Fees** – charges for Specialist consultation during Confinement incurred upon the written recommendation of the attending Physician.
8. **Charges for Intensive Care** – room and board charges for the period during which the Insured is under intensive care.
9. **Registered Private Nurse's Fees** – nursing fees incurred upon the written recommendation of the attending Physician by an Insured as an Inpatient or at the Insured's residential home following the Insured's discharge from the Hospital.

10. **Top-up Overseas Accidental Medical Expenses Benefits**

– If an Insured sustains an Injury and is Confined in a Hospital while travelling outside his Country of Residence, the maximum benefit limits payable under Sections A.1 to A.9 of the Benefits Provisions as specified in the Schedule of Benefits will increase by the percentage set out in the Schedule of Benefits. This top-up benefit shall not apply to any Injury occurred and Confinement which took place within the People's Republic of China including Hong Kong and the Macau Special Administrative Region.

11. **Daily Hospital Cash Allowance (For general ward of Eligible Public Hospital only)** – The Company shall pay a daily cash benefit in the amount specified in the Schedule of Benefits provided that the Insured is Confined in the general ward of an Eligible Public Hospital.

12. **Outpatient Surgery Cash Allowance** – In addition to the Surgeon's fees payable under Section A.3 of the Benefits Provisions, the Company shall pay a cash allowance in the amount specified in the Schedule of Benefits if any of the surgeries specified under the Schedule of Benefits is performed on the Insured during the Day Case Procedure.

13. **Hospital Income for Double Benefit** – The Company shall pay this benefit in the amount as specified in the Schedule of Benefits and up to the maximum period as specified in the Schedule of Benefits when the Insured is covered by another insurance company which is the first payer of the medical benefits regardless of whether the Insured is covered by an individual or group policy.

For the avoidance of doubt, this benefit is payable only if the Insured is Confined in a Hospital as an Inpatient.

Note: For Sections A.1, A.6, A.8, A.9, A.11 and A.13 of the Benefits Provisions above, the maximum benefit limits specified in the Schedule of Benefits are limited on a daily basis irrespective of whether an Insured is suffering from one or more Disabilities.

B. Optional Supplementary Medical Benefits*

In the event that the medical expenses incurred by the Insured for the benefit items as specified in the Schedule of Benefits which are applicable to this Section exceed the maximum benefit limits applicable to the corresponding item(s) as specified in the Schedule of Benefits for Section A of the Benefits Provisions, the Company shall reimburse the Reasonable and Customary Eligible Expenses in excess of the benefits payable under such corresponding item(s) of Section A of the Benefits Provisions. The total benefits amount reimbursed for each Disability under this Section is subject to the overall maximum limit per Disability, deductible (if applicable), reimbursement percentage and benefits conditions as specified in the Schedule of Benefits.

The benefits payable under this Section are calculated according to the formula set out below:

$$[\text{Claim Amount} - \text{deductible (if applicable)}] \times \text{Reimbursement percentage}$$

"Claim Amount" shall mean the Eligible Expenses in excess of the benefits payable under the corresponding item(s) of Section A of the Benefits Provisions

If the Insured is Confined in a room of a class higher than his entitled level of accommodation, the reimbursement percentage applied in the above formula will be replaced by the applicable adjustment factors set out below:

Adjustment Factors

Entitled Level of Accommodation	Actual Level of Accommodation	Reimbursement of Eligible Claims (Adjustment Factor)
Ward	Semi-Private	50%
Ward	Private	25%
Ward	Deluxe	12.5%
Semi-Private	Private	50%
Semi-Private	Deluxe	25%
Private	Deluxe	50%

The above adjustment factors only apply to the Optional Supplementary Medical Benefits as set out in the Schedule of Benefits.

C. Optional Outpatient Benefits*

If during the Period of Insurance, an Insured, as a result of a Disability, is treated in a clinic or the outpatient department of a Hospital as an outpatient or day patient, the following benefits shall be payable:

- General Practitioner's Consultation** – Eligible Expenses for the consultation rendered by a Registered Medical Practitioner and Eligible Expenses for medicine.
- Chinese Medicine Practitioner Treatment** – Eligible Expenses for the consultation rendered by a Chinese Medicine Practitioner for Chinese medicine treatment, including general practice, bone-setting and acupuncture, and Eligible Expenses for medicine.
- Specialist's Consultation** – Eligible Expenses for the consultation rendered by a Specialist and Eligible Expenses for medicine.
- Diagnostic X-rays and Laboratory Tests** – Eligible Expenses for X-rays; ultrasounds; electrocardiogram and laboratory tests upon the written recommendation of a Registered Medical Practitioner for diagnostic purposes.
- Physiotherapy and Chiropractic Services** – Eligible Expenses for the services rendered by a Physiotherapist or a Chiropractor.
- Prescribed Medicines and Drugs** – Eligible Expenses for Prescribed Medicines and Drugs purchased from a registered pharmacy other than the clinic or Hospital where the medical consultation takes place upon the written prescription of a Physician.
- Vaccination or Routine Checkup** – charges for vaccination or routine checkup visit taken by the Insured.

D. Optional Dental Benefits*

- Oral Examination and Scale & Polish** – If during the Period of Insurance, an Insured receives an oral examination or scaling and polishing performed by a Dentist in an approved dental facility, the Company shall reimburse the Reasonable and Customary charges incurred.
- Dental Treatments** – If during the Period of Insurance, an Insured, as a result of a Dental Condition or an Injury, receives any of the following treatments or services performed by a Dentist in an approved dental facility,

Eligible Expenses in respect of the following shall be payable by the Company:

- X-rays required prior to performance of dental service;
- Medication for dental treatments as prescribed by a Dentist;
- Abscesses;
- Fillings;
- Extractions;
- Pins for cusp restoration;
- Dentures (as a result of an Accident only);
- Crowns and bridges (as a result of an Accident only); and
- Palliation of acute dental pain.

CREDIT FACILITIES SERVICES PROVISIONS

Credit Facilities Services may be offered to the Insured subject to the final approval of the Company.

The usage of the Credit Facilities Services should be at all times subject to the terms and conditions for using the Credit Facilities Services prescribed by the Company. Such terms and conditions shall form a part of the Policy and the Company may amend the terms from time to time. For an updated version of such terms and conditions, please refer to <http://bluecross.com.hk/document/tnc/creditfacilitieservice>.

An arrangement for direct billing and settlement of medical expenses may be made between the Company and designated healthcare providers up to the maximum benefit limit of the Insured as specified in the Schedule of Benefits. The Policyholder and the Insured are liable for any ineligible expenses which are not covered by the Policy or any expenses exceeding the benefit limit, which have been charged to the Credit Facilities Services. The Policyholder and the Insured agree to reimburse the Company immediately for all ineligible or excessive expenses incurred upon written demand. An interest will be charged at the prevailing interest rate on any amount that remains overdue for more than 30 days.

The Policyholder and the Insured shall also be liable to the Company for any amount incurred as a result of the use of an unreturned, lost or stolen healthcare card. A handling fee will be charged for the replacement of the healthcare card.

The Company reserves the right to withhold payment of any claim if there is any outstanding charge back amount under this Policy.

The Company may withdraw or suspend any Credit Facilities Services anytime by giving a written notice. All matters and disputes in relation to Credit Facilities Services will be subject to the final decision of the Company.

EXCLUSION

Unless specifically included in the Schedule of Benefits or any endorsement to this Policy, the Company shall not pay any claims, costs or expenses in relation to or arising out of the following:

1. Where any loss, costs or expenses is recoverable under any law, medical program, or other insurance policy provided by any government, company, other insurers or any other third party.
2. Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a Registered Medical Practitioner.
3. Confinement solely for the purpose of general checkup, rehabilitation, rest cures, sanatoria care or allied health service, including but not limited to physiotherapy, occupational therapy and speech therapy.
4. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
5. Pre-existing Conditions.
6. Expenses directly or indirectly arising from Human Immunodeficiency Virus ("HIV") and its related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date. For the purposes of this exclusion, any HIV related Disability emerging within 5 years after the Insured Effective Date will be conclusively presumed to proceed from an HIV infection occurring prior to the Insured Effective Date.
7. Treatment or Disability directly or indirectly arising from or consequent upon:

the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
8. Any charges in respect of services for beautification or cosmetic purposes; except as otherwise provided in Section C.7 (Vaccination or Routine Checkup) of the Benefits Provisions, expenses in relation to but not limited to hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, prophylaxis treatment, Hair Mineral Analysis (HMA), bird's nest, lingzhi, ginseng and other specialised Chinese tonic medicine, health supplements (unless approved by the Company), over-the-counter drugs; charges for correcting visual acuity or refractive errors including but not limited to eye refractive therapy, visual tests, fitting of spectacles or lens and any related operational procedures and services.
9. Except as otherwise provided in Section D (Optional Dental Benefits) of the Benefits Provisions, dental treatment and oral surgery (except emergency treatment and surgery arising from an Accident received by the Insured during Confinement); follow up dental treatment or oral surgery after Inpatient stay or at outpatient dental facility.
10. Investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy ; and sexual dysfunction

including but not limited to impotence, erectile dysfunction, pre-mature ejaculation regardless of cause.

11. Purchase of artificial limbs, body organs and prosthetic devices including those prosthetic devices that are surgically implanted. Purchase or rental of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, air purifiers or conditioners and heat appliances for home use.
12. Treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
13. Alternative treatment including but not limited to acupuncture, cupping, tianjiu, tui na, hypnotism, qigong, massage therapy, aroma therapy and such alike.
14. Experimental, unproven and/or new medical technology or procedure not yet approved by the Company with reference to the common standard in the locality where the treatment is received.
15. Non-medical services, including but not limited to guest meals, radio or TV rentals, telephone charges, photocopy charges, medical report charges, taxes and the like.
16. Treatment or Disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, riot, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

僱員醫療保障計劃條款及細則

保險條款

保單持有人與本公司均同意：

1. 本保單包括本保單附載的任何批註須一併閱讀，並構成一份保單持有人與本公司之間的合約；
2. 已填妥並交回本公司的投保申請文件及聲明為本合約的依據，並視為已納入作本保單的一部分；
3. 受保人或代表受保人於投保申請文件及問卷或修訂內所作出之任何陳述，皆被視為申述，而非保證；
4. 在保單持有人已繳交全數首期保費及本公司已核准其投保申請文件的情況下，本保單將於保障利益表內所列之生效日期起生效；及
5. 保單持有人須確保受保人知悉本保單之內容並恰當地遵從與其相關之條款。

釋義

除非文意另有規定，本部分的定義適用於此條款及細則、保障利益表、受保人附錄或本保單附載的任何批註內出現的下列詞語：

1. 「意外」指因暴力、外在及可見因素引致並且完全非受保人所能預料及控制的突發事故。
2. 「年齡」指受保人於最接近受保人生效日期或續保日的生日當天之年齡。
3. 「麻醉科醫生」指麻醉科專科醫生。
4. 「投保申請文件」指向本公司遞交本保單的申請，包括但不限於投保申請表格、投保資格證明書、任何向本公司提交的文件或資料，及任何就該等申請作出的陳述和聲明。
5. 「保障利益條款」指列於本條款及細則內文之保障利益條款下的條款及細則。
6. 「兒童」指
 - a) 年齡已滿 12 天；
 - b) 從未結婚；
 - c) 在經濟上依賴受保人；及
 - d) 在 19 歲以下；或在 26 歲以下並為就讀於認可教育機構的全日制學生。
7. 「中醫師」指任何 a) 根據《中醫藥條例》(香港法例第 549 章) 於香港中醫藥管理委員會妥善註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權提供中醫治療的人士，惟在任何情況下不包括受保人、保單持有人、保險中介人或受保人的僱主、僱員、直屬家庭成員或業務夥伴。
8. 「脊醫」指任何 a) 根據《脊醫註冊條例》(香港法例第 428 章) 於脊醫管理局妥善註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權提供脊椎治療的人士，惟在任何情況下不包括受保人、保單持有人、保險中介人或受保人的僱主、僱員、直屬家庭成員或業務夥伴。
9. 「本公司」指藍十字(亞太)保險有限公司。

10. 「住院」或「留院」指受保人按醫生書面建議以住院病人身分入住醫院。為免存疑，受保人必須在出院前取得該建議。
11. 「先天性疾患」指任何於出生時即已存在的醫學、身體或精神異常，不論該異常狀況是否於出生時已出現、確診或知悉，或任何於出生後 6 個月內出現的新生嬰兒異常。
12. 「居住國」指受保人於主要居住及工作之國家，並在其受傷日前 365 天內在該國連續逗留超過 90 天。
13. 「免付賬醫療服務」指本公司提供之免付賬醫療服務，包括但不限於醫療卡及保證函。
14. 「日症手術」指於門診設施進行屬醫療必要之外科程序。門診設施可包括 a) 醫生診所；或 b) 醫院設立及營運之日症中心、日間護理中心、門診部或相等之門診設施。
15. 「牙科狀況」指正常健康的牙科狀態因受到病理偏差的影響而出現的牙科狀況。
16. 「牙醫」指任何 a) 根據《牙醫註冊條例》(香港法例第 156 章) 於香港牙醫管理委員會妥善註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權提供牙科治療的人士，惟在任何情況下不包括受保人、保單持有人、保險中介人或受保人的僱主、僱員、直屬家庭成員或業務夥伴。
17. 「家屬」指受保人的配偶和子女。
18. 「成長障礙狀況」指兒童於特定年齡、發育水平或階段在其身體、精神、認知、運動、語言、行為、社交、學習或其他發展上出現較正常健康狀況早發、遲緩或損傷的發育障礙。
19. 「傷病」指由同一致病原因引致的不適、疾病或受傷，包括由此而引發的一切併發症。於最近一次出院或最近一次就該傷病接受診症或化驗測試，或完成處方藥物療程後(以最遲者為準)的 90 天後由同一致病原因或意外引致的任何傷病將視為新的傷病。
20. 「生效日期」指就受保期而言，適用於本保單之保障利益的生效日期。「生效日期」載明於保障利益表或本保單之任何批註。
21. 「符合索償資格的費用」指因醫療必要治療傷病或牙科狀況所招致的費用。該費用在任何情況下不得超過實際招致的費用以及保障利益表內載明的相關最高賠償額。
22. 「合格公立醫院」指由香港政府全權擁有或資助，並由醫院管理局營運或監督的公立醫院。
23. 「香港」指中華人民共和國香港特別行政區。
24. 「醫院」指正式註冊成立作為醫院，提供住院服務以護理及治療傷病人士的機構，同時：
 - a) 具備診斷及進行大型手術的設施；
 - b) 由持牌或註冊護士提供 24 小時看護服務；
 - c) 駐有醫生；及
 - d) 並非一般診所、戒酒或戒毒中心、護理療養中心、寧養或舒緩護理中心、康復中心、護老院或同類機構。
25. 「直屬家庭成員」指某人士之配偶、子女、父母、配偶的父母、兄弟姊妹、祖父母、孫或法定監護人。
26. 「受傷」指完全因意外，而非涉及任何其他原因所引致的身體損害。
27. 「住院病人」指任何受保人 a) 因不適、疾病或受傷所需，於醫院登記為佔用病床之病人以接受醫療必要之治療，而該

治療不能透過門診安全地進行；以及 b) 該病床之佔用有醫院發出的每天病房及膳食費用之單據為證。

28. 「**受保人**」指受保於本保單並於受保人附錄或隨後附加於本保單的批註內列為「受保人」的人士。
29. 「**受保人生效日期**」指受保人開始受本保單保障之首日。
30. 「**醫療必要**」指需要就傷病或牙科狀況接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：
- 需要中醫、脊醫、牙醫、醫生、物理治療師或專科醫生（按情況而定）的專業知識；
 - 與診斷一致，並對傷病治療而言屬必需；
 - 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診醫務人員帶來方便或感到舒適而提供；及
 - 在該情況下以最具成本效益的方式和設備提供。
31. 「**受保期**」指本保單生效的期間。「受保期」載明於保障利益表或隨後附加於本保單的批註。
32. 「**註冊醫生**」或「**醫生**」指任何 a) 根據《醫生註冊條例》（香港法例第 161 章）於香港醫務委員會妥善註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權從事西方醫學的內科及 / 或外科診療的人士。惟在任何情況下不包括受保人、保單持有人、保險中介人或受保人的僱主、僱員、直屬家庭成員或業務夥伴。
33. 「**物理治療師**」指任何 a) 根據《輔助醫療業條例》（香港法例第 359 章）於輔助醫療業管理局妥善註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權提供物理治療服務的人士。惟在任何情況下不包括受保人、保單持有人、保險中介人或受保人的僱主、僱員、直屬家庭成員或業務夥伴。
34. 「**保單**」指本公司承保及簽發的「僱員醫療保障計劃」保單，並作為保單持有人與本公司之間的整份保單合約，包括但不限於此條款及細則、投保申請文件、聲明、保障利益表、受保人附錄及其附載的任何附件或批註，如適用。
35. 「**保單持有人**」指持有本保單的擁有權並於保障利益表或隨後附加於本保單的批註內列為保單持有人的公司、企業、機構、組織或商業實體。
36. 「**已存在的狀況**」指受保人已知悉或按合理情況下應知悉已出現病徵或症狀的傷病，或在適用於受保人生效日期前 90 天內曾接受醫療或手術護理或治療的傷病，該定義在受保人已受保於本保單不少於 365 天後釋除。
37. 「**處方藥物**」指由醫生處方用於治療受保傷病的西方藥物。
38. 「**合理慣例**」指就治療、服務或物料收費而言，不超過在當地由具相若水平的相關服務或物料供應者，為同一性別和年齡的人士針對類似疾病或損傷提供的相類似的治療、服務或物料所收取的收費水平。合理慣例的收費在任何情況下均不應高於所招致的實際收費。本公司會參照以下資料（如適用）以釐定合理慣例的醫療費用：
- 載列於由香港政府發佈之憲報中香港公立醫院向自費病人收取私家住院醫療服務的費用；
 - 由業界進行的治療或服務費用調查；
 - 內部索償數據；
 - 受保程度或水平；及 / 或

- 於提供治療、服務或物料當地之其他適當相關參考資料。

39. 「**續保**」指就本保單而言，緊接保單屆滿時立即續期。
40. 「**保障利益表**」指一份附載於本保單的保障利益表，當中載列了保障利益的條件及其最高保障額（將不時修訂）。
41. 「**受保人附錄**」指一份附載於本保單的附錄，當中載列了受保人資料及其合資格的保障。
42. 「**不適**」或「**疾病**」指正常健康狀態因受到病理偏差的影響而出現的生理及醫療狀況。
43. 「**專科醫生**」指任何 a) 於香港醫務委員會之專科醫生名冊註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權以其專科資格提供專科護理的醫生。
44. 「**外科醫生**」指合資格進行外科程序或手術的專科醫生。

一般條件

合約詮釋

- 在本保單中，單數詞包括複數含義，反之亦然；表示單一性別的詞包含所有性別。
- 所有標題乃為方便而設，不會影響對本保單的闡釋。
- 本保單內所有時間均指香港時間。
- 除非於本保單附載的批註內特別列明，若本保單的任何條款與本公司其他文件出現任何抵觸，將以此條款及細則為準。
- 除非另有註解，否則本保單內所用之詞語具有此條款及細則之釋義部分所載明的涵義。
- 本保單的正式文本為英文版本，中文版本僅作參考。英文版本與中文版本之間如有任何歧異，均以英文版本為準。

受保人之增加、減少或變動

根據本保單的條款，保單持有人應就任何受保人之增加、減少或變動於該增加、減少或變動當日起計 30 天內通知本公司，而本公司應向保單持有人就該增加、減少或變動當日起計按照每日比例收取或退回有關保費。

保單更改

除非由本公司的授權代表正式簽署，否則有關於本保單（包括任何批註）的任何更改均屬無效。

取消保單

保單持有人可以向本公司發出不少於 30 天的書面通知以取消保單。如於首個受保期內符合以下條件：a) 無任何索償；b) 無尚未繳付之每年保費；及 c) 已向本公司退還所有醫療卡（如有）及優惠券（如有），保單持有人可獲無息退還部分已繳保費。獲退還之保費金額將按照下表計算：

保單生效期 (由首個受保期之生效 日期起計)		獲退還之保費	
不多於	2 個月	每年保費之	75%
	4 個月		55%
	6 個月		35%
	8 個月		15%
8 個月以上		無	

在首個受保期的第 8 個月後，保單持有人將不獲退還任何保費。

儘管有任何其他規定，本公司將在應退還之保費內扣除本保單下尚未償還之任何欠款。

若保單持有人於首個受保期完結並續保後取消本保單，將不獲退還任何保費。

本公司可因任何受保人未能遵從本保單的任何要求而取消其保障。在該情況下，保單持有人可獲按比例退還該受保人剩餘保單期間的保費。為免存疑，就本保單之其他受保人而言，本保單於餘下之保單期間仍然繼續生效。

公司詳情變動

保單持有人在受保期內，必須就其地址、名稱或其他有關公司詳情的變動即時通知本公司。

風險變動

因風險變動有機會影響本保單的保障，保單持有人在受保期內，必須就受保人之地址、居留地、職業變更或其他風險變動即時通知本公司。本公司有權就任何風險變動在任何期間作保費調整（不論就過去或未來受風險變動而影響之保費），而保單持有人必須繳付任何所須的額外保費。

保障更改

保單持有人如要求就本保單作出任何保障更改，有關更改將於續保時或經本公司批准後生效。

就保障利益條款 A 部分基本住院及手術保障及 B 部分附加額外醫療保障而言，若受保人於提升保障前已患上任何一種傷病，受保人就該傷病可獲得的保障應以受保人開始患上該傷病時所生效之保障級別為準。在保障獲提升 365 天後，如受保人需就保障提升前已患上的傷病接受治療，受保人可享有提升後之保障。然而，若受保人於保障提升生效當天仍然住院（「當前之住院」），保障提升將不適用於當前之住院，並只會受保人出院後才正式生效。

文書錯誤

任何文書錯誤不會令生效的保單因而失效，或令失效的保單因而生效。

付款貨幣

本公司將按照保障利益表內所指定的貨幣或如無指定則以港幣收取或繳付所有款項。所適用的貨幣兌換率由本公司經參考現行的市場匯率後全權釐定。

保障資格

- 僱主會負責支付所有團體成員之保障費用，即代表團體內之所有合資格成員不需要支付任何部分之保費，而團體內之所有（即 100%）合資格成員將受保於本保單之下。
- 任何成員於本保單的保障終止時，其任何家屬於本保單的保障將會同時終止。
- 於保障終止後，再次申請保障者將被視為新成員。
- 當本公司接獲並審批由保單持有人發出的書面通知後，所有成員均可享有本保單的保障。個別成員在其符合受保資格當日必須以全職或每週工作最少 20 小時的兼職性質為保單持有人履行其工作職務。然而，任何成員如在符合受保資格當日因生病或受傷而缺勤，其保障將於該成員重返其工作職務當日才生效。

規管法律

本保單於香港簽發，並受香港法律規管並按其詮釋。

責任

受保人及提出索償人士須適當遵守及履行本保單的條款及條件；及其在投保申請文件、投保書及聲明內容的真實性，乃本公司根據本保單承擔賠償責任的先決條件。

最高及最低年齡界限

本保單合資格投保的受保人年齡需介乎 12 天至 70 歲（包括首尾兩個年齡）。任何在保單續保時年齡在 75 歲以上之受保人將不會獲得續保。

錯誤申報年齡及 / 或性別

在不損害本公司於失實陳述及欺詐情況下之權利，若受保人在投保申請文件或任何隨後向本公司提交的文件內錯誤申報年齡及 / 或性別，本公司可根據受保人的正確年齡及 / 或性別調整保費（不論過去或未來之保費）。除非已支付調整的保費，本公司將不會支付賠償。

凡受保人之正確年齡或性別未能符合受保的資格，本公司有權宣告保單為無效或拒絕提供保障予該受保人。若受保人在未能根據本公司的規定符合受保資格的情況下獲支付賠償，保單持有人及 / 或受保人必須即時償還任何已支付的賠償予本公司。本公司之責任僅限在扣除在本保單下所有就該受保人已支付的保障後無息退還所有就相關保障已繳付之保費。

失實陳述及 / 或欺詐

本公司有權就下列任何一個情況發生而宣告保單為無效，要求償還任何已支付的賠償及 / 或拒絕提供任何本保單下之保障：

- 受保人在投保申請文件或其陳述或聲明中不正確地陳述或遺漏陳述任何影響風險的重要事實；
- 藉任何失實陳述或隱瞞手段而獲得承保或續保；
- 任何索償涉及欺詐或誇大成分；或
- 任何支持投保或索償時所作出之聲明或陳述並非屬實。

向公司呈報

本公司要求保單持有人及 / 或受保人呈報的所有資料須以書面形式致予本公司，並由本公司確定收妥。

其他保險或來源

若受保人可因任何其他保險或來源獲賠償全部或部分之費用，則本公司僅須負責支付在扣除根據該等保險或來源應付金額後之費用餘額。

保單權益及責任的解除

本公司將視保單持有人為保單的絕對權益人，及本公司並無責任確認保單中任何其他方在衡平法下的利益或其他利益。償付任何下述利益予保單持有人或受保人，將視為本公司已充分及有效履行保單的責任。

第三者權利

任何不是本保單某一方的人士或實體，不能根據《合約（第三者權利）條例》（香港法例第 623 章）強制執行本保單的任何條款。

制裁限制及不保條款

儘管本保單有任何相反規定，特此聲明並同意：

- (1) 如果保單持有人、受保人或其他與本保單有關的任何個人或實體令本公司面臨受到或即將受到根據聯合國決議或歐盟、英國、美國或任何適用於本公司的司法管轄區的貿易或經濟制裁、法律或法規或任何其他適用的經濟或貿易制裁法律或法規下的任何制裁、禁制或限制的風險或（本公司認為）可能令本公司面臨受到或即將受到任何前述的制裁、禁制或限制的風險，則本公司可在發出由本公司決定的書面通知時或後隨時終止本保單（無論是否自本保單生效日起計）。此後，本公司無需再與保單持有人及/或受保人及/或其他與本保單有關的任何個人或實體進行任何業務往來，包括但不限於根據本保單支付或收取任何款項。
- (2) 在不影響上文第(1)段的前提下，如果提供保險、支付賠償或提供保障令本公司面臨受到聯合國決議或歐盟、英國、美國或任何適用於本公司的司法管轄區的貿易或經濟制裁、法律或法規或任何其他適用的經濟或貿易制裁法律或法規下的任何制裁、禁制或限制，或令本公司面臨受到任何前述的制裁、禁制或限制的風險，則本保單不應被視為提供保險，而本公司亦無責任支付任何賠償或提供任何保障。

代位權

本公司有權以保單持有人及/或受保人的名義，對可能須就引致本保單提出索償的事故負上責任的第三者提出訴訟，有關費用將由本公司承擔，而所討回的款項亦歸本公司所有。在訴訟過程中，保單持有人及/或受保人須在追討行動中與本公司充分合作。

對第三者的訴訟

本保單中並無任何條款會令致本公司就保單持有人或受保人基於任何原因或理由蒙受損害因而對本保單所提名的醫生或醫院提出的訴訟負上責任、或須作出回應或答辯，這包括但不限於受保人根據本保單條款在接受治療或檢查時因疏忽、治療不當、專業失當或其他原因而引致的訴訟。

保障終結

除非獲本公司續保，否則本保單的保障將於受保期到期（00:00）時終結。若受保人在保單終結時仍因傷病留院，則本保單之保障將延至受保人因該傷病康復出院或該傷病的保障額已經用完時終結，以較早者為準。

承保區域範圍

若無特別聲明，本保單提述的所有保障適用於全球。

寬免

任何一方寬免任何其他一方，允許其違反於此任何條款，不應視為獲得日後違反該條款或任何其他條款的寬免，而任何一方任何延期償付或延遲行使其下文之任何權利亦不應詮釋為相關寬免，再者，本保單內尚未履行的條款亦不應獲得履行寬免。

保費條款

寬限期

本公司給予 30 天繳付保費的寬限期，由每期保費之到期日起計。本保單將於寬限期內仍然生效，惟於該期間內本公司將不會支付任何保障利益（除非已清付保費）。若在寬限期屆滿後仍未繳付保費，除非與本公司另有協議，否則本保單即於保費到期日當天失效。

保費繳付方法

應付之保費金額載於本公司發出之繳款通知書或賬單內。保費必須按年或經本公司同意下以分期付款方式於到期日前繳付，

本公司才會支付任何賠償。

保費到期日、續保日及保單年期均由本公司參照本保單之開始日期而釐定。

續保條款

保單續保

在(i)本公司有權根據本保單的規定終止本保單及(ii)本公司同意的情況下，保單持有人可以於保單期屆滿時，按本公司因應每次續保時所提供的利益及保障範圍而釐定的保費及施加的條款續保至下一個受保期。

保障利益架構修訂

本公司將保留不時修訂本保單的保障利益架構的權利。本公司應於受保期到期前不少於 30 天以書面形式通知保單持有人有關修訂並列明經修訂的保障利益表、新保費及其生效日期。經修訂的保障利益表及新保費將於續保日或書面通知上所列之日期起生效。除非保單持有人接受該書面通知上所列明之條款並支付保費，否則本保單將於下一個保費到期日自動終止。於每次修訂後，本公司將發出經修訂的保障利益表及有關批註（如適用）。

索償條款

放棄索償

若本公司拒絕就本保單之索償作出賠償，而該項索償並未於拒絕賠償日期後 12 個月內由保單持有人及/或受保人根據下文交付仲裁，則該項索償就各方面而言將被視作放棄論，且日後不能再提出索償。

仲裁

由本保單引致的所有糾紛或爭議，均須根據《仲裁條例》（香港法例第 609 章）由香港國際仲裁中心進行仲裁。若雙方未能就仲裁員的選擇達成協議，則由香港國際仲裁中心當時的主席指派一位仲裁員。

索償程序

就申請任何有關醫療費用的索償，必須於接受門診或出院後 90 天內向本公司作出通知及提交指定表格，或如適用，經本公司指定網頁 (<http://supercare.bluecross.com.hk>) 或藍十字流動應用程式內之電子索償平台提交，並一併交回所有所需文件的正本。若未能於指定期間內給予通知或遞交索償申請，可導致有關索償遭拒絕。

本公司可能要求額外提交資料、證書、證據、醫療報告、數據或其他文件以作評估索償用途。除非獲本公司同意及批准，否則若本公司於發出書面要求該額外資料的日期後 60 天內仍未接獲所要求的資料，本公司將不會承擔賠償的責任。

本公司保留在支付任何保障時扣除本保單在相關受保期內尚未繳付保費的權利。

任何本公司已付之賠償將不會成為作出其後任何賠償的先例。就某項已付之賠償而言，倘若有關的索償不符合本保單之條款及細則所載的索償資格，保單持有人及受保人須按本公司之書面要求立即向本公司償還已付之賠償金額，包括所有不符合索償資格或超額之費用；或本公司保留在新索償申請中扣除任何已支付但不符合索償資格或超額之費用。

在釐定賠償金額時，如未能明確分攤符合索償資格的費用，本公司將保留按比例支付有關賠償的權利。

保單持有人及受保人不得在本公司收到所有根據本保單要求而提交的索償證明當日的 60 天內就本保單向本公司展開仲裁。

保障利益條款

除本保單另有規定外，本公司將根據以下所列之保障支付符合索償資格的費用。根據下文 (i) A 部分 – 基本住院及手術保障 (第 1 至 13 項)；(ii) B 部分 – 附加額外醫療保障 (只適用於保障利益表內所載列之保障項目)；(iii) C 部分 – 附加門診保障 (第 1 至 7 項)；及 (iv) D 部分 – 附加牙科保障 (第 1 至 2 項) 向受保人支付的保障利益，須受載列於保障利益表適用於所選之保障級別及保障級別代碼之最高賠償額、自付額 (如適用)、賠償百分比及保障條件，及本保單的條款、細則及不保事項所限制。就註有星號 (*) 的部分或項目而言，該等部分或項目的保障利益僅適用於已選擇該保障利益的保單持有人或受保人。

A. 基本住院及手術保障

若於受保期內，受保人因傷病而留院或需於診所 / 醫院門診部接受門診或日症治療 (按情況而定)，本公司將根據以下所列支付符合索償資格的費用：

1. **病房費用** – 醫院房間費用包括受保人的膳食費用。
2. **醫院雜項費用** – 指受保人為住院病人期間，因傷病接受治療而招致的醫院費用，而該等費用包括 (但不限於) 以下各項 (就項目 l、p 及 q 而言，受保人以門診病人身分招致之費用亦包括在內)：
 - a) 往返醫院的救護車服務；
 - b) 施用麻醉藥及氧氣；
 - c) 輸血，不包括血液及血漿費用；
 - d) 敷料及石膏模；
 - e) 住院期間使用的處方藥物及接受的一般護理服務；
 - f) 醫療和外科手術儀器、植入儀器及裝置，不包括義肢及矯型裝置；
 - g) 在病房使用的醫療及外科即棄用品及消耗品；
 - h) 菲林、造影和 X 光，及分析；
 - i) 靜脈注射，包括 IV 注射液；
 - j) 化驗；
 - k) 放射性同位素、放射治療及相關測試；
 - l) 電腦掃描、磁力共振造影及正電子掃描；
 - m) 於住院期間租用輔助步行器具及輪椅；
 - n) 麻醉醫生費用及手術室費用 (倘該等保障利益並無另外列於保障利益表內)，及於接受外科程序或手術期間使用的消耗品及儀器用具所招致之費用；
 - o) 因治療某傷病而於住院期間進行之物理治療；
 - p) 經主診註冊醫生書面建議下接受屬積極治療的化學治療、放射治療、標靶治療、免疫治療、荷爾蒙治療、數碼導航刀或伽瑪刀以治療癌症；及
 - q) 經主診註冊醫生書面建議下，因慢性和不可復原之腎功能衰竭接受血液透析治療或腹膜透析治療。
3. **外科醫生費用** – 若受保人按其主診醫生書面建議，於住院期間接受由外科醫生進行之外科程序或手術，或接受日症手術，本公司將賠償該外科程序或手術所招致之相關費用。

外科醫生費用將受限於保障利益表內有關外科手術所列的最高限額，並參照外科手術表內所屬之手術類別及百分比支付。若所進行的手術並不載列於該外科手術表內，本公司保留參照由香港政府發佈之憲報、或任何由本地政府、有關當

局及醫學協會認可之相對價值單位或其他刊物或資料 (如收費表) 以釐定該外科手術所屬之手術類別的權利。

4. **麻醉科醫生費用** – 如本公司須就保障利益條款第 A.3 項支付外科醫生費用，本公司亦將賠償受保人在該外科程序或手術期間接受由麻醉科醫生提供的麻醉服務所招致之相關費用。
5. **手術室費用** – 如本公司須就保障利益條款第 A.3 項支付外科醫生費用，本公司亦將賠償受保人在該外科程序或手術期間使用手術室 (包括但不限於治療室及休息室) 所招致之相關的費用。
6. **醫生巡房費用** – 受保人之主診醫生於受保人住院時或接受日症手術後 (按情況而定) 進行巡房而每日收取的費用，或受保人之主診醫生於受保人接受日症手術當日提供之診所診症的費用；及該主診醫生就受保人住院或接受日症手術而向其提供專業服務 (包括但不限於救護車中的醫療護送，醫療監察及報告解讀) 所收取的費用。

就所有住院或日症手術而言，有關保障亦包括住院或手術前的一次診所診症之費用 (包括藥物及敷料) 及出院或日症手術後 6 星期內的所有必需的覆診費用 (包括藥物及敷料)，惟有關診症必須與引致該次住院、外科程序或手術之診斷結果有直接關係，而提供診症的醫生必須為其主診醫生或與其主診醫生駐診於同一診所。
7. **專科醫生費用** – 由主診醫生以書面轉介於留院期間招致的專科醫生診症費用。
8. **深切治療費用** – 受保人於接受深切治療期間的病房費用。
9. **註冊私家看護費用** – 受保人於住院期間或出院後於其住所中接受獲主診醫生書面轉介之護理服務所產生的費用。
10. **海外意外增值醫療保障** – 若受保人於其居住國以外之任何國家受傷並需於當地住院，載列於保障利益表之第 A.1 至 A.9 項的最高賠償額將會按保障利益表內所列之百分比增加。

如受保人在中華人民共和國境內 (包括香港及澳門特別行政區) 受傷及住院，此增值保障將不適用。
11. **每天住院現金津貼 (僅適用於入住合格公立醫院普通病房)** – 若受保人於合格公立醫院的普通病房留院治療，本公司將根據保障利益表列明的金額支付每天住院現金津貼。
12. **門診手術現金津貼** – 除了保障利益條款第 A.3 項之外科醫生費用外，若受保人所接受的日症手術為任何載列於保障利益表中所訂明之手術，本公司將會按保障利益表所列之金額支付一筆現金津貼。
13. **住院入息共付賠償** – 若受保人同時受保於另一間保險公司，並選擇先向該保險公司索償醫療保障 (不論受保人是受保於個人或團體保單內)，本公司將根據保障利益表列明的金額及最高賠償日數支付賠償。

為免存疑，此保障只會在受保人以住院病人身分入住醫院才會作支付。

注意：就上述保障利益條款內第 A.1、A.6、A.8、A.9、A.11 及 A.13 項之項目，不論受保人患有 1 種或以上之傷病，載列於保障利益表內之最高賠償額僅限於以每天作為基礎計算。

B. 附加額外醫療保障*

若受保人就於保障利益表內所載列適用於本部分的保障項目所招致之醫療費用超出保障利益表內就上述保障利益條款 A 部分所載列之適用於相應的保障項目的最高賠償額，本公司將就該相應的保障項目賠償超出保障利益條款 A 部分所支付的保障之符合索償資格及合理慣例的費用。本部分就同一傷病所作出的賠償總額將受限於載列於保障利益表內之每宗傷病綜合最高賠償總額、自付額（如適用）、賠償百分比及保障條件。

本部分應付之賠償金額將根據以下之公式計算：

[索償金額 - 自付額（如適用）] x 賠償百分比

「索償金額」指超出保障利益條款第 A 部分就相應的保障項目所支付的保障之符合索償資格的費用。

若受保人所入住之病房級別高於其可享用的級別，上述公式內之賠償百分比將由下表中適用之調整系數所取代：

調整系數

可享有的病房級別	實際入住的病房級別	合格索償賠償（調整系數）
普通病房	半私家病房	50%
普通病房	私家病房	25%
普通病房	豪華病房	12.5%
半私家病房	私家病房	50%
半私家病房	豪華病房	25%
私家病房	豪華病房	50%

以上之調整系數只適用於保障利益表所列之附加額外醫療保障。

C. 附加門診保障*

若於受保期內，受保人因傷病而需於診所 / 醫院門診部接受門診或日症治療，本公司將支付下列之保障：

1. **普通科醫生診症** – 由註冊醫生進行的診症及藥物所招致之符合索償資格的費用。
2. **中醫治療** – 由中醫因進行中醫治療而提供的診症（包括全科、跌打及針灸）及藥物所招致之符合索償資格的費用。
3. **專科醫生診症** – 由專科醫生進行的診症及藥物所招致之符合索償資格的費用。
4. **X 光診斷及化驗** – 由註冊醫生以書面轉介為作出診斷而進行的 X 光診斷、超聲波、心電圖及化驗所招致之符合索償資格的費用。
5. **物理治療及脊椎治療服務** – 由物理治療師或脊醫提供服務所招致之符合索償資格的費用。
6. **處方藥物** – 於受保人接受診症之診所或醫院以外之註冊藥房以醫生書面處方購買處方藥物所招致之符合索償資格的費用。
7. **接種疫苗或常規健康檢查** – 受保人接種疫苗或接受常規健康檢查的費用。

D. 附加牙科保障*

1. **口腔檢查及洗牙** – 若於受保期內，受保人於認可牙科設施接受牙醫提供之口腔檢查或洗牙，本公司將賠償因此所招致之合理慣例費用。
2. **牙科治療** – 若於受保期內，受保人因牙科狀況或受傷而需於認可牙科設施接受牙醫提供的牙科治療或服務，本公司將支付下列項目之符合索償資格的費用：
 - a) 牙齒服務前所需的 X 光測驗；
 - b) 牙齒治療所需之藥物（須由牙醫處方）；
 - c) 膿瘡；
 - d) 補牙；
 - e) 脫牙；
 - f) 修復齒尖的牙冠釘；
 - g) 假牙（必須因意外引致）；
 - h) 齒冠與齒橋（必須因意外引致）；及
 - i) 減輕急性牙痛。

免付賬醫療服務條款

受保人可經本公司批核後享用免付賬醫療服務。

使用免付賬醫療服務須隨時受限於本公司所規定之使用免付賬醫療服務的條款及細則，該條款及細則將會構成本保單的一部分，本公司並會不時作出修訂。該條款及細則之最新版本請參閱 <http://bluecross.com.hk/document/tnc/creditfacilitieservice>。

本公司可就相關醫療費用向指定醫療機構作出直接付款及結賬安排，惟須以受保人於本保單之保障利益表上載列之最高賠償額為限。保單持有人及受保人須承擔任何記賬於免付賬醫療服務但不在承保範圍內的不符合索償資格的費用或超出保障金額的費用，並同意於接獲書面要求後立即向本公司償還所有不符合索償資格或超額之費用。本公司將會就任何超逾 30 天之欠款按現行利率收取利息。

保單持有人及受保人須承擔任何因使用未退還、已遺失或遭盜竊之醫療卡所引致之費用，而本公司亦會就補發新醫療卡收取服務費用。

若本保單內尚有未償還之款項，本公司將保留拒絕對本保單之其他索償作出賠償的權利。

本公司可隨時發出書面通知以中止或暫停任何免付賬醫療服務，並保留所有與免付賬醫療服務相關事項及爭議的最終決定權。

不保事項

除於保障利益表或隨後附加於本保單的批註內特別列明外，本公司概不支付涉及以下事項或因其引致的任何索償、支出或費用：

1. 根據任何法例、醫療計劃或其他保單，可向任何政府、公司、其他保險公司或任何第三者追討的任何損失、支出或費用。
2. 並非屬醫療必要的治療或測試，或並非經註冊醫生處方購買的藥物。
3. 純粹因接受一般身體檢查、復康、休養、療養或專職醫療服務，包括但不限於物理治療、職業治療及言語治療，而住院。
4. 任何先天性疾患（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。
5. 已存在的狀況。
6. 直接或間接因後天免疫力缺乏症病毒（「HIV 病毒」）及其有關的傷病而引致的費用，包括愛滋病及 / 或因愛滋病而引發的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染 HIV 病毒所引致。就本不保事項而言，所有於受保人生效日期後 5 年內出現與 HIV 病毒有關的傷病，將推定為受保人於受保人生效日期前已感染 HIV 病毒所引致。
7. 直接或間接由於或因為以下事項所引致的治療或傷病：
濫用藥物或酒精、自我毀傷或企圖自殺、不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。
8. 以美容或整形為目的之任何服務費用；除非於保障利益條款 C.7 項（接種疫苗或常規健康檢查）中另有規定，與以下相關的費用，但不限於聽力測試、例行血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射、頭髮重金屬元素分析、服食燕窩、靈芝、人蔘及其他中醫專用補藥、健康補充品（除非獲本公司批准）、非處方藥物；為矯正視力或屈光不正而引致之費用，包括但不限於眼部屈光治療、視力測試、驗配眼鏡或鏡片，以及任何相關手術程序及服務。
9. 除非於保障利益條款 D 部分（附加牙科保障）中另有規定，牙科治療及口腔外科手術（因意外而需在住院期間接受的緊急治療及手術除外）；為跟進該牙科治療及口腔外科手術而於出院後或於門診牙科設施進行的覆診治療或口腔外科手術。
10. 與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括驗孕或其後的分娩、墮胎或流產；節育或恢復生育；兩性結紮或變性；不育治療，包括體外受孕或以任何其他人工方法導致懷孕；及性機能失調，包括但不限於任何原因導致的陽萎、不舉、早泄。
11. 購買義肢、身體器官及矯型裝置，包括經由手術植入體內的矯型裝置。購買或租借耐用的醫療設備及儀器，包括但不限於家居使用之輪椅、床及傢俱、呼吸道壓力治療機及面罩、可攜式氧氣及氧氣治療儀器、透析機、運動設備、眼鏡、助聽器、特別支架、輔助步行器具、空氣清新機或空調及供熱裝置。
12. 直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的治療。
13. 另類療法，包括但不限於指壓、拔罐、天灸、推拿、催眠、氣功、按摩治療、香薰治療及相類似之療法。
14. 未獲本公司於參照進行治療當地之普遍標準後認可的試驗性及 / 或新醫療技術或程序。
15. 非醫療服務，包括但不限於訪客膳食、租用收音機或電視、電話費、影印費、醫療報告費、稅項及相類似項目。
16. 直接或間接因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、暴動、起義或軍事政變或奪權；或因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。

Graded Surgical Schedule

Notes:-

1. The surgical categories shown in the following schedule indicate the maximum benefits payable for the corresponding surgical operation specified in the Schedule of Benefits.
2. If a surgical procedure performed is not listed in the following schedule, the Company shall pay an amount which would be payable for a surgical procedure of equivalent gravity as shown in the following surgical schedule.
3. If more than one (1) surgical procedure is performed at the same surgical session through the same incision, whether for the same or different disabilities, the Company's liability is limited to pay for the surgical procedure that pays the highest surgical benefits.
4. If more than one (1) surgical procedure is performed, whether at the same or different surgical sessions, through different incisions for different disabilities, the Company shall, subject to Note 3 and Note 5 herein, pay for the surgical procedures performed in respect of each disability.
5. If more than one (1) surgical procedure is performed, whether at the same or different surgical sessions, through different incisions for the same disability, the Company's liability is limited to pay for the surgical procedure that pays the highest surgical benefits.

	Surgical Category		Surgical Category
ABDOMEN AND DIGESTIVE SYSTEM			
ABDOMEN: exploratory laparotomy, celiotomy	Intermediate	MOUTH & TONGUE: Glossectomy, partial, with	
exploration, retroperitoneal	Intermediate	unilateral radical dissection	Major
peritoneum: abscess, drainage	Intermediate	total, with unilateral radical neck dissection	Major
ANUS: abscess, incision and drainage	Minor	PANCREAS: biopsy pancreas	Intermediate
Fistulectomy, subcutaneous	Minor	Excision lesion of pancreas	Major
Submuscular	Intermediate	Pancreatectomy, with pancreatico-jejunostomy	Major
Fissurectomy: with/without sphincterotomy	Minor	whipple type	Major
Hemorrhoidectomy: external, complete	Intermediate	Marsupialization, cyst of pancreas	Intermediate
internal and external, simple	Intermediate	PHARYNX: Adenoids, Tonsils, drainage, abscess,	
APPENDIX: abscess, incision and drainage	Intermediate	peritonsillar	Minor
Appendectomy	Intermediate	retropharyngeal/parapharyngeal, intra oral	Minor
BILIARY TRACT: Choledochotomy/		Tonsillectomy, with or without adenoidectomy,	
choledochostomy with/without cholecystotomy	Major	age 12 and over	Minor
Cholecystectomy	Intermediate	Adenoidectomy	Minor
with open exploration of common duct	Major	RECTUM: incision and drainage, deep supra levator/	
Cholecystotomy or cholecystostomy	Intermediate	perirectal/retrorectal abscess	Minor
Endoscopy: Anoscopy, with collection specimen	Minor	Biopsy, incisional, ano-rectal wall, anal approach ..	Minor
Colonoscopy, beyond splenic flexure	Minor	Proctectomy, complete, combined	
with removal polyp	Minor	abdominoperineal	Major
Esophaguscscopy, with collection specimen	Minor	Proctoplasty, for prolapsed mucous membrane	Intermediate
with biopsy, one or more	Minor	Proctopexy for prolapsed, with sigmoid resection ..	Major
Esophagogastrosocopy, with collection specimen ..	Minor	Closure, rectovesical, rectourethral fistula with	
with biopsy, one or more	Minor	colostomy	Major
Gastroscopy, with collection specimen	Minor	STOMACH: Gastrotomy, with exploration or	
with biopsy/removal polyp, one or more	Minor	foreign body removal	Intermediate
ESOPHAGUS: Esophagotomy, cervical approach		Pyloromyotomy	Intermediate
with/without removal foreign body	Intermediate	Gastric biopsy, by laparotomy	Intermediate
Esophagectomy, resection with gastric		Local excision ulcer or tumor	Intermediate
anastomosis	Major	Total gastrectomy, with repair by intestinal	
Diverticulectomy, esophagus or hypopharynx		transplant	Major
cervical approach	Intermediate	Sub-total or hemi gastrectomy, with vagotomy	Major
Esophagoplasty, with repair of tracheo-esophageal		Vagotomy and pyloroplasty, with or without	
fistula	Major	gastrostomy	Major
INTESTINES: Duodenotomy	Intermediate	Pyloroplasty	Intermediate
Enterolysis, with acute bowel obstruction	Intermediate		
Enterotomy, with exploration/removal foreign		AMPUTATIONS AND DISARTICULATIONS	
body, small bowel	Intermediate	ARMS: through humerus, with implant	Intermediate
Excision, one or more lesions small/large bowel,		ANKLE: disarticulation/amputation, through	
single enterotomy	Intermediate	malleoli, tibia and fibula	Intermediate
Enterectomy, resection small intestines	Major	FINGER or THUMB: amputation at any joint, single,	
Colectomy, partial, with anastomosis	Major	including neurectomies	Minor
with colostomy	Major	FOOT: amputation, mid-tarsal or transmetatarsal	Intermediate
Tube enterostomy or cecostomy	Intermediate	FOREARM: through radius and ulna	Intermediate
Ileostomy	Intermediate	HAND: transmetacarpal	Intermediate
LIVER: needle biopsy, percutaneous	Minor	HIP: interpelviabdominal amputation	Complex
wedge biopsy	Intermediate	disarticulation	Major
hepatectomy, partial lobectomy	Major	LEG: through tibia and fibula, with immediate	
cyst or abscess, marsupialization of	Intermediate	fitting technique	Intermediate
hepatorrhaphy - suture wound, simple	Intermediate	SHOULDER: amputation, inter thoracoscapular	Major
		disarticulation	Major

Graded Surgical Schedule

	Surgical Category		Surgical Category
THIGH: amputation through femur, any level	Intermediate	HIP: traumatic dislocation, manipulative with	
disarticulation at knee	Intermediate	anaesthesia.....	Minor
TOE: amputation, meta-tarsophalangeal joint.....	Minor	closed or open, with acetabular hip fixation	Major
WRIST: amputation	Intermediate	JAW: temporo-mandibular, simple, closed reduction	Minor
Interpelviabdominal amputation		open reduction with interdental fixation	Major
(hind quarter amputation).....	Complex	KNEE: closed, manipulative reduction,	
		with anaesthesia.....	Minor
		closed or open, open reduction	Intermediate
BRAIN, NERVOUS SYSTEM		KNEE CAP: closed manipulative reduction, with	
SKULL: burr holes, not followed by other surgery	Intermediate	anaesthesia.....	Minor
burr hole or trephine for drainage intracranial		closed or open, open reduction, with/without	
abscess or cyst.....	Major	patellectomy	Intermediate
craniectomy or craniotomy, exploratory,		SHOULDER: sternoclavicular, manipulative	
supratentorial infratentorial	Major	reduction.....	Minor
exploration of orbit or decompression	Major	closed or open, acute or chronic, open	
unilateral	Major	reduction/repair.....	Intermediate
Elevation of depressed fracture, simple, extradural....	Major	with fascial graft, includes obtaining graft.....	Intermediate
compound or comminuted.....	Major	acromioclavicular, with fascial graft, include	
with debridement brain and repair of dura	Major	obtaining graft.....	Intermediate
BRAIN: lobotomy, including cingulotomy	Major	TOES: tarsal bone, closed, manipulative, with	
bilateral	Major	anaesthesia.....	Minor
Brain tumor, excision of supratentorial, except		open, uncomplicated, manipulative.....	Minor
meningioma	Major	closed or open, open reduction	Intermediate
meningioma	Major	astragalo-tarsal joint, closed, manipulative	
Brain abscess, excision of.....	Major	without anaesthesia.....	Minor
Cyst, excision of fenestration, supratentorial	Major	with anaesthesia.....	Minor
Brain tumor, infratentorial or posterior fossa.....	Major	open, uncomplicated, manipulative.....	Minor
Meningioma, infratentorial or posterior fossa.....	Major	closed or open, open reduction	Intermediate
Lobectomy, partial or total	Major	tarso-metatarsal, closed manipulative with	
Hemispherectomy.....	Major	anaesthesia	Minor
Craniectomy for craniostenosis, multiple sutures ...	Major	with percutaneous skeletal fixation	Minor
Foreign body, excision of from brain.....	Major	open, uncomplicated, manipulative.....	Minor
SPINE: spinal puncture, lumbar, diagnostic.....	Minor	closed or open, open reduction.....	Intermediate
for decompression	Minor	metatarsophalangeal, closed, manipulative	
Laminectomy for exploration intraspinal canal,		with anaesthesia	Minor
one or two segments cervical or thoracic	Major	open, uncomplicated, manipulative.....	Minor
lumbar.....	Major	closed or open, open reduction.....	Minor
for decompression spinal cord and/or cauda		interphalangeal joint, closed, manipulative with	
equina, one or two segments, cervical, thoracic...	Major	anaesthesia	Minor
lumbar.....	Major	open, uncomplicated, manipulative.....	Minor
Laminotomy, one interspace, for herniated disc		closed or open, open reduction.....	Minor
and/or decompression root nerve, cervical	Major	WRIST: radio-carpal or intercarpal, closed	
bilateral	Major	manipulative reduction	Minor
lumbar.....	Major	closed or open, open reduction	Intermediate
bilateral	Major	distal radio-ulnar, closed manipulative	Minor
Laminectomy, for hemiated disc, thoracic,		closed or open, open reduction or repair	Intermediate
posterior approach.....	Major		
Discectomy, single interspace, cervical	Major	EAR	
Laminectomy, for intraspinal lesion,		Myringotomy by needle, with/without aspiration/	
cervical/thoracic.....	Major	eustachian inflation.....	Minor
lumbar	Major	Tympanostomy (requires insertion of ventilating tube)	
		with opening microscope, office.....	Minor
DISLOCATIONS		in surgical suite	Minor
ANKLE: closed, manipulative reduction with		Transmastoid antrotomy	Intermediate
anaesthesia.....	Minor	Mastoidectomy modified radical or radical,	
closed or open, open reduction	Intermediate	unilateral.....	Major
distal tibio-fibular joint, closed or open, open		Myringoplasty, confined to drumhead and	
reduction.....	Intermediate	donor area.....	Intermediate
ELBOW: closed, manipulative reduction,		Tympanoplasty, with mastoidectomy	Major
with anaesthesia.....	Minor	with ossicular chain reconstruction.....	Major
closed or open, open reduction	Intermediate	Fenestration, unilateral.....	Major
FINGER:		Stapes mobilization.....	Intermediate
Metacarpophalangeal, closed, requiring		Excision aural polyp	Minor
anaesthesia	Minor		
open, uncomplicated, manipulative.....	Minor	ENDOCRINE SYSTEM	
closed or open, open reduction.....	Intermediate	THYROID: Thyro-glossal cyst, incision and	
Intraphalangeal joint, closed manipulative.....	Minor	drainage	Minor
open, uncomplicated, manipulative.....	Minor	biopsy needle.....	Minor
closed or open, open reduction.....	Minor		

Graded Surgical Schedule

	Surgical Category		Surgical Category
cyst or adenoma, small excision of, or transection of isthmus.....	Intermediate	IRIS: iridectomy, stab incision	Minor
Lobectomy, total, unilateral, with contralateral subtotal lobectomy	Intermediate	iridectomy, with cycletomy	Major
Thyroidectomy, total or complete	Intermediate	LENS: removal after cataract or membranous cataract.....	Intermediate
total or subtotal with radical neck resection	Major	removal lens material, aspiration technique	Major
Endolymphatic Sac operation with shunt.....	Complex	expression of cataract, linear.....	Major
Vestibular nerve section, translabyrinthine.....	Complex	RETINA: repair retinal detachment.....	Major
Total facial nerve decompression and/or repair, may include graft.....	Complex	with vitrectomy, with/without air tamponade	Major
Decompression, internal auditory canal.....	Complex	prophylaxis, retinal detachment, diathermy or cryotherapy	Intermediate
Tympanic neurectomy.....	Complex	destruction, localized lesion, retina or choroid.....	Intermediate
Radical excision, external auditory canal lesion, with neck dissection.....	Complex	CONJUNCTIVA: incision and drainage cyst, sty	Minor
EXCISION, FIXATION OR REPAIR BY CUTTING OPERATIONS		LACRIMAL SYSTEM: incision and drainage	
ANKLE: Achilles Tendon repair, primary	Intermediate	lacrimal gland.....	Minor
lengthening or shortening of tendon, single	Intermediate	lacrimal sac	Minor
repair, primary, torn or severed collateral ligament both collateral ligaments	Intermediate	excision of lacrimal sac or gland - total or partial ...	Intermediate
ELBOW: tendon lengthening, single.....	Intermediate	FRACTURES	
Flexorplasty	Intermediate	ANKLE: single malleolus, closed, manipulative reduction.....	Minor
Arthroplasty, radial head, with implant.....	Intermediate	closed or open, open reduction with skeletal fixation	Intermediate
FEMUR: excision bone cyst/benign tumor	Intermediate	bi-malleolar, closed with manipulative reduction ...	Minor
with autogenous graft (includes obtaining graft).....	Intermediate	closed or open reduction with/without skeletal fixation	Intermediate
HAND and FINGERS: excision/curettage bone cyst/benign tumors, metacarpal, with autogenous graft (includes obtaining graft).....	Intermediate	tri-malleolar, closed, manipulative reduction, with anaesthesia	Intermediate
phalanx	Intermediate	closed or open, open reduction with skeletal fixation posterior lip (malleolus)	Intermediate
with autogenous graft (includes obtaining graft) ..	Intermediate	CLAVICLE: closed, manipulative reduction.....	Minor
HIP: external oblique muscle transfer to greater trochanter, including graft.....	Intermediate	closed or open, open reduction, with/without skeletal fixation.....	Intermediate
iliopsoas transfer to greater trochanter	Major	ELBOW: comminuted, closed, manipulative reduction	Intermediate
muscle release, complete	Major	closed or open, open reduction, with/without skeletal fixation.....	Major
arthroplasty with acetabuloplasty.....	Major	FEMUR: shaft, closed, manipulative reduction, age 12 and over	Intermediate
acetabular and proximal femoral prosthetic replacement	Major	closed or open, reduction with/without skeletal fixation, over 12	Major
osteotomy iliac or acetabular	Major	distal end, medial or lateral condyle, closed, manipulative reduction.....	Intermediate
arthrodesis, hip joint, with subtrochanteric osteotomy	Major	closed or open, open reduction, with/without skeletal fixation	Major
HUMERUS: excision/curettage bone cyst/benign tumor	Intermediate	FIBULA: proximal end, open, uncomplicated soft-tissue closure, manipulative.....	Minor
KNEE: suture infrapatellar tendon, primary	Intermediate	closed or open, open reduction with skeletal fixation	Intermediate
lengthening hamstring tendon, multiple one leg	Intermediate	distal end, closed, manipulative reduction with anaesthesia.....	Minor
repair, primary, torn/severed collateral ligament with or without meniscectomy.....	Intermediate	FINGERS: metacarpal, single closed, manipulative reduction.....	Minor
collateral and cruciate ligaments	Major	closed/open, open reduction with/without skeletal fixation.....	Intermediate
capsulotomy, posterior capsular release.....	Intermediate	carpometacarpal, closed, manipulative reduction... with skeletal fixation.....	Minor
PELVIS: excision bone cyst/benign tumor, superficial pelvis; with or without graft.....	Minor	closed/open, open reduction with/without skeletal fixation.....	Intermediate
EYE		phalangeal, closed, manipulative reduction.....	Minor
EYEBALL: evisceration ocular contents, with implant.....	Intermediate	closed/open, open reduction, with/without skeletal fixation	Minor
enucleation, with implant, muscles attached to implant.....	Intermediate	intra-articular, complex, open reduction with/without skeletal fixation	Intermediate
exenteration of orbit, with temporalis muscle transfer	Major	FOOT: Tarsal, closed, manipulative.....	Minor
removal foreign body, conjunctival, superficial	Minor	Metatarsal, closed, manipulative.....	Minor
embedded, subconjunctival or scleral.....	Minor		
corneal with slit lamp.....	Minor		
EXTRAOCULAR MUSCLE: repair wound	Minor		
CORNEA: excision of lesion	Intermediate		
excision or transposition of pterygium.....	Minor		
SCLERA: fistulization for glaucoma, trephine, with iridectomy	Intermediate		
repair scleral staphyloma, with graft.....	Major		

Graded Surgical Schedule

	Surgical Category		Surgical Category
HUMERUS: shaft, closed manipulative reduction	Minor	prostatectomy, external drainage or abscess, complicated	Intermediate
closed/open reduction, with/without skeletal fixation	Intermediate	prostatectomy, sub-total or total	Major
supracondylar or transcondylar, closed, manipulative reduction	Minor	radical	Major
with traction, pin or skin	Intermediate	FEMALE	
with percutaneous skeletal fixation	Intermediate	PERINEUM: abscess, incision and drainage, or biopsy	Minor
closed/open, open reduction, with/without skeletal fixation	Intermediate	VULVA and INTROITUS: Bartholin's cyst, incision and drainage	Minor
epicondylar, medial or lateral, closed, manipulative reduction	Minor	marsupialization	Minor
closed/open, open reduction, with/without skeletal fixation	Intermediate	Vulvectomy, complete, bilateral	Intermediate
condylar, radial or lateral, closed, manipulative reduction	Minor	Radical, excluding skin graft	Major
closed/open, open reduction, with/without skeletal fixation	Intermediate	Excision, Bartholin's tumor or cyst	Minor
JAW: mandibular, closed, manipulative reduction with interdental fixation	Intermediate	VAGINA: Colpotomy with exploration	Minor
open reduction with interdental fixation	Major	biopsy, vaginal mucosa	Minor
KNEE CAP: open reduction	Minor	Colpectomy, complete obliteration	Intermediate
RADIUS: shaft, closed, manipulative reduction, age 12 and over	Minor	Anterior colporrhaphy, repair cystocoe, with/without repair urethrocele	Intermediate
closed/open, open reduction, with skeletal fixation, age 12 and over	Intermediate	Posterior colporrhaphy, repair of rectocele	Minor
RIBS: simple, 1 rib	Minor	Combined anterior/posterior colporrhaphy	Intermediate
SCAPULA: closed manipulative reduction	Minor	Repair of enterocele, abdominal approach	Intermediate
closed/open, juxta-articular, open reduction with/without skeletal fixation	Intermediate	CERVIX UTERI: biopsy or local excision of lesion, or cauterization	Minor
SPINE: vertebral process, one/more, manipulative reduction with anaesthesia cervical, open reduction and fusion, posterior approach, with local	Major	trachelectomy, cervicectomy, amputation of cervix	Minor
anterior approach with iliac or other bone graft	Major	CORPUS UTERI: endometrial biopsy, suction	Minor
TIBIA: shaft, closed, manipulative reduction, age 12 and over	Intermediate	dilation and curettage (non-obstetrical)	Minor
closed/open, open reduction, with skeletal fixation	Intermediate	Myomectomy, single or multiple, abdominal approach	Intermediate
TIBIA and FIBULA: shafts closed, manipulative with/without external pinning	Intermediate	Hysterectomy, total abdominal approach	Intermediate
closed/open, open reduction, with/without skeletal fixation, age 12 and over	Intermediate	OVIDUCT: transection fallopian tube, unilateral/bilateral independent	Intermediate
ULNA: shaft, closed manipulative reduction, age 12 and over	Minor	Salpingo-oophorectomy, complete/partial, unilateral/bilateral	Intermediate
closed/open, open reduction with skeletal fixation, age 12 and over	Intermediate	OVARY: drainage of cyst(s), vaginal approach, unilateral/bilateral	Minor
ULNA and RADIUS: shaft, closed, manipulative reduction, age 12 and over	Intermediate	abdominal approach	Intermediate
closed/open, open reduction, with skeletal fixation, age 12 and over	Intermediate	drainage of ovarian abscess, vaginal approach	Minor
WRIST: Colles or Smith type, closed manipulative reduction, age 12 and over	Minor	oophorectomy, with total omentectomy	Intermediate
closed, complex, with external skeletal fixation/percutaneous pinning	Intermediate	HEMIC AND LYMPHATIC SYSTEMS	
GENITAL SYSTEMS		SPLEEN: splenectomy	Intermediate
MALE		HEART AND CIRCULATORY SYSTEMS	
PENIS: biopsy, cutaneous	Minor	PERICARDIUM: Pericardiotomy for removal of clot or foreign body	Intermediate
deep	Minor	partial resection for chronic constructive pericarditis, with bypass	Major
excision penile plaque	Intermediate	HEART: intracardiac tumor, resection with bypass	Major
amputation, partial	Intermediate	pacemaker, insertion with epicardial electrode	Intermediate
radical	Major	repair, cardiac wound, with bypass	Major
circumcision, office	Minor	cardiotomy and removal foreign body, with bypass	Major
hospital	Minor	AORTA and GREAT VESSELS: suture repair, with bypass	Major
TESTIS: biopsy, needle	Minor	myocardial resection	Major
incisional, bilateral	Minor	repair post infarction ventricular septal defect	Major
excision, local lesion	Minor	Ascending arch graft, with valve replacement	Complex
orchiectomy, simple, unilateral	Minor	VALVES: Aortic, commissurotomy, with bypass	Major
radical	Intermediate	valvuloplasty, with bypass	Major
PROSTATE: biopsy, needle or punch	Minor	Mitral, commissurotomy, open, with bypass	Major
incisional	Intermediate	valvuloplasty, with bypass	Major
		Tricuspid, commissurotomy, open, with bypass	Major
		valvuloplasty or valvectomy, with bypass	Major
		Pulmonary, commissurotomy with bypass	Major
		Replacement, single valve	Major
		double valve with commissurotomy/valvuloplasty one valve	Complex
		triple valve	Complex

Graded Surgical Schedule

	Surgical Category		Surgical Category
CORONARY ARTERY: anomalous ligation	Major	excision, dermoid cyst, simple	Minor
with bypass	Major	turbinate, partial/complete	Minor
CORONARY ARTERY BYPASS : autogenous		submucous resection, tubinate, partial/complete	Intermediate
on two coronary arteries	Complex	removal foreign body, intranasal, requiring	
on three or more coronary arteries	Complex	general anaesthesia	Minor
PULMONARY ARTERY: embolectomy,		SINUSES: lavage by cannulation (antrum puncture	
with bypass	Major	or natural ostium), each	Minor
ARTERIES and VEINS: Arterial embolectomy,		sphenoid sinus	Minor
carotid	Intermediate	sinusotomy maxillary, intranasal, unilateral	Minor
renal	Major	radical, (Caldwell-Luc) unilateral	Intermediate
femoral popliteal, unilateral	Intermediate	combined, three or more sinuses	Major
Venous thrombectomy, iliac-femoral, unilateral	Intermediate	LARYNX: laryngotomy, with removal tumor/	
bilateral	Intermediate	laryngocele, cordectomy	Major
Varicose, ligation/division/stripping, long		laryngectomy, total, without radical neck	
saphenous, complete, unilateral	Intermediate	dissection	Major
bilateral	Intermediate	with radical neck dissection	Major
short or lesser saphenous unilateral	Minor	Pharyngolaryngectomy with radical neck	
bilateral	Intermediate	dissection and/reconstruction	Complex
long and short saphenous, unilateral	Intermediate	TRACHEA and BRONCHI: tracheotomy	Minor
bilateral	Intermediate	bronchoscopy, diagnostic	Minor
ligation and excision - minor veins	Minor	with biopsy	Minor
MATERNITY			
Hysterotomy, abdominal, for removal hydatidiform		SKIN, INTEGUMENTARY, BREAST	
mole	Intermediate	ABSCCESS: carbuncle or furuncle, incision and	
Hydatidiform Mole, evacuation by dilation and		drainage/puncture aspiration	Minor
curettage	Intermediate	complicated	Minor
Ectopic Pregnancy, tubal, abdominal/vaginal		ACNE: marsupialization or removal multiple milia,	
approach	Intermediate	comedones, cysts, pustules	Minor
Ovarian Pregnancy	Intermediate	BENIGN LESIONS: skin tags excision, including	
Interstitial, hysterectomy for uterine pregnancy,		anaesthesia, up to 15	Minor
total/sub-total	Intermediate	each additional 10	Minor
Dilation & curettage, postpartum hemorrhage, same		other, up to 0.5 cm diameter	Minor
admission as delivery	Minor	0.5 cm to 1 cm	Minor
Vaginal Delivery, with/without forceps	Intermediate	1 cm to 2 cm	Minor
Caesarian section, low cervical or classic	Intermediate	paring or curettement, with/without cauterization	Minor
Abortion, completed by dilation and curettage	Intermediate	each additional, up to 4	Minor
induced by dilation and curettage	Intermediate	MALIGNANT LESIONS: up to 0.5 cm	Minor
RESPIRATORY SYSTEM			
LUNGS & PLEURA: thoracostomy, tube with		0.5 cm to 1 cm	Minor
waterseal	Minor	1 cm to 2 cm	Minor
with rib resection for empyema	Intermediate	Biopsy, skin or subcutaneous tissue, including	
thoracotomy, limited, with biopsy lung/pleura	Intermediate	closure, first	Minor
major, with exploration and biopsy	Intermediate	CYST: infected or non-infected, incision and	
with excision-plication bullae, with/without		drainage, first lesion	Minor
pleural procedure	Major	second lesion	Minor
with removal intrapleural/intrapulmonary		each additional	Minor
foreign/fibrin body	Intermediate	excision with removal sac and treatment of	
pneumonostomy, with open drainage abscess/cyst	Intermediate	cavity	Minor
decoratation, pulmonary	Major	PILONIDAL SINUS OR CYST: incision and	
pleurectomy, parietal	Major	drainage	Minor
pneumonectomy, total	Major	excision, sample	Minor
lobectomy, total or segmental	Major	NAILS: avulsion, nail plate, partial or complete,	
with bronchoplasty or decortication	Major	first	Minor
Wedge resection/enucleation of lesion, single		second	Minor
or multiple	Major	each additional	Minor
resection, pulmonary, with thoracoplasty or		excision, nail and matrix, partial or complete	Minor
resection/reconstruction, chest wall	Major	REPAIRS: simple, sum of length of repairs;	
enucleation of empyema cavity, extra pleural	Major	up to 2.5 cm	Minor
with lobectomy	Major	over 2.5cm to 7.5 cm	Minor
thoracoplasty, extrapleural resection ribs,		over 7.5 cm to 12.5 cm	Minor
first stage	Intermediate	over 12.5 cm to 20 cm	Minor
second stage	Intermediate	over 20 cm to 30 cm	Minor
third stage	Minor	intermediate	
pneumothorax	Minor	up to 2.5 cm	Minor
NOSE: excision polyp(s), simple	Minor	over 2.5 cm to 7.5 cm	Minor
requiring hospitalization	Minor	over 7.5 cm to 12.5 cm	Minor
excision or surgical planning, for rhinophyma	Intermediate	over 12.5 cm to 20 cm	Minor
		complex	
		1 cm to 2.5 cm	Minor
		over 2.5 cm to 7.5 cm	Minor

Graded Surgical Schedule

	Surgical Category		Surgical Category
TISSUE TRANSFER or RE-ARRANGEMENT:			
Trunk, up to 10 sq. cm	Minor	BREAST: puncture aspiration of cyst, single	Minor
over 10 sq. cm to 30 sq. cm	Intermediate	mastotomy, with exploration/drainage of deep	
Scalp, Arms, Legs, up to 10 sq. cm	Intermediate	abscess	Minor
over 10 sq. cm to 30 sq. cm	Intermediate	biopsy, needle	Minor
Forehead, cheeks, chin, mouth, neck, axillae,		incisional	Minor
genitalia, hands or feet, up to 10 sq. cm	Intermediate	excision, cyst/fibro-adenomal/benign tumor/	
over 10 sq. cm to 30 sq. cm	Intermediate	aberrant tissue/duct lesion/nipple lesion;	
Eyelids, nose, ears, or lips up to 10 sq. cm	Intermediate	male or female, 1 or more, unilateral	Minor
FREE SKIN GRAFTS: pinch, single or multiple	Minor	mastectomy, complete, unilateral	Intermediate
Spilt skin, trunk, scalp, arms, legs, hand, feet,		bilateral	Intermediate
up to 100 sq. cm	Minor	partial, unilateral	Intermediate
each additional 100 sq. cm	Minor	subcutaneous unilateral	Intermediate
Face, mouth, neck, ears, eyelids, orbit, genitalia,		radical, include breast, pectoral muscles,	
up to 100 sq. cm	Intermediate	axillary and lymph nodes	Major
FULL THICKNESS: free, including closure donor site		URINARY SYSTEM	
Trunk, up to 20 sq. cm	Minor	KIDNEY: exploration	Intermediate
each additional 20 sq. cm	Minor	drainage perirenal or renal abscess	Intermediate
Scalp, arms, legs, up to 20 sq. cm	Intermediate	nephrostomy, nephrotomy with drainage	Major
each additional 20 sq. cm	Minor	nephrolithotomy (removal of calculus)	Major
Forehead, cheeks, chin, mouth, genitalia, neck,		large staghorn calculus	Major
axillae, hands, feet, up to 20 sq. cm	Intermediate	biopsy, percutaneous	Minor
each additional 20 sq. cm	Minor	by surgical exposure	Intermediate
Eyelids, nose, ears and lips, up to 20 sq. cm	Intermediate	Nephrectomy, including partial ureterectomy	Major
each additional 20 sq. cm	Minor	radical, with regional lymphadenectomy	Major
PEDICLE FLAPS: skin and deep tissue		Cysts, excision of	Major
tube pedicle without transfer or major "delay"		aspiration or injection of, percutaneous	Minor
of large flap	Intermediate	nephropexy, fixation or suspension of kidney	Intermediate
primary attachment, open/tubed flap to recipient		URETER: ureterotomy, with exploration or	
site	Intermediate	drainage	Major
intermediate "delay" any flap, primary "delay"		ureterolithotomy, upper one third of ureter	Major
small flap or sectioning of pedicle or tubed		BLADDER: aspiration by needles	Minor
or direct trunk flap, Trunk	Intermediate	by trochar or inter catheter	Minor
Scalp, arms, legs	Intermediate	by insertion suprapubic catheter	Minor
Forehead, cheek, chin, mouth, neck, axillae,		Cystotomy or cystostomy with fulguration	Intermediate
genitalia, eyelids, nose, hands or feet	Major	Cystotomy with insertion ureteral catheter	Intermediate

手術等級表

註：-

- 一. 以下表列之手術類別指明載於保障利益表內相應手術之最高賠償額。
- 二. 若施行之手術並未列示於此手術表內，藍十字將按以下手術表內相同嚴重性之手術費用予以支付。
- 三. 若在同一手術期間就同一傷病或不同傷病在同一切口上施行一(1)項以上之手術，藍十字將按最高賠償額之一項手術費用予以支付。
- 四. 若在同一或不同手術期間就不同傷病在不同切口上施行一(1)項以上之手術，在受制於註三及註五的基礎上，藍十字將就每一傷病支付所施行之手術的費用。
- 五. 若在同一或不同手術期間就同一傷病在不同切口上施行一(1)項以上之手術，藍十字將按最高賠償額之一項手術費用予以支付。

手術類別		手術類別	
腹部消化系統			
腹部：探查性剖腹術，開腹術	中型	口和舌：舌切除術，部分的，並單側根治清除術	大型
腹膜後的探查術	中型	全舌切除，並單側頸部根治清除術	大型
腹腔膿腫引流術	中型	胰：活組織檢查	中型
肛門：膿腫切開引流	小型	胰病變切除術	大型
瘻切除術，皮下的	小型	胰切除術並胰管空腸吻合術	大型
肌下的	中型	Whipple`s手術（十二指腸，部分胰，部分膽管，部分胃聯合切除）	大型
肛裂切除術：有或無括約肌切開	小型	袋形縫術，胰腺囊腫	中型
痔切除術：外痔，完全的	中型	咽：腺樣體，扁桃體，引流，膿腫，扁桃體周圍膿腫	小型
內外痔，單純的	中型	咽喉膿腫/咽旁膿腫，口內膿腫	小型
闌尾：膿腫切開引流	中型	扁桃體摘除術，十二歲或以上伴或不伴腺樣體切除	小型
闌尾切除術	中型	腺樣體切除術	小型
膽道：膽管切開術/總膽管切開術，有或無膽囊切開術	大型	直腸：切開引流，深位提肛肌上方/直腸周圍/直腸喉膿腫	小型
膽囊切除術	中型	活組織檢查，切取式，肛門一直腸腸壁，經肛門進入	小型
並總膽管切開探查	大型	直腸切除術，完全性，腹會陰聯合切口	大型
膽囊切開術	中型	直腸成形術，為粘膜脫垂	中型
內診鏡：肛鏡並採取標本	小型	直腸固定術為直腸脫垂並切乙狀結腸	大型
結腸鏡，越過脾曲	小型	關閉，直腸膀胱瘻，直腸尿道瘻，並結腸造口術	大型
並移除腸息肉	小型	胃：胃切開術並探查或移除異物	中型
食道鏡並採取標本	小型	幽門肌層切開術	中型
並活組織檢查，單個或多個	小型	胃活組織檢查，剖腹取活組織	中型
食道胃鏡並採取標本	小型	局部切除潰瘍或腫瘤	中型
並活組織檢查/移除息肉，單個或多個	小型	全胃切除術並移植小腸修補	大型
胃鏡並採取標本	小型	次全胃切除或半胃切除術並切斷迷走神經	大型
並活組織檢查，單個或多個	小型	切斷迷走神經和幽門成形術，伴或不伴胃造口術	大型
食道：食道切開術，經頸進入，有或無異物移除	中型	幽門成形術	中型
食道切除術，切除並胃吻合術	大型		
食道憩室切除術，食道或咽下部，經頸進入	中型		
食道成形術並修補氣管-食管支氣管瘻	大型	截肢和關節斷離	
腸：十二指腸切開術	中型	臂：肱骨平面，和假肢植入	中型
腸鬆解術，急性腸梗阻時	中型	踝：關節斷離一截肢，踝平面，脛骨和腓骨	中型
腸切開術及探查/移除異物，小腸	中型	指或拇指經任何關節截肢，單個的包括切除神經	小型
切除，大/小腸單個或多個病變，單切口的腸切開	中型	腳：截肢，跗間的或經蹠骨的	中型
腸切除術，小腸切除	大型	前臂：經橈骨，尺骨平面	中型
大腸切除術，部分性，並腸吻合	大型	手：經掌平面	中型
及結腸造口術（人工肛門）	大型	髖：骨盆腹部間截肢	複雜
管狀腸造瘻術或盲腸切開術（人工肛門）	中型	關節斷離	大型
迴腸切除術	中型	小腿：經脛骨，腓骨平面及立即假肢密接術	中型
肝：針取式活組織檢查，經皮膚	小型	肩：截肢，胸廓肩胛肩間	大型
楔形活組織檢查	中型	關節斷離	大型
肝切除術，部分肝葉切除術	大型		
囊腫或膿腫，袋形縫術（囊壁翻轉縫合術）	中型		
肝修補術一傷口縫合，單純性	中型		

（此中文譯本祇供參考之用，如有任何爭議，應以英文原意為準）

手術等級表

手術類別	手術類別
股：截肢，經股骨任何平面	中型
膝關節斷離	中型
趾：截肢，趾趾關節	小型
腕：截肢	中型
骨盆腹部間切斷術(髂腹間切斷術)	複雜
腦：神經系統	
顱骨：鑽孔術，再無其他手術	中型
鑽孔或環鋸以引流顱內膿腫或囊腫	大型
顱骨切除或切開術，探查，小腦幕上部份	大型
小腦幕下部份	大型
眶內探查或減壓	大型
單側的	大型
塌陷性骨折的抬高復位，單純的，硬膜外的	大型
開放性或粉碎性	大型
並腦組織擴創術和硬膜修補	大型
腦：腦葉切開，包括扣帶迴切開	大型
雙側性	大型
腦腫瘤，小腦幕上腫瘤切除，不包括腦膜瘤	大型
腦膜瘤	大型
腦膿腫，切除	大型
囊腫，切除或開窗，小腦幕上囊腫	大型
腦腫瘤，小腦幕下的或後顱凹	大型
腦膜瘤，小腦幕下的或後顱凹	大型
腦葉切除術，部分或完全的	大型
大腦半球切除術	大型
顱骨切除為顱腔狹窄，多骨縫的	大型
異物，自腦切除	大型
脊椎：脊管刺穿，腰段，診斷性的	小型
為減壓	小型
椎板切除術為探查椎管，一或二節頸段或胸段	大型
腰段	大型
為椎管內減壓和/或馬尾減壓，一或二節，頸段或胸	大型
腰段	大型
椎板切開，一個椎間，為椎間盤脫出和/或神經根減壓，	
頸段	大型
雙側的	大型
腰段	大型
雙側的	大型
椎板切除術，為椎間盤脫出，胸段，從後面進入	大型
椎間盤切除，單個椎間，頸段	大型
椎板切除術，為脊椎內病變，頸段/胸段	大型
腰段	大型
脫位（關節）	
踝：閉合性，麻醉下手法復位	小型
閉合性或開放性，切開復位	中型
遠端脛腓關節，閉合性或開放性，切開復位	中型
肘：閉合性，手法復位，有麻醉	小型
閉合性或開放性，切開復位	中型
指：掌指關節，閉合性，需要麻醉	小型
開放性，無合併症的，手法復位	小型
關閉性或開放性，切開復位	中型
指間關節，閉合的手法復位（不切開的手法復位）	小型
開放性，無合併症的，手法復位	小型
閉合性或開放性，切開復位	小型
髖：外傷性脫位，手法復位，麻醉下	
閉合性或開放性，髖臼固定	大型
頷：顳頷關節，單純性，閉合復位	小型
切開復位並齒間固定	大型
膝：閉合性，手法復位，麻醉下	小型
閉合性或開放性，切開復位	中型
髖骨：閉合的手法復位，麻醉下	小型
閉合性或開放性，切開復位，有/無髖骨切除	中型
肩：胸鎖關節，手法復位	小型
閉合性或開放性，急性或慢性，切開復位/修補	中型
用筋膜移植片，包括取移植片	中型
肩鎖關節，用筋膜移植片，包括採取移植片	中型
趾：跗骨，閉合性手法復位，麻醉下	小型
開放性，無合併症的，手法復位	小型
閉合性或開放性，切開復位	中型
距一跗關節，閉合性，手法復位，無麻醉	小型
有麻醉	小型
開放性，無合併症的，手法復位	小型
閉合性或開放性，切開復位	中型
跗蹠關節，閉合的手法復位，麻醉下	小型
及經皮膚的骨固定	小型
開放性，無合併症的，手法復位	小型
閉合性或開放性，切開復位	中型
蹠趾關節，閉合性，手法復位，麻醉下	小型
開放性，無合併症的，手法復位	小型
閉合性或開放性，切開復位	小型
趾間關節，閉合性，手法復位，麻醉下	小型
開放性，無合併症的，手法復位	小型
閉合性或開放性，切開復位	小型
腕：橈腕或腕間關節，閉合性，手法復位	小型
閉合性或開放性，切開復位	中型
遠端橈一尺關節，閉合性，手法復位	小型
閉合性或開放性，切開復位或修補	中型
耳	
鼓膜用針切開術，有/無抽吸/耳咽管通氣	小型
鼓膜成形術，用手術顯微鏡，在診所內	小型
在外科手術室	小型
經乳突之竇切開術	中型
改良乳突根治術，或乳突根治術，單側的	大型
鼓膜成形術，限于鼓膜及供膜部位	中型
鼓膜成形術，並乳突切除術	大型
並重建聽小骨鏈	大型
（鼓膜）開窗術，單側的	大型
銼骨鬆解術	中型
切除，耳息肉	小型
內分泌系統	
甲狀腺：甲狀一舌囊腫，切開引流	小型
活組織檢查，針取式	小型

（此中文譯本祇供參考之用，如有任何爭議，應以英文原意為準）

手術類別

手術類別

(此中文譯本祇供參考之用，如有任何爭議，應以英文原意為準)

手術等級表

手術類別		手術類別	
冠狀動脈：反常結紮	大型	切除，皮樣囊腫，單純性	小型
用分流循環	大型	鼻甲，部分/完全切除	小型
冠狀動脈分流循環：自體的		粘膜下切除，鼻甲，部分/完全	中型
兩條冠狀動脈	複雜	移除異物，鼻腔的，需全身麻醉	小型
三條或以上冠狀動脈	複雜	鼻竇：插管沖洗（竇穿刺或經竇口）每次	小型
肺動脈：栓子切取術，用分流循環	大型	蝶竇	小型
動脈和靜脈：動脈栓子切除術，頸動脈	中型	上頷竇切開，鼻內，單側	小型
腎動脈	大型	根治術，（Caldwell-Luc）單側	中型
股膝動脈，單側的	中型	聯合的，三或更多鼻竇	大型
靜脈血栓切取術，髂股靜脈，單側的	中型	喉：喉切開術，並移除腫瘤/喉氣囊聲帶切除術	大型
雙側的	中型	喉切除術，完全的，不伴頸部根治術	大型
靜脈曲張，結紮/切斷/抽剝，大隱靜脈，完全的單側	中型	並頸部根治術	大型
雙側的	中型	咽喉部切除術包含頸根治術及重建	複雜
小隱靜脈，單側的	小型	氣管及支氣管：氣管切開術	小型
雙側的	中型	支氣管鏡，診斷性檢查	小型
大隱及小隱靜脈，單側的	中型	並取活組織檢查	小型
雙側的	中型		
小靜脈的結和切除	小型		
孕產		皮膚，體表，乳腺	
子宮切開，經腹，為移除水泡狀胎塊（葡萄胎）	中型	膿腫，癰或癤，切開引流/穿刺吸出	小型
水泡狀胎塊，擴頸和刮宮清除	中型	伴有合併症	小型
異位妊娠（宮外孕）輸卵管（妊娠），經腹/陰道進入	中型	瘰癧（粉刺）：袋形縫術或多數粟疹移除，黑頭	
卵巢妊娠	中型	粉刺，囊腫，膿疱	小型
輸卵管子宮間質部妊娠，子宮切除術，完全的/次全的	中型	良性病變：皮贅切除，包括麻醉，至 15 個	小型
擴頸和刮宮，產後失血，分娩後留醫期內	小型	每加 10 個	小型
經陰道分娩，用/未用產鉗	中型	其他，半公分直徑以下	小型
剖腹取胎，低位切開或古典式切開	中型	半公分至一公分	小型
流產，擴頸和刮宮完全清除	中型	一公分至二公分	小型
擴頸和刮宮引致流產	中型	削或刮，有/無電烙	小型
		每增，至四	小型
		惡性病變：半公分以下	小型
		半公分至一公分	小型
		一公分至二公分	小型
		活組織檢查，皮膚或皮下組織，首次	小型
		囊腫：感染或未感染，切開引流，第一病變	小型
		第二病變	小型
		每個增加	小型
		切除囊腫，並處理死腔	小型
		毛髮竇或囊腫，切開引流	小型
		切除單純的	小型
		指（趾）甲：撕除，甲板，部分或全部，首個	小型
		次個	小型
		每增一個	小型
		切除指甲和甲床，部分或全部	小型
		修補：單純的，修補長度總和；二點五公分以下	小型
		二點五公分至七點五公分	小型
		七點五公分至十二點五公分	小型
		十二點五公分至二十公分	小型
		二十公分至三十公分	小型
		較複雜的，二點五公分以下	小型
		二點五公分至七點五公分	小型
		七點五公分至十二點五公分	小型
		十二點五公分至二十公分	小型
		複雜的，一公分至二點五公分	小型
		二點五公分至七點五公分	小型

（此中文譯本祇供參考之用，如有任何爭議，應以英文原意為準）

手術等級表

手術類別		手術類別	
組織移植或重建：軀幹，十平方公分以下	小型	乳腺：穿刺抽吸囊腫，單個的	小型
十平方公分至三十平方公分	中型	乳腺切開術，並探查/引流深部膿腫	小型
頭皮，臂，腿，十平方公分以下	中型	活組織檢查，針取式	小型
十平方公分至三十平方公分	中型	切取式	小型
前額，頰，頰，嘴，腋，外陰，手或腳十平方公分以下	中型	切除，囊腫/纖維腺瘤/良性腫瘤/異位組織/	
十平方公分至三十平方公分	中型	導管病變/乳頭病變；男性或女性，單個	
臉，鼻，耳或唇十平方公分以下	中型	或多個，單側的	小型
游離皮（移植）片：挑取，單個或多個	小型	乳腺切除術，完全，單側的	中型
次全層皮片，軀幹，頭皮，臂，腿，手腿；		兩側性的	中型
一百平方公分以下	小型	部分，單側的	中型
每增一百平方公分	小型	皮下，單側的	中型
面，嘴，頸，耳，臉，眶，外陰，一百平方公分以下	中型	根治術，包括乳腺，胸肌，腋窩及淋巴結	大型
全層皮片：游離的，包括縫合贈皮部位；			
軀幹二十平方公分以下	小型	泌尿系統	
每增二十平方公分	小型	腎：探查	中型
頭皮，臂，腿，二十平方公分以下	中型	腎周及腎膿腫引流	中型
每增二十平方公分	小型	腎造口術，腎切開術及引流	大型
前額，頰，頰，嘴，外陰，頸，腋，手，腳，		腎石截除術（移除結石）	大型
二十平方公分以下	中型	巨大鹿角形結石	大型
每增二十平方公分	小型	活組織檢查，經皮膚的	小型
臉，鼻，耳和唇，二十平方公分以下	中型	外科探查取活組織	中型
每增二十平方公分	小型	腎切除術，包括部分輸尿管切除	大型
有蒂皮片：皮膚及深組織		根治術，並局部淋巴腺摘除	大型
有蒂皮管未移植或延擱之大皮片	中型	囊腫，切除	大型
一期附著，片狀/管狀皮片移附受皮部位	中型	抽吸或注入，經皮膚的	小型
中等延擱之任何皮片，一期延擱的小皮片或切斷		腎固定術，腎固定或懸吊	中型
皮蒂或皮管或直接軀幹皮片		輸尿管：輸尿管切開，並探查或引流	大型
軀幹	中型	輸尿管截石術，上三分之一段輸尿管	大型
頭皮，臂，腿	中型	膀胱：針刺吸取	小型
前額，頰，頰，嘴，頸，腋，外陰，臉，鼻，手或腳	大型	用套管或內導管	小型
		用有骨上導管插入	小型
		膀胱切開術，或電刀切開之膀胱切開術	中型
		膀胱切開術後插入輸尿管導管	中型

（此中文譯本祇供參考之用，如有任何爭議，應以英文原意為準）

Terms and Conditions for “24-hour Worldwide Emergency Aid”

Section I: Definitions

Accident – Shall mean an unforeseen and involuntary event which causes an injury.

24-hour Worldwide Emergency Aid - shall mean the medical and emergency assistance and/or other related services as set out in Section II (*Emergency Assistance Service and Benefits*) of this terms and conditions, provided through an emergency service provider appointed by the Company.

Bodily Injury – Shall mean any unforeseen Bodily Injury caused solely and directly by violent, accidental, external and visible means, excluding Illness or disease, occurring during the period covered by the Policy.

Company – Blue Cross (Asia-Pacific) Insurance Limited

Emergency – Shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

Insured Person – A person whose name has been included for coverage on or added by endorsement to the Policy and not removed by endorsement prior to any relevant event.

Illness – Shall mean any unforeseen illness or disease first manifested after the effective date of the Policy.

Immediate Relative – Shall mean legal spouse, children (natural or adopted), siblings, siblings-in-law, parents, parents-in-law, grandparents, grandchildren, legal guardian, stepparents or stepchildren.

Policy – Shall mean and refer to the entire Policy document between the Insured Person and the Company including Application, Proposal, Declaration or Beneficiary Designation Form submitted or made by the Insured Person, the Terms and Conditions, the Schedule of Benefits, Insurance Certificates issued hereunder and any endorsements thereto.

Place of Residence – Shall mean Hong Kong Special Administrative Region or the province of a country specially declared by the Insured Person in the application form of the Company.

Regular Passenger – Shall mean the Insured Person who is normally able to be seated in any means of transportation without stretchers for repatriation to his/her Place of Residence.

Section II: Emergency Assistance Service and Benefits

Without limiting Section III (*General Exclusions*) of this terms and conditions, if the Insured Person shall suffer serious Bodily Injury or sudden Illness outside Place of Residence while arising out of and in the course of his/her journey provided that such journey or period of expatriation is not undertaken against the advice of the physician, and/or for the purpose of obtaining or seeking any medical or surgical treatment abroad, the Insured Person or his/her personal representative may call the “24-hour Worldwide Emergency Aid” hotline for the following services on condition that the Insured Person shall not be entitled to the reimbursement of any expenses incurred or paid by him:

1. Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment

When medical advice is needed, the Insured Person may call the “24-hour Worldwide Emergency Aid” hotline for medical advice and evaluation from the attending physician. However, it shall be stressed that telephone conversation cannot establish a diagnosis and shall be considered as an advice only. If medically necessary, the Insured Person shall be referred to another physician or to a medical specialist for personal assessment and the Company will assist the Insured Person in making the medical appointment, if available locally. All physician's fees and related charges shall be borne entirely and directly by the Insured Person.

2. Medical Evacuation

Should the Insured Person suffer from Bodily Injury or sudden Illness in which the Company's medical team and the attending physician recommend hospitalization in a or another medical facility where the Insured Person can be suitably treated, the Company will arrange and pay for the transfer of the Insured Person into one of the nearest hospital and if necessary on medical grounds:

- The transfer of the Insured Person with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight and road ambulance) to a hospital more appropriately equipped for the particular Bodily Injury or Illness, or
- The direct repatriation, including road ambulance transfers to and from the airports, of the Insured Person with necessary medical supervision by scheduled airline to an appropriate hospital or other health care facility near his permanent residence, if his medical condition permits such repatriation. The medical team and attending physician will determine the necessary arrangements according to the circumstances.

The Company retains the absolute right to decide the place to which the Insured Person shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which the Company is aware at the relevant time.

3. Repatriation After Treatment

When the medical condition of the Insured Person after local treatment will not prevent his/her medically supervised repatriation as a Regular Passenger, according to the medical opinion of both the attending physician and the Company's medical team, the Company will organize and pay for the repatriation of the Insured Person to his/her Place of Residence by scheduled airline flight (on economy class basis) or any other appropriate means of transportation (on economy class basis), including any supplementary transportation to and from the airport. Any decision on the repatriation of the Insured Person who is under constant medical supervision shall be made jointly and exclusively by both the attending physician and the Company's medical team.

4. Repatriation of Mortal Remains / Ashes

Upon the death of an Insured Person, the Company will arrange and pay for the repatriation of the Insured Person's body or ashes to the Insured Person's Place of Residence.

5. Deposit Guaranteeing of Hospital Admission

In the event of the Insured Person suffering from Bodily Injury or sudden Illness resulting in hospital confinement for Emergency treatment, the Company will guarantee or provide hospital admission deposit up to HKD 40,000, provided that such confinement is duly approved by both the attending physician and the Company's medical team and the Insured Person is without means of payment of the required hospital admission deposit.

6. Compassionate Visit

In the event of the Insured Person suffering from serious Bodily Injury or sudden Illness resulting in hospital confinement for more than 3 (three) consecutive days, or the Insured Person's death, outside his/her Place of Residence, the Company will arrange and pay for the travelling costs (round trip economy fare basis) for two Immediate Relatives of the Insured Person to travel from the Insured Person's Place of Residence to be with the Insured Person, up to a maximum of HKD 40,000 per Assistance Event.

7. Return of Unattended Dependent Child(ren) to Place of Residence

If any of the Insured Person travelling dependent child(ren) under 19 years of age is left unattended by reason of the Insured Person's Bodily Injury or sudden Illness resulting in hospital confinement outside his/her Place of Residence, the Company will organize and pay up to HKD 40,000 for the cost of a scheduled airline ticket (on economy fare basis) and any hotel accommodation if required whilst waiting for the scheduled flight for such child(ren) to return to his/her home in the Insured Person's Place of Residence, including any supplementary cost of transportation to and from the airport, if the original ticket is not valid for the return, provided that the Insured Person shall surrender any unused portion of the return ticket to the Company. If necessary, the Company will also hire and pay for a qualified attendant to accompany any such dependent child(ren) for return journey.

8. Hospital Deposit Guarantee in China

If the Insured Person suffers from Bodily Injury or sudden Illness and needs to be hospitalized in China, the Insured Person may contact the Company. The Company will refer the Insured Person to the nearest hospital under the Company's China Hospital Network, and will provide guarantee for the required hospital admission deposit to the hospital.

Under all circumstances the Insured Person shall fully and directly settle the medical expenses including the hospital admission deposit guaranteed by the Company prior to or upon discharge of the Insured Person from the hospital.

9. Legal Assistance

In case the Insured Person is involved in a civil litigation following an Accident, the Company will:

- a) Provide for the defence of the Insured Person in legal proceedings against him/her for civil liability to Laws in force in the country, and
- b) Conduct proceedings in order to obtain an indemnity from an identified third party on behalf of the Insured Person following a personal injury, and/or damages to his/her personal belongings provided if the extent of such damage is estimated to be in excess of HKD 5,000.

In such cases, the counsel and/or lawyer appointed by the Company shall act in a legal capacity of the Insured Person without any recourse to, responsibility of, or indemnification by the Company by reason of its appointment of counsel and/or lawyer. The Company will pay for the counsel and/or lawyer's fee, up to a maximum limit of HKD 40,000.

The Insured Person shall not make any offer or promise of payment or admit of fault to any party without the prior approval of the Company. The Insured Person must cooperate with the Company and do nothing to prejudice his/her rights.

10. Bail Bond Assistance

In the event the Insured Person requires legal assistance due to detention, arrest or imprisonment while travelling outside his/her Place of Residence, the Company will provide the name, telephone number, and if requested and if available, opening hours of legal practitioners or lawyers firms worldwide. The Company will also advance the bail bond up to a maximum limit of HKD40,000 upon request and if appropriate. The provision of financial guarantee to the Insured Person will be subject to the Company first securing payment from the Insured Person through his/her representative or family members.

11. Other Assistance

- a) Upon request from a local attending physician, the Company will, while possible and legally permissible, dispatch any essential medicine and/or medical equipment required for the treatment of the Insured Person, if not locally available. The Insured Person shall bear the cost of the items dispatched and the relevant transportation costs, unless these items are required for Emergency according to the opinion of the Company's medical team;
- b) The Company will monitor the Insured Person's medical condition if the Insured Person is hospitalized outside his/her Place of Residence and will update the Insured Person's employer or family members on his/her medical condition.
- c) In the event of loss or misrouting of the Insured Person's luggage by a common carrier, the Company will liaise with the relevant entities such as but not limited to airline companies, customs officials, and will organize the dispatch of such luggage, if recovered, to such place as the Insured Person may direct.
- d) The Insured Person may contact the Company to obtain general travel information and services (eg. vaccinations requirements and needs, weather conditions, etc), before starting or during his/her journey. Before the departure or during the journey the Insured Person may also request the Company to send reminder(s), for whatsoever reasons, via short message system.
- e) The Company will assist the Insured Person in reorganizing his/her flight schedule should an Emergency oblige him/her to alter his original plan.
- f) In the event of the death of the Insured Person's Immediate Relative in his/her Place of Residence while the Insured Person is travelling overseas (excluding the case of immigration) necessitating an unexpected return to his/her Place of Residence, the Company will arrange and pay for the cost of a scheduled return airline ticket (on economy class basis) for the return of the Insured Person.
- g) The Company will arrange and pay for the additional travel expenses (on economy basis) incurred by the Insured Person, his/her Immediate Relative, or friend related to an incident requiring the Benefit of Medical Evacuation (up to HKD 7,800 limit of indemnity for any one Insured Person per assistance event)
- h) In case of loss or theft of essential documents or personal identification documents (eg. passport, entry visa, etc.), the Company will provide the Insured Person with the necessary information regarding the formalities to be fulfilled with the appropriate local authorities or entities, in order to obtain the replacement of such lost or stolen documents.
- i) In the event of the Insured Person suffering from Bodily Injury or sudden Illness resulting in hospital confinement, the Company will arrange and pay for the cost of an ordinary room accommodation in any reasonable hotel up to HKD 1,200 per day for a maximum of 5 (five) consecutive days, incurred by the Insured Person for the sole purpose of convalescence immediately following his/her discharge from the hospital, and if deemed medically necessary by both attending physician and the Company's medical team.

Section III: General Exclusions

The Company shall not be required to provide the "24-hour Worldwide Emergency Aid" services in any form or manner to the Insured Person or his/her representative with respect to Bodily Injury or sudden Illness of the Insured Person under the following conditions:

1. Pre-existing Conditions - Disabilities which presented signs or symptoms of which the Insured was aware or should reasonably have been aware or for which the Insured received medical or surgical care or treatment within 90 days immediately preceding the effective date of coverage applicable to such Insured, unless the Insured has been covered under the Policy for not less than 365 days.
2. Injuries due to insanity or self-infliction or conditions related to functional disorders of the mind; rest cure or sanatorium care; drug addiction or alcoholism;
3. Congenital abnormalities;
4. Pregnancy and maternity;
5. Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, water sports, winter sports, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes or guides, parachuting, bungee jumping or martial arts;
6. Injuries sustained or illness contracted as a result of participation in illegal acts;
7. Services rendered without the authorization and/or intervention of the Company;
8. Costs which would have been payable if the event giving rise to the intervention of the Company had not occurred;
9. Any expense more specifically covered under any insurance policy;
10. Cases of minor Illness or Bodily Injury which in the opinion of the Company's physician can be adequately treated locally and which do not prevent the Insured Person from continuing his/her travel or work;
11. Expenses incurred where the Insured Person in the opinion of the Company's physician is physically able to return to his/her Place of Residence sitting as a normal passenger and without medical escort, unless deemed necessary by the Company's physician;
12. Contagious diseases requiring quarantine or isolation by law or the commercial carrier;
13. The Insured Person engages in any form of aerial flight except as a fare paying passenger on a regular scheduled airline or licensed charter aircraft over an established route;
14. Cases where the Insured Person takes part voluntarily in armed conflicts, whether civil or military, strikes, riots or rebellions;
15. The Insured Person suffering from the direct or indirect effects of nuclear reactions;

Section IV: Limitations to Liabilities

1. All service providers rendering services to the Insured Person under this term and conditions (including but not limited to the emergency assistance provider, physicians, and hospitals) (the "Service Providers") are not employees, agents or servants of the Company. Accordingly, the Service Providers shall be responsible for their own acts, and the Insured shall not have any recourse or claim against the Company in connection with any services rendered by the Service Providers.
2. The Company assumes no liability in any manner and shall not be liable for any loss arising out of or howsoever caused by any advice given or services rendered by or any acts or omissions of any Service Providers.
3. The Company and the Service Providers shall not be held responsible for any failure to provide the "24-hour Worldwide Emergency Aid" services and/or delays if caused by or contributed to by acts of God, or any circumstances and conditions beyond their control, including but not limited to, any administrative, political or government impediment, strike, industrial action, riot, civil commotion, or any form of political unrest (including but not limited to war, terrorism, insurrection), adverse weather conditions, flight conditions or situations where the rendering of such service is prohibited or delayed by local laws, regulators or regulatory agencies.
4. In no event shall the Company be liable under this terms and conditions or in the course of the provision of the "24-hour Worldwide Emergency Aid" services, for any incidental, special, consequential or indirect loss, damages, costs, charges, fees or expenses.
5. The Company may cancel this "24-hour Worldwide Emergency Aid" services by giving 30 days' prior notice to the Policyholder or Insured Person at the address last known to the Company.
6. The use of the "24-hour Worldwide Emergency Aid" services is of the Insured Person's own accord. The Company shall not be liable for any loss or liabilities arising from such use.

Section V: General Obligations of the Insured Person

1. The Insured Person shall be obliged to use reasonable efforts to mitigate the effects of an Emergency;
2. The Insured Person shall cooperate with the Company to enable the Company to obtain all documents and receipts from the relevant sources and assisting the Company at his/her expenses in complying with the necessary formalities;
3. In the event the Company makes any payment in connection with the provision of assistance to the Insured Person, the Company shall be subrogated to the rights of the Insured Person to obtain payments from any third party found legally responsible for the assistance, up to the amount of such payment made by the Company, and any other insurance or assistance plan which provides compensation to the emergency assistance events.

「24 小時全球緊急援助」章則及條款

第I部分：定義詮釋

意外 — 指無法預見和意料之外而導致受傷的事故。

24小時全球緊急援助 — 指由本公司委派的緊急服務提供機構所提供於本章則及條款的第II部分(緊急援助服務及保障)中列載的醫療及緊急援助及/或其他相關服務。

身體受傷 — 指在保單的保障期內，完全及直接由暴力、意外、外來及可見的因素下(不包括病痛或疾病)所導致任何無法預見的身體受傷。

本公司 — 藍十字(亞太)保險有限公司。

緊急事故 — 指無法合理避免出現的嚴重醫療狀況或危難，並需指定外界人士提供協助。

受保人 — 姓名已被列入或已批註加入保單內，且在有關事件發生前尚未被刪除的人士。

病痛 — 指在保單生效日期後首次顯現的任何無法預見的病痛或疾病。

直系親屬 — 指合法配偶、子女(親生或領養)、兄弟姊妹、兄弟姊妹的配偶、配偶的兄弟姊妹、配偶的兄弟姊妹的配偶、父母、配偶的父母、祖/外祖父母、孫/外孫、合法監護人、繼父母或繼子女。

保單 — 指受保人與本公司訂立的所有保單文件，包括受保人遞交或作出的申請表、投保書、聲明書或指定受益人表格、章則及條款、保障項目表、據此簽發的保險證明書，以及任何相關的批註。

原居地 — 指香港特別行政區或受保人在本公司的申請表上特別聲明的國家省份。

普通乘客 — 指正常情況下乘坐任何運輸工具，且毋須使用擔架送返原居地的受保人。

第II部分：緊急援助服務及保障

在不限制此章則及條款的第III部分(一般不受保事項)的適用前提下，若受保人因外遊而引致或在外遊期間在原居地以外遭受嚴重身體受傷或突然出現病痛，惟該次旅程或離境須無違反任何醫生建議，及/或其目的並非為取得或尋求任何海外醫療或外科手術治療而進行，受保人或其個人代表可致電「24小時全球緊急援助」熱線尋求下列服務，唯受保人所引致產生或已支付的任何開支將不會獲得補償或賠償：

1. 電話醫療諮詢、評估及轉介預約服務

若受保人需要醫療諮詢，可致電本公司的「24小時全球緊急援助」熱線，向主診醫生索取醫療建議及評估。然而，受保人須明白電話內容只可視為醫療建議，並不可當作為診斷結果。如需要接受醫療服務，受保人將獲轉介至其他醫生或專業醫護人員，以便進行個人評估。本公司亦將協助受保人在當地安排醫療預約(如適用)。有關醫藥費及其他相關開支須由受保人直接及全數承擔。

2. 醫療撤離

若受保人身體受傷或突然出現病痛，而本公司的醫療團隊及主診醫生建議把受保人送到有能力提供所需護理的醫院或其他醫療設施，本公司將安排把受保人轉移至最近的醫院，並支付有關轉移費用；而且在醫療理由需要下，本公司將：

- 在需要的醫療監督下，以任何方式(包括但不限於救護專機、預定班次的商用航機及救護車)把受保人轉移至具適當設備治療該特定身體受傷或病痛的醫院；或
- 若受保人的身體狀況允許及在需要的醫療監督下，以固定班次的航機把受保人直接轉移(包括救護車接送往返機場)至接近其固定住址的適當醫院或其他醫療護理設施。醫療團隊及主診醫生將因應情況釐定所須安排。

本公司保留絕對權利，按所有經評估的事實及本公司當時所了解的實際情況，決定撤離受保人的地點、方式或途徑。

3. 出院後返回原居地

若主診醫生及本公司的醫療團隊均認為受保人在當地接受治療後的身體狀況穩定，將不會妨礙其以普通乘客方式，在醫療監督下返回原居地，本公司將安排受保人乘坐預定班次的航機(經濟客位)或任何其他適當的交通工具(經濟客位)(包括往返機場的任何接駁交通工具)返回原居地。在持續的醫療監督下護送受保人返回原居地的服務，必須只可經由主診醫生和本公司的醫療團隊共同決定。

4. 運返遺體/骨灰

若受保人不幸身故，本公司將安排其遺體或骨灰運返原居地，費用由本公司支付。

5. 入院按金保證

若受保人因身體受傷或突然出現病痛而需住院接受緊急治療，本公司將保證作出或提供高達40,000港元的入院按金，惟受保人須同時獲主診醫生和本公司的醫療團隊正式批准入院，以及受保人無法以任何方式支付所需的入院按金。

6. 恩恤探訪

若受保人在原居地以外因嚴重身體受傷或突然出現病痛而需連續住院超過3（三）日以上，或受保人不幸身故，本公司將安排受保人的兩名直系親屬由受保人的原居地前往探望受保人，並支付有關交通費（來回經濟客位機票），每宗援助個案的費用最高上限為40,000港元。

7. 安排缺乏照顧的受供養子女送返原居地

若受保人在原居地以外因身體受傷或突然出現病痛而需住院，導致受保人同行的任何受供養子女（不足19歲）缺乏照顧，本公司將安排該名（或多名）子女乘搭固定班次的航機返回受保人的原居地，並支付有關經濟客位機票（若原機票並非來回機票）、航機起飛前的任何酒店住宿（如需要）開支，以及往返機場的任何接駁交通費用，最高為40,000港元，惟受保人須把任何未使用的回程機票交給本公司。如有需要，本公司將聘請一名合資格的護送人員陪同受保人子女返回原居地，並支付所需費用。

8. 中國入院按金保證

若受保人因身體受傷或突然出現病痛而需在中國入住醫院，可聯絡本公司。本公司將轉介受保人至其中國醫院網絡下的最就近醫院，並將提供入院按金保證服務。

在任何情況下，受保人均須於出院前或出院時直接清繳所有醫療開支，包括本公司保證的入院按金。

9. 法律援助

若受保人在發生意外後涉及民事訴訟，本公司將會：

- a) 根據受保人所在國家的現有民事責任法，為受保人就有關法律程序提供答辯書；及
- b) 代表受保人就其個人受傷及／或個人財物損毀（惟預計損毀金額須超過5,000港元）進行法律程序，以便向已確定身份的第三方索取賠償。

在上述情況下，本公司委任的大律師及／或律師將以受保人的法律代表身份行事，本公司毋須就委任該大律師及／或律師承擔任何追索、責任或作出賠償。本公司將支付有關大律師及／或律師的收費，最高上限為40,000港元。

未經本公司事先批准，受保人不得向任何有關方作出任何付款提議或承諾，或承認任何過失。受保人必須與本公司合作，且不得作出任何損害其利益的行為。

10. 保釋擔保援助

若受保人在原居地以外旅遊期間，因遭受拘留、逮捕或監禁而需尋求法律援助，本公司將提供有關全球法律執業者或律師的姓名、電話號碼及營業時間（如需要及適合）。此外，本公司亦可按要求墊付最高40,000港元的保釋擔保金（如適用）。本公司首先須接獲受保人透過其代表或家人作出付款保證後，才會為受保人提供財務擔保。

11. 其他援助

- a) 在可行及法律准許下，本公司將按當地主診醫生的要求，為受保人送遞任何用作治療所需但當地未能提供的重要藥物及／或醫療設備。受保人須支付有關藥物及／或醫療設備的費用，以及運送交通費，惟本公司的醫療團隊認為需要就緊急事故目的而送遞則除外。
- b) 若受保人在原居地以外入院，本公司將密切監察受保人的身體狀況，並通知其僱主或家人有關最新狀況。
- c) 若在公共運輸工具遺失或寄失受保人的行李，本公司將與有關實體聯絡，包括但不限於航空公司、海關人員，並安排把尋回的行李送往受保人指定的地點。
- d) 受保人在外遊前或旅程中均可聯絡本公司，索取一般旅遊資訊及服務（例如注射疫苗規定及要求、氣候狀況等）。此外，受保人在離境前或外遊期間亦可要求本公司（不論任何理由）透過短訊系統傳送備忘提示。
- e) 若發生緊急事故，迫使受保人需要更改原定計劃，本公司將協助受保人重新編排乘搭的航機班次。
- f) 若受保人外遊（不包括移民）期間，因直系親屬在其原居地身故，導致受保人需突然折返原居地，本公司將為受保人作出安排，並支付返回原居地固定班次航機（經濟客位）的回程機票費用。
- g) 若發生醫療撤離保障範圍內的任何事故，本公司將為受影響的受保人、其直系親屬或朋友作出撤離安排，並支付額外交通（經濟客位）費用（每宗援助個案的任何一名受保人最高可獲7,800港元的賠償）。
- h) 若受保人遺失或被竊重要文件或個人身份證明文件（例如護照、入境簽證等），本公司將為受保人提供向當地有關機構或實體辦理正式補領手續所需的資料，以便取得有關臨時文件。
- i) 若受保人因身體受傷或突然出現病痛而需入院，而在主診醫生及本公司的醫療團隊共同認為屬必需醫療的情況下，本公司將安排受保人在出院後僅為療養目的而入住任何合理的酒店的普通客房，並支付最多連續5（五）日，每日最高1,200港元之住宿費用。

第III部分：一般不受保事項

受保人在下列情況出現的身體受傷或突然病痛，本公司將毋須以任何形式或途徑為受保人提供「24小時全球緊急援助」服務：

- 1) 既有傷病－受保人曾察覺或應合理地察覺表徵或徵狀的傷病，或在適用於受保人的保障生效日期前九十天內曾接受醫療或手術護理或治療的傷病，該定義在受保人接受本保單保障不少於三百六十五天後釋除；
- 2) 因精神錯亂或自我毀傷或與神經失常有關係的病狀而造成的受傷；休養或療養；吸毒或酗酒；
- 3) 先天性疾病或異常；
- 4) 懷孕及分娩；
- 5) 參與任何專業或競賽運動、水上運動、冬季運動、賽車、公路汽車賽、洞穴探索、使用繩索或在嚮導帶領下攀石或攀山、跳傘、吊索跳崖或武術而直接或間接產生的受傷；
- 6) 參與非法行為而造成的受傷或感染的病痛；
- 7) 未經本公司授權及／或介入而提供的服務；
- 8) 任何引致本公司介入但並無發生的事故的需付費用；
- 9) 任何保險的保單訂明提供保障的任何開支；
- 10) 本公司的醫生認為輕微的病痛或身體受傷，受保人可以在當地獲得足夠的治療，而且不會妨礙其繼續旅程或工作；
- 11) 在本公司的醫生認為受保人的身體狀況穩定，能夠以一般乘客身份乘坐交通工具，且毋需醫務護送下，受保人返回原居所產生的開支，惟本公司醫生認為必需者除外；
- 12) 法律或商用交通工具規定須予隔離或分隔的傳染病；
- 13) 受保人參與任何形式的航空飛行，但購票乘搭固定班次航機或按特定航線飛行的持牌飛機則不在此限；
- 14) 受保人自願參與任何武裝衝突（不論為平民或軍事衝突）、罷工、暴動或造反；
- 15) 受保人受到核反應直接或間接造成的影響。

第IV部分：責任限制

- 1). 就本章則及條款項下，所有提供受保人服務的服務提供者(包括但不限於緊急援助服務商、醫生和醫院) (「服務提供者」) 並非本公司的僱員、代理或員工，故其須以獨立身份承擔個別行為責任，而受保人並沒有就任何有關服務提供者提供的服務對本公司擁有追索權。
- 2) 本公司不對任何因服務提供者提供的意見、服務或其行為、疏忽，無論如何產生，所產生或導致的損失或損害承擔責任。
- 3) 本公司及服務提供者無須對任何因天災或其控制範圍以外的情況包括但不限於任何行政、政治或政府阻撓、罷工、工業行動、暴動、內亂，或任何類型的政局不安（包括但不限於戰爭、恐怖主義、起義）、惡劣天氣環境、航班程況或任何其他情況導致未能或延遲提供「24小時全球緊急援助」服務而承擔責任。
- 4) 本公司無須就本章則及條款或因提供「24小時全球緊急援助」服務對任何直接、間接或衍生損失、損害、成本、收費或支出承擔責任。
- 5) 本公司可取消這項「24小時全球緊急援助」服務，惟須按本公司記錄的最新地址，向保單持有人或受保人預先發出30日通知。
- 6) 受保人使用「24小時全球緊急援助」服務乃屬自願。本公司對就使用有關服務而招致的任何損失或責任概不負責。

第V部分：受保人的一般義務

- 1) 受保人有責任採取合理的努力減低緊急事故的影響；
- 2) 受保人須與本公司合作，讓本公司向有關各方取得所有文件和收據，並協助本公司遵照必需的正式手續，費用由受保人支付；
- 3) 若本公司為受保人提供援助時作出任何付款，本公司將有權取代受保人，向任何須就有關援助承擔法律責任的第三方，以及須為緊急援助事故作出賠償的任何其他保險或援助計劃索取付款，最高為本公司已支付的金額。

