
Employee Top Up Medical Insurance Plan

IMPORTANT - Please read this Policy carefully upon receipt and promptly request for any necessary amendments.

The Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning wherever it may appear.

How the Insurance Operates

The Employee Top Up Medical Insurance Plan Policy is a contract between MSIG Insurance (Hong Kong) Limited (the Company) and the Policyholder. The Application, declarations and any information given are the basis of this contract.

In consideration of the Policyholder paying to the Company the required premium, the Company agrees to pay the Insured Person benefits in the manner and to the extent described in the Policy and in the Schedule, if the Insured Person is Confined in a Hospital during the Period of Insurance, or any subsequent period for which the Policy is renewed and the appropriate premium paid, for Medical Service of Injury, Sickness, Disease or Illness.

Part 1: Definitions

Under these Terms and Benefits, words and expressions used shall have the following meanings.

Accident

means an unforeseen and unexpected event of violent, accidental, external and visible nature which shall be the sole cause of bodily Injury and are independent of any other cause and not by Sickness, Disease or Illness or gradual physical or mental wear and tear.

Age

means the attained age of the Insured Person calculated on inclusive basis.

Anaesthetist

means a Registered Medical Practitioner who is

- (a) duly registered under Anaesthesiology in the Specialist Registration with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161) of the laws of Hong Kong or with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise anaesthesiology in the locality where the Medical Service is provided to the Insured Person.

Application

means the application submitted to the Company in respect of this Policy, including but not limited to the application form, questionnaires, health declaration form, any documents or information submitted and any statements and declarations made in relation to such application.

Company / We / Us

means MSIG Insurance (Hong Kong) Limited.

Confinement or Confined

means an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition for a period of no less than six (6) consecutive hours. No minimum period is required for Confinement in connection with any Emergency Treatment in a Hospital as a result of an Emergency for the performance of a surgical procedure or other Medical Service in a Hospital.

Confinement shall be evidenced by a daily room charge invoiced by the Hospital, and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

Congenital Conditions

means any medical, physical or mental abnormalities which existed at the time of or before birth, whether or not being manifested, diagnosed or known about at birth or any neo-natal abnormalities developed within six (6) months of birth. These shall include (but not to the exclusion of others which may medically be regarded as Congenital Conditions) cleft lip or palate, strabismus (squint), hydrocephalus, undescended testicle, Meckel's diverticulum, flat foot, heart septal defect, pre-audicular sinus, arteriovenous malformation and indirect inguinal hernias.

Day Case Procedure

means a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or Day Procedure Centre or Hospital with facilities for recovery as a Day Patient.

Day Patient

means an Insured Person receiving Medical Services or treatments given in a medical clinic, Day Procedure Centre or Hospital where the Insured Person is not in Confinement.

Day Procedure Centre

means any facility designated and equipped for performing surgical operations or procedures, which meets or exceeds the requirements stipulated in the Code of Practice for Day Procedure Centres issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong.

Deductible

means an amount as may be shown in the benefit Schedule or any endorsement or attachment to this Policy, to be deducted from any eligible benefits payable as provided under PART 8 for each Period of Insurance.

Developmental Condition

means disorders which manifest signs of 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 a person at the given Age, level or stage of development

Disability

means any Injury, Sickness, Disease or Illness.

Any one disability shall include all disabilities arising from the same cause including any and all complications therefrom. Subsequent disability from the same cause within ninety(90) days following the latest Medical Service or consultation shall be considered as the same disability.

Subsequent disability from the same cause after ninety (90) days following the latest Medical Service or consultation will be considered as a separate disability if the disability has fully recovered with:

- (a) no further sign and symptom of the disability; and
- (b) no further Medical Service for the disability required or advised by Registered Medical Practitioner.

Effective Date

mean the effective date as determined in accordance with the provisions of Condition 2 under PART 4 of this Policy.

Eligible Expenses

means the Reasonable and Customary expenses for Medically Necessary Medical Services rendered with respect to a covered Disability. In any event, the amount shall not exceed the actual charges incurred and the relevant maximum benefit limits as specified in the Schedule.

Emergency

means an event or situation whereby Medical Service is required immediately to prevent death, permanent impairment or other serious consequences to the Insured Person's health.

Emergency Treatment

means Medical Service required in an Emergency. The Emergency event or situation, and the required Medical Service cannot be and are not separated by an unreasonable period of time.

General Ward

means a room categorised as a general ward or standard room by a Hospital in Hong Kong, or a room with equal to or more than double occupancy in a Hospital outside Hong Kong with a shared bath or shower room but excluding any Semi-Private Room or above. For the avoidance of doubt, any room equipped with kitchen, dining and/or sitting room(s) shall be excluded.

Hospital

means an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which provides Medical Service for sick and injured persons as Inpatients, and which:

- (a) has facilities for diagnosis and major operations;
- (b) provides twenty-four (24) hours nursing services by licensed or registered nurses;
- (c) has one (1) or more Registered Medical Practitioners; and
- (d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.

Injury

means bodily injury caused solely by an Accident.

Inpatient

means an Insured Person who is Confined.

Insured Person

means an individual or covered Dependant who has completed or whose name is included on an Application for the Policy and in respect of whom commencement of cover has been confirmed in writing by the Company.

Medical Benefits

means the benefits provided for under this Policy in respect of medical expenses. Such expenses must be incurred by an Insured Person as a result of Injury, Sickness, Disease or Illness, in respect of the Medical Service or treatment as set forth in Part 8 of this Policy.

Medical Services

means Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability.

Medically Necessary

means the need to have Medical Service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must:

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the Medical Services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but are not limited to:

- (i) the Insured Person is having an Emergency that requires urgent treatment in a Hospital;
- (ii) surgical procedures that are performed under general anaesthesia;
- (iii) equipment for a surgical procedure is available in a Hospital and the procedure cannot be done on a Day Patient basis;
- (iv) there is significantly severe co-morbidity of the Insured Person;
- (v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in a Hospital;
- (vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
- (vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in a Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement:

- (1) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, is not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and
- (2) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the Medical Service rendered.

Mental Illness and Emotional Disorder

mean a disease directly or indirectly arising from any insanity, psychogeriatric, psychological or psychiatric condition including but not confined to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, schizophrenia and other behavioural disorders

Operating Theatre

means any facility designated and equipped for performing surgical operations or procedures, which meets or exceeds the requirements stipulated in the Code of Practice for Day Procedure Centres or the Code of Practice for Private Hospitals issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation under the Private Healthcare Facilities Ordinance (Cap. 633), of the laws of Hong Kong.

Original Commencement Date

means the date specified as such in the Schedule.

Period of Insurance

means the period during which this Policy is in force, which is specified as "Period of Insurance" in the Schedule or any subsequent endorsement to this Policy.

Policy

means this policy underwritten and issued by the Company, which is the contract between the Policyholder(s) and the Company in respect of this plan including but not limited to these terms and conditions, Schedule, Application, declarations and any supplement(s) attached to this policy, if applicable.

Where this policy contains additional Terms and Benefits other than those of this policy, the meaning of policy shall also cover such additional Terms and Benefits.

Policyholder

means the applicant for this Policy who must be aged at least eighteen (18) years old and is the owner of this Policy.

Pre-existing Conditions

- (a) Disabilities which existed before the Effective Date in respect of an Insured Person and which presented signs or symptoms of which the Insured Person was aware or should reasonably have been aware as of the Effective Date; or
- (b) The following Disabilities (including any related conditions arising therefrom, whether directly or indirectly) for which the Insured Person has experienced symptoms or has signs during the first twelve (12) months from the Effective Date:
 - 1) Tumours of internal organs, skin, muscular tissue, bone tumours or malignancies of blood or bone marrow
 - 2) Cancer and carcinoma in situ
 - 3) Haemorrhoids
 - 4) Diseased tonsils requiring surgery
 - 5) Pathological abnormalities of nasal septum or turbinates
 - 6) Thyroid Diseases
 - 7) Cataracts
 - 8) Sinus conditions requiring surgery
 - 9) Hallux valgus
 - 10) Kidney Diseases requires Dialysis
- (c) The following Disabilities (including any related conditions arising therefrom, whether directly or indirectly) for which the Insured Person has experienced symptoms or has signs during the first six (6) months from the Effective Date:
 - 1) Tuberculosis
 - 2) Anal fistulae
 - 3) Gall stones
 - 4) Calculi of kidney, urethra or bladder
 - 5) Hypertension, cardiac disease or vascular disease
 - 6) Gastric or duodenal ulcer
 - 7) Diabetes mellitus

Preferred Private Hospitals in Hong Kong

means the preferred private Hospitals in Hong Kong listed in the Company's website.

The Company reserves the rights to update the list, which may include adding or removing selected Hospitals. Please refer to the latest version on the Company's corporate website, which will be updated from time to time without any prior notice.

Preferred Hospitals in Mainland China

means all Grade 3 (three) Hospitals in Mainland China determined by the National Health Commission of the People's Republic of China, excluding all Chinese Medicine Hospitals.

The latest Grade 3 (three) Hospitals in Mainland China can be found in the official website of National Health Commission of the People's Republic of China or National Healthcare Security Administration which is being posted on the Company's corporate website.

Prescribed Non-surgical Cancer Treatments

means chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy for cancer treatment.

Provider

means all organisations, companies or individuals licensed to provide health services, including Hospitals, Day Procedure Centres, clinics, diagnostic centres, Registered Medical Practitioners, Registered Physiotherapists, Registered Chiropractors, Registered Chinese Medicine Practitioners, Registered Dentists and other health service providers.

Public Hospitals managed by the Hospital Authority in Hong Kong

means a public Hospital managed by Hong Kong Hospital Authority under Hospital Authority Ordinance (Cap. 113) of the laws of Hong Kong.

Reasonable and Customary Charges

means, in relation to a charge for Medical Service, such a level which does not exceed the general range of charges being charged by the relevant Providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable):

- (a) treatment or service fee statistics and surveys in the insurance or medical industry;
- (b) internal or industry claim statistics;

- (c) gazette published by the government; and/or
- (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Registered Chinese Medicine Practitioner

means a Chinese medicine practitioner who is

- (a) duly registered with the Chinese Medical Council of Hong Kong pursuant to the Chinese Medicine Ordinance (Cap. 549) of the laws of Hong Kong or with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise Chinese medicine in the locality where the Medical Service is provided to the Insured Person.

Registered Chiropractor

means a chiropractor who is

- (a) duly registered with the Chiropractors Council pursuant to the Chiropractors Registration Ordinance (Cap. 428) of the laws of Hong Kong or with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise chiropractic in the locality where the Medical Service is provided to the Insured Person.

Registered Dentist

means a dental practitioner 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 with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise dentistry in the locality where the Medical Service is provided to the Insured Person.

Registered Medical Practitioner

means a medical practitioner of western medicine, be he a General Practitioner, Specialist or Surgeon 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 with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise medical and surgical service in the locality where the Medical Service is provided to the Insured Person.

Registered Physiotherapist

means a physiotherapist 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 with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise physiotherapy in the locality where the Medical Service is provided to the Insured Person.

Renewal or Renew

means the Policy is renewed without any lapse of time upon its expiry.

Schedule

means the Policy schedule and benefit schedule attached to this Policy which sets out the Policy details, benefits entitlement, and the Period of Insurance.

Schedule of Surgical Procedures

means the surgical schedule attached to this Policy and full list of the schedule of surgical procedures of the Company as amended from time to time without prior notice to the Insured Person in which surgical operations are classified into different categories according to the relative degree of complexity of operations involved. The classification shall include minor, intermediate, major and complex operation.

If an operation is not listed in the schedule of surgical procedures, the Company will determine the appropriate category by referring to a comparable operation of similar complexity and severity. Additionally, the Company may take into account the gazette published by the government or any other relevant publications or information, including but not limited to the schedule of fees recognized by the government, relevant authorities, or medical associations in the locality where the surgical procedure is performed.

Semi-Private Room

means a room categorised as a semi-private or second class room by a Hospital in Hong Kong, or a single or double occupancy room in a Hospital outside Hong Kong with a shared bath or shower room, but excluding any Standard Private Room or above. For the avoidance of doubt, any room equipped with kitchen, dining and/or sitting room(s) shall be excluded.

Sickness, Disease or Illness

means a physical condition marked by a pathological deviation from the normal healthy state.

Specialist

means a Registered Medical Practitioner who is

- (a) duly registered under the Specialist Registration with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161) of the laws of Hong Kong or with a body of equivalent standing in jurisdictions outside Hong Kong; and
- (b) legally authorised to practise specialist medical and surgical services in the locality where the Medical Service is provided to the Insured Person according to the qualified specialty.

Standard Hospitals

means all Hospitals not included in any of the following categories: Preferred Private Hospitals in Hong Kong, Public Hospitals managed by the Hospital Authority in Hong Kong or Preferred Hospitals in Mainland China.

Standard Private Room

means a room categorised as a single, private or first class room by a Hospital in Hong Kong, or a basic single occupancy room in a Hospital outside Hong Kong with a private bath or shower room. For the avoidance of doubt, any room equipped with kitchen, dining and/or sitting room(s) shall be excluded.

Terms and Benefits

means the terms and conditions together with the Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) under this Policy.

Usual Country of Residence

means the country in which the Insured Person or covered Dependant is usually living at the date of commencement of cover under the Policy and which is declared on the Application. As a condition precedent to liability, the Company must be informed in writing of any permanent change in the usual country of residence, which shall be deemed to mean the Insured Person or covered Dependant living or intending to live in another country for a period in excess of three (3) consecutive months. The Company reserves the right to continue cover on terms and conditions it considers appropriate to the new usual country of residence or to decline to continue cover under the Policy.

Western Medication

means medication legally registered with the Pharmaceutical Service of Department of Health in Hong Kong or with an equivalent legal authority in any other jurisdiction where medical expenses are incurred for the provision of western medicine and surgical services.

Part 2: Special Definitions**Child**

means any person who:

- (a) has attained fifteen (15) days old;
- (b) is an unmarried person;
- (c) is financially solely dependent upon the Policyholder; and
- (d) is under eighteen (18) years old, or up to twenty-five (25) years old for those who are registered as and are full time students at a recognised educational institution.

Dependant

means only the following:

- (a) the spouse of the Policyholder; and
- (b) any Child of the Policyholder (including those legally adopted by the Policyholder).

Eligible Person

means any person who:

- (a) is an existing Insured Person under the Company's group medical policy or Immediate Family or Dependant; and
- (b) has reached fifteen (15) days old but has not attained sixty-five (65) years old, and
- (c) has been registered under the Definition of "Registration" in this Part 2.

Immediate Family

means the Insured Person's father, mother, brother and sister. The result of Application will be subject to underwriting review and approval of the Company.

Registration

means the registration of an Eligible Person by the Company as an Insured Person of the Policy. The Application for Registration shall be made on the prescribed form subject to the provisions of Section 1 and Section 4 of Part 4 of this Policy. The Company shall, in all cases, give written notice to an applicant for Registration of the terms to which any Registration will be subject and reserves the right to decline any Application or to decline to give any reason for its decision. No person may be included in more than one registration.

Part 3: General Conditions

1. Interpretation

- (a) Throughout this Policy, where the context so requires, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural, and vice-versa.
- (b) Headings are for convenience only and shall not affect the interpretation of this Policy.
- (c) Any reference to a time of a day shall be the time in Hong Kong.
- (d) Unless otherwise provided in any endorsement attached to this Policy, should there be any conflict between the terms and conditions in this Policy and those contained in any other material produced by the Company, these terms and conditions shall prevail.
- (e) Unless otherwise defined, capitalized terms used in this Policy shall have the meanings ascribed to them under the definitions section of these terms and conditions.
- (f) The Chinese version of this Policy is for reference only. Should there be any discrepancy between the English and Chinese versions, the English version of this Policy shall apply and prevail.

2. Addition or Deletion of Insured Person

The Policyholder may request for the addition or deletion of any Insured Person at Renewal. The addition or deletion of an Insured Person is, however, subject to the approval of the Company, and the Company shall credit or debit the Policyholder for the premium required.

3. Alterations

No alterations in the terms of this Policy nor any document forming part thereof shall be valid unless the same are signed by an authorised representative of the Company.

4. Cancellation within cooling-off period

The Policyholder may exercise the right of cancellation of these Terms and Benefits with a full refund of paid premium during the cooling-off period. The cancellation right is subject to the following conditions:

- (a) The request to cancel must be signed by the Policyholder and received directly by the Company within the cooling-off period. The cooling-off period is the period of twenty-one (21) days immediately following the day of the delivery to the Policyholder or the nominated representative of the Policyholder, of:
 - (i) these Terms and Benefits and the Schedule; or
 - (ii) the cooling-off notice;whichever is the earlier. For the avoidance of doubt, the day of delivery of these Terms and Benefits and the Schedule or the cooling-off notice is not included for the calculation of the twenty-one (21) day period. However, if the last day of the twenty-one (21) day period is not a working day, the period shall include the next working day; and
- (b) no refund shall be made if a benefit payment has been made, is to be made or is pending.

The above cancellation right shall not apply at Renewal.

–To exercise this cancellation right, the Policyholder must:

 - (a) return the original of these Terms and Benefits and the Schedule; and
 - (b) attach a letter, signed by the Policyholder, requesting cancellation or in other forms acceptable by the Company.

These Terms and Benefits shall then be cancelled and the premium paid shall be fully refunded. In such event, these Terms and Benefits shall be deemed void from the Original Commencement Date and the Company shall not be liable to pay any benefit.

5. Cancellation

After the cooling-off period, the Policyholder may request cancellation of these Terms and Benefits by giving thirty (30) days prior written notice to the Company, provided that no benefit payment has been made under these Terms and Benefits during the relevant Period of Insurance.

- (a) If the Policyholder gives notice in writing to the Company to terminate this Policy, or to terminate cover with respect to any Insured Person included hereunder, such termination shall take effect thirty (30) days after the date the Company receives such notice, provided that no claims have been paid or are payable under this Policy in respect of that individual Insured Person. No premium or proportion of the premium will be refunded to the Policyholder when termination is accepted before the natural expiry date of the annual Policy.
- (b) If the Company gives notice of termination by registered letter to the Policyholder at his last known address, such termination shall take effect thirty (30) days after the date of such notice is issued.
- (c) This Policy shall terminate forthwith upon the death of the Policyholder. Any Eligible Person shall cease to be an Insured Person forthwith upon his death or upon his ceasing to be an Eligible Person.
- (d) In the event that the initial premium charged to the Policyholder's nominated bank account is not paid, this Policy shall be deemed null and void from the Original Commencement Date.
- (e) Provided one or more premiums charged to the Policyholder's nominated bank account have been paid, non-payment of any subsequent premium shall terminate this Policy as of the last day of the month in which such premium became payable.
- (f) In the event premium has been paid for any period beyond the termination date of this Policy, or beyond the termination date of cover in respect of Insured Persons, the relevant proportion shall be refunded to the Policyholder's nominated bank account. In the event that premium has not

been paid for any period up to the date of termination or as otherwise provided for in this Policy, the Policyholder shall be liable to the Company for the payment of such premium.

- (g) The Company shall be entitled at any time to terminate this Policy, or to subject this Policy to different terms, if the Policyholder or an Insured Person has at any time failed to observe the terms and conditions of this Policy or failed to act with the utmost good faith.

6. Assignment

The rights, benefits, obligations and duties of the Policyholder under these Terms and Benefits shall not be assignable, and the Policyholder warrants that any amounts payable under these Terms and Benefits shall not be subject to any trust, lien or charge.

7. Co-operation

As a condition precedent to the Company's liability, the Insured Person or his representatives shall co-operate fully with the Company, its representatives, and its medical advisers, and will fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know, and will upon request execute any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any doctor or Hospital or other source.

8. Clerical error

Clerical errors in keeping the records shall neither invalidate coverage which is validly in force nor justify the continuation of coverage which has been validly terminated.

9. Currency

Any claim for Eligible Expenses made by the Insured Person in any foreign currency shall be converted to HKD at the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of that foreign currency for the date on which the actual Eligible Expenses are settled by the Policyholder or the Insured Person. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, the Company shall convert the foreign currency at the rate certified as appropriate by the Company's bankers, which shall be deemed final and binding.

10. Company's Obligation

The Company shall at all times perform its obligations in this Policy in utmost good faith, in compliance with the relevant guidelines issued by the Insurance Authority, and all applicable laws and regulations.

11. Governing law

This Policy is issued in Hong Kong and shall be governed by and construed in accordance with the laws of Hong Kong. The Company and Policyholder agree to be subject to the exclusive jurisdiction of the Hong Kong courts.

12. Dispute resolution

If any dispute, controversy, or disagreement arises out of this Policy, including matters relating to the validity, invalidity, breach or termination of this Policy, the Company and Policyholder shall use their endeavours to resolve it amicably. Failing such amicable resolution, the matter may (but is not obliged to) be referred to any form of alternative dispute resolution, including but not limited to mediation or arbitration, as may be agreed between the Company and the Policyholder, before it is referred to a Hong Kong court. Each party shall bear its own costs of using services under alternative dispute resolution.

13. Liability

The Company shall not accept any liability under this Policy unless the terms of this Policy relating to anything to be done or not to be done are duly observed and complied with by the Policyholder and the Insured Person, and the information and representations made in the Application and declaration are correct. Notwithstanding the above, the Company shall not disclaim liability unless any non-observance or non-compliance with the terms of this Policy, or the inaccuracy of the information and representations made in the Application and declaration, shall materially and adversely affect the interests of the Company.

14. Reasonable Precautions

The Insured Person shall take all reasonable precautions to prevent and minimise any Accident, Injury or death and the Company must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, sporting activity or otherwise, which may increase the possibility or likely quantum of a claim under the Policy. The Company reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances, or to decline to continue cover under the Policy.

15. Misstatement of personal information

Without prejudice to the Company's right to declare this Policy void in the case of misrepresentation on health-related information or fraud as provided in Section 16 of this Part 3, if the non-health related information of the Insured Person that may impact the risk assessment by the Company (including but not limited to Age, sex or smoking habit) is misstated in the Application or in any subsequent information or document submitted to the Company for the purpose of the Application, including any updates of and changes to such requisite information, the Company may adjust the premium, for the past, current or future Period of Insurance, on the basis of the correct information. Where additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional required premium is not paid within a grace period of thirty (30) days after the due date as notified by the Company to the Policyholder, the Company shall have the right to terminate this Policy with effect from such due date, in which case Section 17 of this Part 3 shall apply. Where there has been an overpayment of premium by the Policyholder, the Company shall refund the overpaid premium.

Where the Company, based on the correct information of the Insured Person and the Company's underwriting guidelines, considered that the Application of the Insured Person should have been rejected, the Company shall have the right to declare this Policy void as from the Original Commencement Date and notify the Policyholder that no cover shall be provided for the Insured Person. In such circumstances, the Company shall have:

- (a) the right to demand a refund of the benefits previously paid; and
- (b) the obligation to refund the premium received,

in each case for the current Period of Insurance and the previous Period of Insurance in which this Policy was in force, subject to a reasonable administration charge payable to the Company. This refund arrangement shall be the same as that set out in Section 16 of this Part 3.

16. Misrepresentation or fraud

The Company has the right to declare this Policy void as from the Original Commencement Date and notify the Policyholder that no cover shall be provided for the Insured Person in the event of any of the following:

- (a) any material fact relating to the health-related information of the Insured Person which may impact the risk assessment by the Company is incorrectly stated in, or omitted from, the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to the Company for the purpose of the Application, including any updates of and changes to such requisite information. The circumstances that a fact shall be considered "material" include, but not limited to, the situation where the disclosure of such fact as required by the Company would have affected the underwriting decision of the Company, such that the Company would have imposed premium loading, included exclusion(s), or rejected the Application. For the avoidance of doubt, this paragraph (a) shall not apply to non-health related information of the Insured Person, which shall be governed by Section 15 of this Part 3; or
- (b) any Application or claim submitted is fraudulent or where a fraudulent representation is made.

The burden of proving (a) and (b) shall rest with the Company. The Company shall have the duty to make all necessary inquiries on all facts which are material to the Company for underwriting purposes.

Provided that, upon discovery of a misrepresentation or non-disclosure of a material fact under paragraph (a), the Company may, at its sole discretion and in lieu of voiding this Policy from inception,

- (i) impose an exclusion relating to the undisclosed or misstated condition(s); and/or
- (ii) adjust the premium or other terms of the Policy prospectively,

subject to the Policyholder's written consent. Where the Policyholder does not accept such revised terms, the Company may then exercise its right to declare the Policy void from inception as provided above.

In the event of (a), the Company shall have:

- (i) the right to demand refund of the benefits previously paid; and
- (ii) the obligation to refund the premium received,

in each case for the current Period of Insurance and the previous Period of Insurance in which this Policy was in force, subject to a reasonable administration charge payable to the Company.

In the event of (b), the Company shall have –

- (i) the right to demand refund of the benefits previously paid; and
- (ii) the right not to refund the premium received.

17. Termination of Medical Benefits

Coverage of the Insured Person shall automatically terminate on the earliest of the following dates:

- (a) the expiration of the period for which the last premium payment was made in respect of such Insured Person;
- (b) the expiry date coinciding with or following the death of the Insured Person/Policyholder;
- (c) the date on which the Insured Person is deleted from this Policy;
- (d) the date when the Insured Person's coverage or benefits under this Policy shall have been exhausted;
- (e) at midnight (Hong Kong SAR time) on the expiry date of this Policy provided that if an Insured Person is in Confinement for a covered Disability at the time of such termination, then the time of termination shall be extended for such Confinement up to a maximum of thirty (30) days from such Disability or the time his coverage or benefits for such Disability shall have been exhausted, whichever shall first occur.

Coverage of the Insured Person shall end upon the promulgation of any laws or regulations in the relevant jurisdiction whereby the provision of insurance coverage to the Insured Person will become illegal.

18. Notices to Company

All notices which the Company requires the Policyholder to give shall be in writing, or in other forms acceptable by the Company, addressed to the Company.

19. Other insurance coverage

If at the time of any claim under this Policy there exists any other medical insurance policy or scheme (including any group or individual medical policy underwritten by the Company or any other insurer) providing reimbursement for the same medical expenses, the Company shall not be liable to pay any benefit under this Policy unless and until the benefits payable under such other policy or scheme have been fully exhausted or paid up to their applicable limits.

The Company shall only be liable for the balance of Eligible Expenses which remain unpaid after the benefits under such other policy or scheme have been applied.

For an Insured person who has another insurance coverage, the Insured Person shall first submit the claim to such other policy or scheme and shall, upon request, provide the Company with satisfactory proof of the final settlement or payment made thereunder. In the absence of such proof, no benefit shall be payable under this Policy.

For an Insured person who has no other insurance coverage except this Policy, the Insured Person shall submit the original medical documents including but not limited to receipts and medical reports to the Company. Benefit shall be payable under this Policy.

In no event shall the total amount payable under this Policy and all other policies or schemes exceed 100% of the total Eligible Expenses incurred.

20. Ownership of Policy

Unless otherwise expressly provided for by any endorsement to this Policy, the Company shall be entitled to treat the Policyholder as the absolute owner of this Policy. The Company shall not be bound to recognise any equitable or other claim to or interest in this Policy, and the receipt of or for payment of any benefit under this Policy by the Insured Person (or by his legal, or authorised representative) shall be a full and an effective discharge of the Company's liability to the Policyholder to make payment for that benefit. Notwithstanding any provision to the contrary elsewhere in this Policy, it is hereby expressly stipulated that any and all rights and obligations under this Policy are only enforceable by the Company or the Policyholder, being the only parties to this contract of insurance, and by no other party. For the avoidance of doubt, it is further stipulated that the Insured Person shall have no rights under this Policy and shall not be entitled to make any claim against this Policy notwithstanding that the Company may make payment of the benefits payable under this Policy directly to the Insured Person, the Hospital, any of the persons defined as Registered Medical Practitioner as defined above or any other party rendering the service or making the charge (whose receipt of or for payment shall constitute full and final discharge).

21. Third Party Rights

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

22. Subrogation

After the Company has paid a benefit under this Policy, the Company shall have the right to proceed at its own expense in the name of the Policyholder and/or the Insured Person against any third party who may be responsible for events giving rise to such benefit claim under this Policy. Any amount recovered from any such third party shall belong to the Company to the extent of the amount of benefits which has been paid by the Company in respect of the relevant benefit claim under this Policy. The Policyholder and/or the Insured Person must provide full details in his possession or within his knowledge on the fault of the third party and fully cooperate with the Company in the recovery action. For the avoidance of doubt, the above subrogation right shall only apply if the third party is not the Policyholder or the Insured Person.

23. Suits against third parties

Nothing in this Policy shall oblige the Company to join, respond to or defend (or indemnify in respect of the costs for) any suit or alternative dispute resolution process for damages for any cause or reason which may be instituted by the Policyholder or the Insured Person against any Registered Medical Practitioner, Hospital or healthcare services Provider, including but not limited to any suit or alternative dispute resolution process for negligence, malpractice or professional misconduct or any other causes in relation to or arising out of the medical investigation or treatment of the Disability of the Insured Person under the terms of this Policy.

24. Waiver

No waiver by any party of any breach by any other party of any provisions of this Policy shall be deemed to be a waiver of any subsequent breach of that or any other provision of this Policy, and any forbearance or delay by any party in exercising any of its rights under this Policy shall not be construed as a waiver of such rights. Any waiver shall not take effect unless it is expressly agreed, and the rights and obligations of the Company and Policyholder under this Policy shall remain in full force and effect except and only to the extent that they are waived.

25. Continuity of Benefits after Termination

In the event of termination or non-renewal of the Policy covered benefits shall continue to be payable for up to a maximum period of thirty (30) days thereafter in respect only of any claim which has been reported to and accepted by the Company prior to such termination or non-renewal, subject to the limits and sub-limits set out in the Schedule, and provided that the Insured Person is not residing or seeking covered Medical Services outside the Usual Country of Residence. In the event that an Insured Person becomes resident or seeks covered Medical Services outside the Usual Country of Residence, no such continuity of covered benefits shall apply.

26. Territorial Scope of Cover

The territorial scope of cover of this Policy is worldwide excluding United States of America (USA). The Company shall not be liable to pay for any Medical Services incurred in USA, regardless of whether they are Emergency Treatment.

27. Termination Upon Return to USA

In respect of Insured Persons who are citizens of or have right of abode in the USA and who return to the USA, insurance under the Policy shall terminate automatically from the date of their return to the USA.

The Insured Person must notify the Company of such return or intention to return within thirty (30) days thereof, and the Company will cancel the Policy and refund a proportionate part of the annual premium from the date of return up to the next due date.

Part 4: Special Conditions

1. Registration

The following conditions must be met on the date of Registration under this Policy:

- (a) the Insured Person must be an existing group member or subject to the underwriting approval, a Dependant or an Immediate Family of an existing group member;
- (b) the Insured Person must not be currently or previously covered under the Company's Employee Top Up Medical Insurance Plan;
- (c) the existing group member must fulfil either one (1) of the eligibility requirements (1), (2) or (3) below and submit the Application for this Policy within the specified period without underwriting approval:
 - (1) If the existing group member is newly covered under the Company's group medical plan, the Application can be submitted within thirty (30) days from its group policy's coverage commencement date;
 - (2) If the existing group member's group medical policy is renewed with the Company, the Application can be submitted within thirty (30) days from the group policy's contract anniversary date;
 - (3) If the existing group member has terminated employment or retired, the Application can be submitted within thirty (30) days before the last day of the existing group member's membership;
- (d) if the existing group member's Company group medical plan only covers below ten (10) employees as at the time when the Insured Person's Application is submitted, the Company will only accept enrolment for this Policy if the eligibility criteria in (c)(3) above is fulfilled. In any event, the Company shall reserve the right to ask for supporting documentary proof to evident the above eligibility requirements are duly satisfied;
- (e) if the Insured Person is not an existing group member, the Application for this Policy can be submitted within thirty (30) days prior to the Employee Top Up Medical Insurance policy anniversary date of the relevant existing member of the Company group medical insurance policy subject to the Company underwriting approval. No benefit shall be payable for any Pre-existing conditions unless the conditions or illness have been declared to and accepted by the Company;
- (f) the Policyholder must be eighteen (18) years old or above;
- (g) if the Insured Person is under eighteen (18) years old as at the coverage commencement date, the Policyholder must be the parent or legal guardian of the Insured Person;
- (h) the Insured Person is residing in Hong Kong upon Application; and
- (i) the Policyholder must hold a Hong Kong dollars current or savings bank account with any bank in Hong Kong.

2. Effective Date

Subject to the Policyholder paying the premiums or additional premiums (in accordance with the provisions of Section 1 of Part 5) the Medical Benefits for an Insured Person shall become effective and available on whichever is the latest of and as the case may be:

- (a) Insurance for Eligible Persons will commence on the date specified in the Application after the approval of the Application for Registration is complete or upon the date specified in the Application whichever is the later.
- (b) The Original Commencement Date of this Policy if the Insured Person shall have been duly Registered for the benefit or benefits in question as of the Original Commencement Date.
- (c) Whenever an Insured Person who has voluntarily terminated his coverage under this Policy applies for reinstatement, the Policyholder shall furnish at his own expense evidence of the Insured Person's health satisfactory to the Company in addition to a properly completed written Application for reinstatement, and cover for the benefits shall not become effective until the date of Registration by the Company pursuant to such Application.

3. Effective Date Provision

If any Insured Person is confined in a Hospital on the date on which the benefits would otherwise have become effective and available, benefits for such an Insured Person shall not become effective until the day immediately following the termination of such Confinement.

4. Minimum and Maximum Ages Acceptance

No person shall be accepted for Registration under this Policy who is under fifteen (15) days old or exceeds sixty-five (65) years old as at the date of Registration. Should such person be accepted for Registration by mistake, the Company shall not be liable to provide any benefit in respect of that person under this Policy and shall moreover be entitled to cancel Registration for coverage of that person in accordance with the provisions of Section 5 of Part 3 without prejudice to the condition precedent to liability.

5. Eligibility Date of Dependant or Immediate Family

The date of eligibility of any Dependant or Immediate Family is determined in accordance with the following:

- (i) If the Policyholder has any Dependant or Immediate Family who is an Eligible Person on the Effective Date, such Dependant or Immediate Family becomes eligible for coverage as of the Effective Date.
- (ii) If any Dependant or Immediate Family is added after the Effective Date of this Policy, subject to underwriting approval, and such Dependant or Immediate Family becomes an Eligible Person within the meaning of the 'Eligible Person' as defined in Part 2 by Registration with the Company, the date of that Dependant or Immediate Family's eligibility for Medical Benefits shall be the date on which he becomes an Insured Person through Registration.

6. Duplicate Application

An Insured Person can only apply for this plan once per lifetime, and shall not be covered under more than one Policy of Employee Top Up Medical Insurance Plan issued by the Company. In the event that an Insured Person is covered under more than one such policy, the Company will consider that person to be insured under the policy which provides the greatest amount of benefit. When the benefit under each such policy is identical, the policy first issued by the Company will be the only one considered by the Company for payment of benefits. The Company will refund any duplicated insurance premium payment which may have been made by or on behalf of that Insured Person.

7. Request for Change of Benefits

The Insured Person may only apply to the Company in writing to downgrade the selected plan one month prior to each Renewal, including downgrading the Medical Benefits to a lower room class or adding a deductible under this Policy. No upgrade of the Medical Benefits will be offered. The Application will be made on a form prescribed by the Company and is subject to underwriting and approval by the Company, and the downgrade of plan will be effective on the date of Renewal. Exclusions imposed for the Insured Person under the existing group medical policy shall apply to the plan converted hereto.

For the Policy with Deductible, the Policyholder may apply to remove the Deductible under this Policy at fifty-five (55) years old, sixty (60) years old, or sixty-five (65) years old of the Insured Person within thirty (30) days before the relevant policy anniversary, subject to the approval of the Company. The right of removal of the Deductible can only be exercised once in the lifetime of the Insured Person.

For the avoidance of doubt, acceptance or non-acceptance by the Company of any addition or removal of the Deductible must be approved and confirmed in writing by the Company before the change can become effective.

8. Reinstatement

If this Policy is terminated for any reason, the Policyholder may apply to the Company in writing to reinstate this Policy within (2) two months after this Policy has lapsed. The Application will be made on a form prescribed by the Company, acceptance and approval by the Company shall reinstate this Policy as of the date of such acceptance and approval ("date of reinstatement") provided the Policyholder shall have paid all overdue premium with interest as determined by the Company prior to the date of reinstatement. The reinstated Policy shall cover only medical expenses caused by a Disability which commences after the date of reinstatement.

9. Waiting Period for selected conditions

Eligible Expenses arising from the selected condition(s) and procedures specified below shall not be payable during a waiting period of six (6) months commencing from the Effective Date for all Insured Persons, irrespective of whether such condition(s) were known or unknown to the Policyholder and/or Insured Person at the time of submission of the Application. For the purpose of this provision, if the Insured Person has experienced any symptoms, signs, or manifestations attributable to the condition(s) or perform procedures listed below during the first six (6) months from the Effective Date, any Eligible Expenses incurred in relation thereto shall not be reimbursable until the expiration of the waiting period. The Company shall determine the applicability of this waiting period based on medical evidence and records provided, and such determination shall be final and binding.

After the completion of the six (6)-month waiting period, Eligible Expenses arising from the condition(s) and procedures below shall be payable in accordance with these Terms and Benefits, subject to any applicable limits or exclusions imposed under the Policy. For the avoidance of doubt, this waiting period shall apply uniformly to all Insured Person and shall not be waived or shortened.

The condition(s) and procedures subject to this waiting period include:

1. Cataracts
2. Hallux valgus
3. Joint replacement surgery including but not limited to hip replacement, knee replacement
4. Hospital treatment or home investigation to investigate sleep patterns and anomalies such as sleep apnoea and snoring
5. Oesophago-gastro-duodenoscopy (OGD) and colonoscopy
6. Viral Warts and skin lesions treatment

Part 5 – Premium Provisions

1. Premium Payments

The Policyholder shall remit the premium, either monthly or annually as agreed, on or before the due date, with the amount being debited to the Policyholder's nominated bank account. Premiums are due in advance at the commencement of each period. Should the Company not receive payment by the due date, Registration shall terminate on the Original Commencement Date (for annual premiums) or on the last day of the month in which the premium was due (for monthly premiums). However, if an overdue payment is received by the Company within thirty (30) days after the due date, the Company may, at its discretion, allow the Registration and all corresponding benefit entitlements to remain in full force and effect.

2. Premium Rate of this Policy

The Company shall prescribe the premium rates, including any premium discounts or surcharges from time to time, and reserves the right to determine the method of premium payment.

3. Grace period

The Company shall allow a grace period of thirty (30) days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium remains unpaid in full upon expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due.

Part 6 – Renewal Provisions

1. Renewal

This Policy, subject to the payment of premiums, shall be in force for one Period of Insurance.

At the expiry of this Policy, subject to the right of the Company to terminate this Policy as provided herein and provided that the "Employee Top Up Medical Insurance Plan" continues to be available for Renewal, this Policy shall be automatically Renewed for another Period of Insurance subject to

the successful collection of premium 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.

Subject to other terms and conditions of this Policy and provided that the "Employee Top Up Medical Insurance" continues to be available for Renewal, the Policyholder has a guaranteed right to Renew the insurance coverage lifetime for an Insured Person under this Policy.

In the event that the Policyholder disagrees with the Renewal, he may give a written notice to the Company within 30 days before the Renewal Date of this Policy to cancel such Renewal. This Policy shall then be terminated at the expiry of the Period of Insurance immediately prior to such Renewal.

Notwithstanding anything to the contrary in this Policy, the Company has the right to suspend or cease offering the "Employee Top Up Medical Insurance"; and to revise the benefits, premiums, terms and conditions, and to make changes to this Policy. If the Company decides to cease offering or suspend the "Employee Top Up Medical Insurance", the Company will endeavour to transfer the Insured(s) to another available medical insurance plan.

2. Revision of Benefit Structure and Premium

The Company reserves the right to revise the benefit structure and premium under this Policy. The Company will give the Policyholder a written notice of not less than 30 days prior to the expiry of the Period of Insurance specifying the revised benefit schedule, the new premium and its effective date. The revised benefit schedule 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 benefit schedule shall be issued together with an endorsement (if applicable).

Part 7: Claim Provisions

1. Claims Procedures

Any claims must be submitted using a completed claim form in the format prescribed by the Company within ninety (90) days from the date of discharge from Hospital or from the date of treatment or Medical Services rendered that give rise to the claim. The claim submission must include all required supporting documents, including original receipts, itemized bills, and a diagnosis certified by a Registered Medical Practitioner. A claim will not be considered complete until all such documents have been submitted and accepted by the Company. Failure to submit the claim and required documents within the prescribed period may result in the denial of the claim.

The Company may require the submission of additional information, certificates, evidence, medical reports, data, or other materials for claims assessment purposes. All certificates, information, and evidence reasonably required by the Company and reasonably obtainable by the claimant must be furnished at the claimant's expense. The Company shall not be liable for any claim if the required information is not received within sixty (60) days from the date of its written request, unless otherwise agreed by the Company.

The Company reserves the right, at its own expense, to appoint an independent medical examiner to assess the Insured Person, as appropriate, at any reasonable time and as often as necessary during the pendency of a claim under the Policy. In the event of the Insured Person's death, the Company shall be entitled to require a post-mortem examination at its own expense. When practicable, notice of the time and place of any inquest, burial, or cremation shall be provided to the Company in advance.

In respect of an Insured Person for whom any benefit is covered or payable under any other group medical policy, claims must be submitted to that policy first before submission to the Company. Otherwise, the Company is not obliged to pay the relevant claims.

2. Payment of Claims

Payment of a claim by the Company shall not be regarded as a precedent for the payment of any subsequent claims under the Policy. If a claim, which is not payable according to the terms and conditions of the Policy, has been paid, the Insured Person shall be liable to reimburse the Company upon written demand. The reimbursement shall include all ineligible or excessive expenses incurred. The Company reserves the right to deduct any such ineligible or excessive amounts from future claims submitted under this Policy.

If Eligible Expenses are submitted without a detailed breakdown, the Company reserves the right to reimburse the claim on a pro-rata basis, subject to the applicable terms of the Policy.

Claim payment shall be made against the group medical policy of the Insured Person first (if any). Any unpaid portion of the Eligible Expenses shall then be paid under this Policy subject to the terms and conditions of this Policy.

3. Arbitration and Abandoned Claims

If the Company shall disclaim Policy liability or there is any dispute as to the amount to be paid under this Policy (collectively known as "the Dispute"), the Dispute shall be determined by arbitration in accordance with the prevailing Arbitration Ordinance (Cap. 609) of the laws of Hong Kong as amended from time to time. If the parties fail to agree upon the choice of Arbitrators or Umpires, then the choice shall be referred to the Chairman for the time being of the Hong Kong International Arbitration Centre. It is hereby expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained.

If the Dispute is not referred to arbitration within twelve (12) months from the date of the Company's disclaimer of liability or rejection of the claim, then such claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

4. Legal Proceedings

No action in law or equity shall be brought to recover under the Policy until after the expiration of sixty (60) days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties have agreed that the Law of the Hong Kong Special Administrative Region shall govern and control in the event of any conflict or dispute between the parties with regard to the Policy, and that the parties submit themselves to the exclusive venue and jurisdiction of the Courts of the Hong Kong Special Administrative Region for the resolution of any such conflict or dispute.

Part 8 – Benefits Provisions

Subject to the Terms and Benefits, if the Insured Person, as a result of a Disability and upon the recommendation of a Registered Medical Practitioner, is Confined in a Hospital; or undergoes any Day Case Procedure, advanced diagnostic imaging, Prescribed Non-surgical Cancer Treatments, kidney dialysis or Emergency outpatient treatment for Accident, the Company shall reimburse the Eligible Expenses which are Medically Necessary, Reasonable and Customary in accordance with benefit items under this Part 8.

The amount of Eligible Expenses payable under these Terms and Benefits shall not exceed the actual costs for Medical Services provided to the Insured Person, subject to the limits and reimbursement percentages as stated in the benefit schedule.

The reimbursement percentage for Eligible Expenses incurred for Confinement and Day Case Procedure performed in Hospital with facilities for recovery as a Day Patient, which is stated in the benefit schedule, varies depending on the choice of Hospital where Medical Service is received.

The classification of Hospitals is shown as follows:

1. Standard Hospitals
2. Preferred Private Hospitals in Hong Kong
3. Public Hospitals managed by the Hospital Authority in Hong Kong
4. Preferred Hospitals in Mainland China

For cancer related Medical Services, including both surgical procedure and Prescribed Non-surgical Cancer Treatments, received during Confinement at any private Hospital in Hong Kong, the reimbursement percentage applicable to the Preferred Private Hospitals in Hong Kong shall apply, regardless of whether the private Hospital is classified as Standard Hospitals or Preferred Private Hospitals in Hong Kong.

For Day Case Procedures performed in medical clinic and Day Procedure Centre (excluding procedures performed in a Hospital as a Day Patient), the reimbursement percentage applicable to the Preferred Private Hospitals in Hong Kong shall apply.

For Day Case Procedures performed in a Hospital, the reimbursement percentage shall depend on the choice of Hospital where Medical Service is received.

For Medical Services received in Public Hospitals managed by the Hospital Authority, the reimbursement percentage applicable to the Public Hospitals managed by the Hospital Authority in Hong Kong shall apply, provided that the Insured Person is an Eligible Person and admitted to a General Ward, incurring public charges as published in the Gazette under Hospital Authority Ordinance (Cap. 113) of the laws of Hong Kong. In cases where private charges are incurred within a Public Hospital managed by the Hospital Authority in Hong Kong, the reimbursement percentage applicable to Standard Hospitals shall apply.

(A) Lump Sum Hospital and Surgical Benefit

The Company shall pay the Medically Necessary expenses incurred for items A1 to A14 of Part 8, when an Insured Person is registered as an Inpatient in a Hospital for the Medical Service of a covered Disability and incurs charges thereof, upon recommendation of a Registered Medical Practitioner.

The amount of benefits shall be equal to the actual charges but in no event shall the benefits payable under this provision exceed the limits or maximums (or maximum percentages) as set forth in the Schedule.

The benefits outlined in Section A of Part 8 are extended to cover Day Case Procedure, if applicable

(1) Hospital Room Charges

This benefit shall be payable when an Insured Person is registered as an Inpatient in a Hospital for the Medical Service of a covered Disability and incurs charges therefor, upon recommendation of a Registered Medical Practitioner. The amount of the benefit shall be equal to the actual charges made by the Hospital in respect of hospital room charges during the Insured Person's Confinement (except those for private nursing services) but in no event shall the benefits payable under this paragraph exceed the limits or maximums as set forth in the Schedule.

(2) Meal Benefit

This benefit shall be payable while an Insured Person is registered and staying as an Inpatient in a Hospital for Medical Service of a covered Disability and incurs charges thereof. The amount of benefit shall be equal to the normal, proper and actual charges for meals incurred during the Insured Person's Confinement. In no event shall the benefits payable under this provision exceed the limits or maximums as set forth in the Schedule. The meal allowance accrues on daily basis. Any unused portion of the meal allowance may not be carried forward to any other day.

(3) Miscellaneous Hospital Services

If the Insured Person is entitled to benefit payable under Hospital Room Charges benefit under Section A(1) of this Part 8, the Company shall also pay the actual expenses charged by the Hospital for any of the following services rendered during such Confinement which are customarily supplied by the Hospital:

1. Road ambulance service to and/or from the Hospital;
2. Anaesthesia and oxygen and their administration;
3. Drugs, medicines and curative materials consumed on premises;
4. Blood transfusion, except charges for blood or blood plasma;
5. Medicines and drug reasonably and necessarily prescribed upon discharge from Confinement or completion of Day Case Procedure for use before follow-up visit(s) use up to the ensuing four (4) weeks;
6. Dressing, ordinary splints and plaster casts;
7. Implants including but not limited to stent and pacemaker;
8. Laboratory examinations;
9. Radioactive isotope;
10. Physical therapy;
11. Home investigation to investigate sleep patterns
12. Holter Monitoring at home

13. Films, imaging and X-ray and their interpretation;
14. Intravenous infusions;
15. Consumables used in the Operating Theatre;
16. Advanced diagnostic imaging, including but not limited to Magnetic Resonance Imaging (MRI), Computerized Tomography Scan (CT Scan) and Positron Emission Tomography Scan (PET Scan), performed either on an Inpatient or outpatient basis recommended in writing by the attending Registered Medical Practitioner.
17. Prescribed Non-surgical Cancer Treatments received by an Insured Person during Confinement or as a Day Patient under the recommendation of the attending Registered Medical Practitioner;
18. Regular haemodialysis and peritoneal dialysis for treatment of chronic and irreversible renal failure received by an Insured Person during Confinement or as a Day Patient under the recommendation of the attending Registered Medical Practitioner.

Medicine and curative material shall include all Western Medications, IV fluid, dressings, gauze, swabs, and other medical disposables and consumables used during Confinement for medical and nursing care. Instruments and other hardware used in an operation such as anaesthesia machine, gastroscope, colonoscope, lithotripter, x-knife, cyberknife and gamma knife do not belong to this category.

(4) Attending Doctor's Visit Fee

If the Insured Person is treated by a Registered Medical Practitioner on any day of Confinement, this benefit shall be payable for the Eligible Expenses charged by the attending Registered Medical Practitioner for such visit or consultation.
This benefit is limited to one (1) visit per day.

(5) Inpatient Specialist's Fee

If the Insured Person is treated by a Specialist (who is not the attending Registered Medical Practitioner under Section A(4) of this Part 8) on any day of Confinement, as recommended in writing by the attending Registered Medical Practitioner, this benefit shall be payable for the Eligible Expenses charged by the Specialist for such visit or consultation.

(6) Intensive Care Benefit

If the Insured Person is admitted to an Intensive Care Unit on any day of Confinement, this benefit shall be payable for the Eligible Expenses charged on the intensive care services.
For the avoidance of doubt, the Eligible Expenses incurred and payable under this benefit shall not be payable under Section A(1) of this Part 8.

(7) Surgeon's Fee

This benefit shall be payable for the Eligible Expenses charged by the attending surgeon on a surgical procedure performed during Confinement or in a setting for providing Medical Services to a Day Patient.

This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures, as categorised and reviewed from time to time by the Company. If a surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category according to the gazette published by the government or any other relevant publication or information including but not limited to the schedule of fees recognised by the government, relevant authorities, and medical association in the locality where the surgical procedure is performed.

(8) Anaesthetist's Fee

This benefit shall be payable for the Eligible Expenses charged by the Anaesthetist in relation to the surgical procedure, if Surgeon's fee is payable under Section A(7) of this Part 8.

(9) Operating Theatre Fee

This benefit shall be payable for the Eligible Expenses charged for the use of Operating Theatre (including but not limited to a treatment room and a recovery room) during the surgical procedure if the Surgeon's fee is payable under Section A(7) of this Part 8.

For the avoidance of doubt, the Eligible Expenses for any additional surgical appliances, equipment and devices used in the Operating Theatre that are separately charged shall be payable under Section A(3) of this Part 8.

(10) Pre- and post-Confinement/Day Case Procedure outpatient care

This benefit shall be payable for the Eligible Expenses for:

1. One (1) outpatient consultation fee incurred by the Insured Person within thirty (30) days before Confinement or Day Case Procedure or home monitoring test prescribed by Registered Medical Practitioner as specified under miscellaneous Hospital Services, provided that the outpatient visit leads to Confinement or Day Case Procedure related to the diagnosis.
2. Three (3) outpatient follow-up visits incurred by the Insured Person within six (6) weeks immediately following discharge from a Hospital or Day Case Procedure or home monitoring test prescribed by Registered Medical Practitioner as specified under miscellaneous Hospital Services. Covered follow-up visits include consultation fees, Western Medication for up to sixty (60) days, diagnostic tests and physiotherapy, provided these outpatient follow-up visits are directly related to the diagnosis necessitating such Confinement or Day Case Procedure.

(11) Emergency Outpatient Benefit for Accident

This benefit shall be payable when the Insured Person is treated at an out-patient department or accident and emergency department of a Hospital on an out-patient basis as a result of an Accident. The occurrence of the Accident and their unplanned consultation or treatment cannot be and are not separated by more than forty-eight (48) hours.

If the Insured Person sustains an Injury as a result of an Accident and receives Emergency Treatment which is necessitated to healthy natural tooth within fourteen (14) days of the Accident, the Company shall reimburse the fees of dental treatment by a Registered Dentist performed in a dental clinic or Hospital including staunch bleeding, x-ray, re-implantation of healthy natural tooth, tooth extraction and root canal work. Any restorative treatment shall not be covered, including but not limited to the use of any precious metals and orthodontic treatment.

The amount payable under this benefit shall be equal to the actual amount charged by the Hospital for the below services rendered:

- (a) Consultation fees;
- (b) Western Medication;
- (c) Diagnostic imaging and laboratory tests; and
- (d) Other related medical fees.

(12) Endoscopy Day Surgery Benefit

This benefit shall be payable for Eligible Expenses incurred for an endoscopy procedure performed by a Registered Medical Practitioner to a Day Patient, provided that no Hospital Room Charges benefit is payable under Section A(1) of this Part 8. Eligible Expenses for Medical Services and consultation fees incurred on the day of procedure that are related to endoscopy procedure shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Lump Sum Hospital and Surgical Benefit.

For the purpose of this benefit, endoscopy procedures include:

1. Upper gastrointestinal endoscopy (including but not limited to oesophagoscopy, gastroscopy and Oesophago-gastro-duodenoscopy);
2. Lower gastrointestinal endoscopy (including but not limited to anoscopy, proctoscopy, sigmoidoscopy, proctosigmoidoscopy and colonoscopy); and
3. Small intestinal endoscopy

Confinement for an endoscopy procedure with an overnight stay shall be subject to review and determination as to whether it is Medically Necessary prior to the procedure.

If pre-authorisation is obtained for an endoscopy procedure performed during Confinement with an overnight stay, Eligible Expenses shall be exclusively paid under other benefit items of Lump Sum Hospital and Surgical Benefit, and no benefit shall be payable under this benefit.

If pre-authorisation is not approved or not obtained for an endoscopy procedure performed during Confinement with an overnight stay, Eligible Expenses shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Lump Sum Hospital and Surgical Benefit.

(13) Cataract Day Surgery Benefit

This benefit shall be payable for Eligible Expenses incurred for cataract surgery with the implantation of monofocal intraocular lenses, performed by a Registered Medical Practitioner to a Day Patient, provided that no Hospital Room Charges benefit under Section A(1) of this Part 8 is payable. Eligible expenses for Medical Services and consultation fees incurred on the day of procedure that are related to cataract surgery shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Lump Sum Hospital and Surgical Benefit.

Confinement for cataract surgery with an overnight stay shall be subject to review and determination as to whether it is Medically Necessary prior to the surgery.

If pre-authorisation is obtained for cataract surgery performed during Confinement with an overnight stay, Eligible Expenses shall be exclusively paid under other benefit items of Lump Sum Hospital and Surgical Benefit and no benefit shall be payable under this benefit.

If pre-authorisation is not approved or not obtained for cataract surgery performed during Confinement with an overnight stay, Eligible Expenses shall be exclusively paid under this benefit and no benefit will be payable under other benefit items of Lump Sum Hospital and Surgical Benefit.

(14) Viral Warts and Skin Lesions Benefit

This benefit shall be payable for the Eligible Expenses incurred for viral warts and skin lesions procedure performed by a Registered Medical Practitioner during Insured Person's Confinement or Day Case Procedure. Eligible Expenses for Medical Services (including but not limited to facility, equipment, consumables, surgeon charges) and consultation fees incurred on the day of procedure that are related to viral warts and skin lesions procedure shall be exclusively paid under this benefit and no benefit shall be payable under other benefit items of Lump Sum Hospital and Surgical Benefit.

For the purpose of this benefit, viral warts and skin lesions procedures include:

1. Removal or destruction of benign (including but not limited to viral warts) or pre-malignant skin lesions using any method (including but not limited to cutting, paring, excision, laser cryotherapy, photodynamic therapy, electrosurgery, chemosurgery, surgical curettement); and
2. Biopsy of benign (including but not limited to viral warts) or pre-malignant skin lesions.

For the avoidance of doubt, this benefit shall be payable subject to the maximum yearly limit as stated in the Schedule.

(B) Top Up Cancer / Renal Dialysis Benefits

When an Insured Person requires Prescribed Non-surgical Cancer Treatments or regular haemodialysis or peritoneal dialysis for treatment of chronic and irreversible renal failure, and the Insured Person's Lump Sum Hospital and Surgical Benefits under Section A of this Part 8 have been exhausted, the Company shall pay this top up benefit up to the limits, or maximums (or maximum percentages) as set forth in the Schedule. The required treatments may be received during Confinement or in a setting for providing Medical Services to a Day Patient.

For Prescribed Non-surgical Cancer Treatments received during Confinement at any private Hospital in Hong Kong, the reimbursement percentage applicable to the Preferred Private Hospitals in Hong Kong shall apply, regardless whether the private Hospital is classified as Standard Hospitals or Preferred Private Hospitals in Hong Kong.

(C) Optional Outpatient Benefit

Subject to the Terms and Benefits, if the Insured Person, as a result of a Disability, undergoes any Medical Service described below, the Company shall reimburse the Eligible Expenses which are Medically Necessary, Reasonable and Customary in accordance with benefit items under Part 8.

The amount of Eligible Expenses payable under these Terms and Benefits shall not exceed the actual costs for Medical Services provided to the Insured Person, subject to the benefit limits, number of visits, reimbursement percentages and benefit conditions as stated in the benefit schedule.

These benefits provisions serve to act as a supplement to the Lump Sum Hospital and Surgical Benefits and will only be available as an optional supplementary cover if the coverage for the Lump Sum Hospital and Surgical Benefits under this Policy is provided and kept in force. When the Policyholder has opted for such supplementary cover, the Schedule of optional outpatient benefits will be incorporated or set forth in the Policy or by endorsement to the Policy.

(1) General Practitioner Consultation

This benefit shall be payable when an Insured Person is treated by a General Practitioner on an out-patient basis and incurs charges for consultation and Medically Necessary Western Medication prescribed by such General Practitioner and obtained at the clinic on the same date of consultation for treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum (or maximum percentage) as specified in the Schedule.

(2) Specialist Consultation

This benefit shall be payable when an Insured Person is treated by a Specialist on an out-patient basis and incurs charges for consultation and Medically Necessary Western Medication prescribed by such Specialist and obtained at the clinic on the same date of consultation for treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum (or maximum percentage) as specified in the Schedule.

Recommendation by a Registered Medical Practitioner in writing is required for Specialist consultations except for gynaecology, ophthalmology, paediatrics, otorhinolaryngology, orthopaedics and traumatology, dermatology, urology, oncology, family medicine and psychiatry.

(3) Physiotherapist and Chiropractor

This benefit shall be payable when an Insured Person is treated by a Registered Physiotherapist or a Registered Chiropractor, upon recommendation by a Registered Medical Practitioner in writing, on an out-patient basis and incurs charges for physiotherapy or chiropractic treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum (or maximum percentage) as specified in the Schedule.

(4) Chinese Herbalist, Bone-setting and Acupuncture

This benefit shall be payable when an Insured Person is treated by a Registered Chinese Medicine Practitioner on an out-patient basis and incurs charges for consultation, bone-setting and acupuncture and Medically Necessary internal Chinese herbal medicine prescribed at the time of consultation by Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the clinic) on the same date of consultation for treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum (or maximum percentage) as specified in the Schedule.

(5) Psychiatric treatment

This benefit shall be payable when an Insured Person is treated by a Specialist in psychiatry or a Registered Medical Practitioner for Mental Illness or Emotional Disorder on an out-patient basis and incurs charges for consultation and Medically Necessary Western Medication prescribed by such Specialist or Registered Medical Practitioner and obtained at the clinic on the same date of consultation for treatment of a covered Disability. The benefit payable shall be subject to the benefit limit and maximum (or maximum percentage) as specified in the Schedule.

The treatment shall be limited to one treatment, visit or consultation per day.

Mental Illness and Emotional Disorder benefit shall be exclusively payable under this provision and nowhere else in this Policy.

(6) Outpatient Diagnostic Imaging and Laboratory Tests

This benefit shall be payable when an Insured Person undergoes and incurs charges for diagnostic imaging or laboratory tests upon recommendation by a Registered Medical Practitioner in writing, or incurs charges for X-ray or laboratory tests upon recommendation by a Registered Chinese Medical Practitioner or Registered Chiropractor in writing, on an out-patient basis, provided that such diagnostic imaging, x-ray and laboratory tests are consistent with the symptoms or diagnosis.

(7) Prescribed Medication

This benefit shall be payable for Western Medication prescribed to an Insured Person on an outpatient basis by a Registered Medical Practitioner provided that such medication is Medically Necessary. The prescribed medication must be obtained from a legitimate source, excluding the clinic of the prescribing Registered Medical Practitioner, and:

1. such prescribed Western Medication is recommended by the Registered Medical Practitioner in writing; and
2. the amount payable under this benefit shall not exceed the maximum benefit specified in the Schedule.

(D) Deductibles and Calculation of Benefits

Deductible

(1) Deductible Amount

This Policy may include a Deductible, if applicable. The Deductible is the aggregate amount of Eligible Expenses claimed that the Insured person will have to bear each Period of Insurance before any Medical Benefits are payable under this Policy. This amount shall be deducted from any reimbursement made to the Insured Person by the Company. The Deductible shall include, at the discretion of the Company, any approved claims by the Insured Person within the Period of Insurance in respect of other policies providing similar benefits as the Policy.

(2) Change in Deductible Amount

For the Policy with a Deductible, the Policyholder may apply to remove the Deductible under this Policy when the Insured Person reaches the age of fifty-five (55), sixty (60) or sixty-five (65). The Application must be submitted within thirty (30) days before the relevant policy anniversary and is subject to the approval of the Company. The right of removal of the Deductible can only be exercised once in the lifetime of the Insured Person.

For the avoidance of doubt, acceptance or non-acceptance of any addition or removal of the Deductible must be approved and confirmed in writing by the Company before the change takes effect.

(3) Calculation of Benefits

The Medical Benefits under this Policy are calculated as follows:

(a) $[\text{Eligible Expenses} - \text{Deductible}] \times \text{reimbursement percentage as stated in the Schedule}$; or

(b) Eligible Expenses - claim amount paid under any other contract of insurance

whichever is lower.

The reimbursement percentage shall be reduced according to the following scale if the actual room level is higher than the Insured Person's entitled room level under this Policy:

<u>Entitled Room Level</u>	<u>Actual Room Level</u>	<u>Reimbursement %</u>
General Ward	Semi-Private Room	50%
General Ward	Standard Private room	25%
General Ward	Deluxe / VIP / Suite	0% (no benefit shall be payable)
Semi-Private Room	Standard Private Room	50%
Semi-Private Room	Deluxe / VIP / Suite	0% (no benefit shall be payable)
Standard Private Room	Deluxe / VIP / Suite	0% (no benefit shall be payable)

The room level restriction and change of reimbursement percentage above does not apply if the Insured Person stays in a room level higher than the entitled room level during Confinement as a result of (i) unavailability of a specified or lower room level due to room shortage at the Hospital for Emergency Treatment; or (ii) Confinement in isolation that requires a specific room level.

Part 9: General Exclusions

Unless otherwise specified, the following items, conditions, activities and their consequences are excluded from this Policy, and the Company shall not pay any claims, costs or expenses in relation to or arising out of the following:

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Any charges in respect of services for:
 - a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
 - b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK, and any related tests, procedures and services.
3. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a Registered Dentist except for the following:
 - a) Emergency Treatment and surgery during Confinement arising from an Accident, or
 - b) the Insured Person is diagnosed with oral-related Cancer and Carcinoma in Situ.

If an Insured Person sustains an Injury arising from an Accident to any sound natural teeth, the Company shall reimburse the expenses incurred for such Emergency Treatment provided that such treatment is received within fourteen (14) days from the date of Accident and performed by a Registered Dentist.

This coverage shall only apply to Emergency Treatment and will include staunching bleeding, X-rays, tooth extractions, and root canal treatments performed during Confinement. The expense incurred for any restorative treatments, including but not limited to the use of precious metals or orthodontic treatments shall not be covered.

Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.

4. Expenses incurred for experimental or unproven medical technology or procedures in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
5. Prescription drugs used in connection with weight reduction, smoking cessation, treatment of baldness and experimental drugs.
6. Expenses incurred for Medical Services provided as a result of Congenital Conditions, hereditary conditions or Developmental Conditions.
7. Pre-existing Conditions except that in respect of an Insured Person who applies for Registration while being insured under a group medical policy of the Company, Pre-existing Conditions shall be covered from the date on which the Insured Person has been insured for twelve (12) consecutive months under (i) such group medical policy of the Company; and / or (ii) this Policy.

For the avoidance of doubt, if an Insured Person is insured for less than twelve (12) consecutive months under a group medical policy of the Company prior to the Original Commencement Date, the period for which he is insured under such group medical policy immediately prior to the Original Commencement Date and the period for which he is insured under this Policy from the Original Commencement Date shall be taken into consideration when the Company determines if the Insured Person has been insured for twelve (12) consecutive months under this paragraph 7. Pre-existing Conditions of an Insured Person who is not being insured under such group medical policy when he applies for Registration shall not be covered at any time during this Policy.

For existing group members covered under the Company's group medical plan, Pre-existing Conditions covered in the group medical policy shall continue to be covered under this Policy subject to the benefit limits as stated in the Schedule and after the Insured Person has been continuously covered under the group medical policy and/or this Policy for a total period of twelve (12) consecutive months.

If an exclusion has been applied to the Insured Person in the existing group policy, the exclusion will be carried forward in the Employee Top Up Medical Insurance Plan.

8. Expenses directly or indirectly arising from Human Immunodeficiency Virus (HIV) related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutation, derivations or variations thereof, which proceeds from an HIV infection occurring prior to the Effective Date. For purposes of this exclusion, an HIV related Disability emerging within five (5) years of the effective date will be conclusively presumed to proceed from an HIV infection occurring prior to the Effective Date, in the absence of clear and convincing evidence to the contrary.
9. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth (including surgical delivery), abortion or miscarriage; birth control or reversal of birth control; postnatal care; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
10. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this exclusion does not apply to:
 - a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
 - b) removal of pre-malignant conditions; and
 - c) treatment for prevention of recurrence or complication of a previous Disability.
11. Eligible Expenses which have been reimbursed under any law or regulations, medical program, insurance policy or any other sources provided by any government, company or other third party.
12. Inpatient Medical Services or outpatient Registered Chinese Medicine Practitioner consultation directly or indirectly arising from Mental Illness and Emotional Disorder.
13. Proprietary Chinese medicine defined under the Chinese Medicine Ordinance (Cap. 549) of the laws of Hong Kong.

14. Expenses incurred for the purchase of artificial limbs and prosthetic devices, except those prosthetic devices implanted in the Insured Person during surgery.
15. Procurement or use of special braces, appliances, hearing aids, wheelchairs, crutches or any other similar equipment.
16. Non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (except the Value-Added Tax or Goods and Services Tax for medical services), medical report charges and the like.
17. Alternative treatment including but not limited to moxibustion, acupressure, tian jiu, tui na, qi gong, ear reflexology, cupping, scraping, hypnotism, rolfing, massage therapy, aroma therapy, naturopathy, hydrotherapy, homeopathy and osteopathy.
18. Organ transplant other than transplantation of a cornea, kidney, heart, liver, lung or bone marrow from one human to another, and excluding costs of acquisition and transportation of the organ and the cost of surgery to remove an organ for transplant from a donor.
19. Insomnia and counselling services.
20. Any Medical Services related to Chinese medicine, including but not limited to acupuncture, tui-na, bone-setting, and herbal medicine, incurred during Confinement.
21. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 8 of this Part 9 applies).
22. Injury, Sickness, Disease or Illness directly or indirectly resulting from or consequent upon high risk occupations or activities including but not limited to engaging in or taking part in:
 - (a) naval, military or air force service or operations;
 - (b) flying or travelling in an aircraft other than as a fare-paying passenger with a licenced carrier on a scheduled domestic or international route or on a duly licenced charter service.
 - (c) aqualung diving; bungee jumping; mountaineering; hang gliding; motor cycling; parachuting; parasailing; pot-holing; daring feats or stunts; racing other than on foot; skiing, tobogganing, rock climbing, sledding and ice skating including ice hockey and any other sports requiring snow or ice to be played or work activities involving dangerous or contaminable substances;
 - (d) sport activity in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging in such sport; and
 - (e) air crew.
23. Expenses incurred for the whole or part of the Confinement solely for the purpose of general check-ups, diagnostic procedures, laboratory test or allied health services, including but not limited to physiotherapy, unless such procedure, test or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
24. Rest cures and Medical Services or treatment in any home, spa, hydro-clinic, sanatorium or long term care facility that is not a Hospital as defined.
25. Any Medical Service or referral provided or performed by the Insured Person, Policyholder, an insurance intermediary, employer, employee, Immediate Family Member, or business partner(s) of the Policyholder and/or Insured Person. For the avoidance of doubt, this exclusion extends to any Medical Service, including but not limited to viral warts and skin lesions procedure, performed by:
 - (a) any employee or Registered Medical Practitioner of the employer; or
 - (b) any medical facilities, medical aesthetic centres, or entities providing medical or cosmetic services in which the employer, or any of its directors, shareholders, or beneficial owners (holding 25% or more of the Insured's shares or voting rights), or any of its subsidiaries, affiliates, related entities or Insured Person, holds any ownership interest, financial interest, or other interest.

Treatments or referrals falling under this exclusion will only be eligible for coverage if expressly pre-approved in writing by the Company.

For the purpose of this exclusion, "Immediate Family Member" means the Insured Person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian.
26. Conditions directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - (a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
 - (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
 - (c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
 - (d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes.
 - (e) any chemical, biological, bio-chemical, or electromagnetic weapon.
27. Conditions directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - (a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
 - (b) any act of terrorism including but not limited to
 - i) the use or threat of force, violence and/or

- ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or
- (c) any action taken in controlling, preventing, suppressing or in any way relating to a) or b) above.

Sanction Limitation and Exclusion Clause

This Policy shall not be deemed to provide cover and no (re)insurer shall 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 that (re)insurer 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 and/or any other applicable national economic or trade sanction law or regulations.

If the Company allege that by reason of these General Exclusions any claim is not covered by this Policy, then the burden of proving that the claim is covered shall be upon the Insured Person.

SCHEDULE OF SURGICAL PROCEDURES

Procedure / Surgery		Category
ABDOMINAL AND DIGESTIVE SYSTEM		
Oesophageal / stomach / duodenum	Excision of oesophageal lesion / destruction of lesion or tissue of oesophagus, cervical approach	Major
	Highly selective vagotomy	Major
	Laparoscopic fundoplication	Major
	Laparoscopic repair of hiatal hernia	Major
	Oesophagogastrroduodenoscopy (OGD) +/- biopsy and/or polypectomy	Minor
	OGD with removal of foreign body	Minor
	OGD with ligation / banding of oesophageal/ gastric varices	Intermediate
	Oesophagectomy	Complex
	Total oesophagectomy and interposition of intestine	Complex
	Percutaneous gastrostomy	Minor
	Permanent gastrostomy / gastroenterostomy	Major
	Partial gastrectomy +/- jejunal transposition	Major
	Partial gastrectomy with anastomosis to duodenum / jejunum	Major
	Partial gastrectomy with anastomosis to oesophagus	Complex
	Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition	Complex
	Suture of laceration of duodenum / patch repair, duodenal ulcer	Major
	Vagotomy and / or pyloroplasty	Major
Jejunum, ileum and large intestine	Appendicectomy, open or laparoscopic	Intermediate
	Anal fissurectomy	Minor
	Anal fistulotomy / fistulectomy	Intermediate
	Incision & drainage of perianal abscess	Minor
	Delorme operation for repair of prolapsed rectum	Major
	Colonoscopy +/- biopsy	Minor
	Colonoscopy with polypectomy	Minor
	Sigmoidoscopy	Minor
	Haemorrhoidectomy, internal or external	Intermediate
	Injection / banding of haemorrhoid	Minor
	Ileostomy or colostomy	Major
	Anterior resection of rectum, open or laparoscopic	Complex
	Abdominoperineal resection, open or laparoscopic	Complex
	Colectomy, open or laparoscopic	Complex
	Low anterior resection of rectum , open or laparoscopic	Complex
	Reduction of volvulus or intussusception	Intermediate
	Resection of small intestine and anastomosis	Major
Biliary tract	Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor
	Liver transplantation	Complex
	Marsupialization of lesion / cyst of liver or drainage of liver abscess, open approach	Major
	Removal of liver lesion, open or laparoscopic	Major
	Sub-segmentectomy of liver, open or laparoscopic	Major
	Segmentectomy of liver, open or laparoscopic	Complex
	Wedge resection of liver, open or laparoscopic	Major
Pancreas	Closed biopsy of pancreatic duct	Intermediate
	Excision / destruction of lesion of pancreas or pancreatic duct	Major
	Pancreaticoduodenectomy (Whipple's Operation)	Complex
Abdominal wall	Exploratory laparotomy	Major
	Laparoscopy / peritoneoscopy	Intermediate
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate
	Bilateral repair of inguinal hernia, open or laparoscopic	Major

Procedure / Surgery		Category
	Unilateral herniotomy / herniorrhaphy, open or laparoscopic	Intermediate
	Bilateral herniotomy / herniorrhaphy, open or laparoscopic	Major
BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major
	Burr hole(s)	Intermediate
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate
	Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major
	Clipping of intracranial aneurysm	Complex
	Wrapping of intracranial aneurysm	Complex
	Excision of arteriovenous malformation, intracranial	Complex
	Excision of acoustic neuroma	Complex
	Excision of brain tumour or brain abscess	Complex
	Excision of cranial nerve tumour	Complex
	Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate
	Closed trigeminal rhizotomy using radiofrequency	Major
	Decompression of trigeminal nerve root/ open trigeminal rhizotomy	Complex
	Excision of brain, including lobectomy	Complex
	Hemispherectomy	Complex
Spine	Lumbar puncture or cisternal puncture	Minor
	Decompression of spinal cord or spinal nerve root	Major
	Cervical sympathectomy	Intermediate
	Thoracoscopic or lumbar sympathectomy	Major
	Excision of intraspinal tumour, extradural or intradural	Complex
CARDIOVASCULAR SYSTEM		
Heart	Cardiac catheterization	Intermediate
	Coronary artery bypass graft (CABG)	Complex
	Cardiac transplantation	Complex
	Insertion of cardiac pacemaker	Intermediate
	Pericardiocentesis	Minor
	Pericardiotomy	Major
	Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major
	Pulmonary valvotomy, Balloon / Transluminal laser / Transluminal radiofrequency	Major
	Percutaneous valvuloplasty	Major
	Balloon aortic / mitral valvotomy	Major
	Closed heart valvotomy	Complex
	Open heart valvuloplasty	Complex
	Valve replacement	Complex
Vessels	Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt	Complex
	Resection of abdominal vessels with replacement / anastomosis	Complex
ENDOCRINE SYSTEM		
Adrenal Gland	Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major
	Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex
Pineal gland	Total excision of pineal gland	Complex
Pituitary Gland	Operation of pituitary tumour	Complex
Thyroid Gland	Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor
	Hemithyroidectomy / partial thyroidectomy / subtotal thyroidectomy / parathyroidectomy	Major
	Total thyroidectomy / complete parathyroidectomy / robotic-assisted total thyroidectomy	Major
	Excision of thyroglossal cyst	Intermediate

Procedure / Surgery		Category
EAR/ NOSE / THROAT / RESPIRATORY SYSTEM		
Ear	Canaloplasty for aural atresia / stenosis	Major
	Excision of preauricular cyst / sinus	Minor
	Haematoma auris, drainage / buttoning / excision	Minor
	Meatoplasty	Intermediate
	Removal of foreign body	Minor
	Excision of middle ear tumour via tympanotomy	Major
	Myringotomy +/- insertion of tube	Minor
	Myringoplasty / tympanoplasty	Major
	Ossiculoplasty	Major
	Labyrinthectomy, total / partial excision	Major
	Mastoidectomy	Major
	Operation on cochlea and / or cochlear implant	Complex
	Operation on endolymphatic sac / decompression of endolymphatic sac	Major
	Repair of round window or oval window fistula	Intermediate
	Tympanosympathectomy	Major
	Vestibular neurectomy	Intermediate
Nose, mouth and pharynx	Antral puncture and lavage	Minor
	Cauterization of nasal mucosa / control of epistaxis	Minor
	Closed reduction for fracture nasal bone	Minor
	Closure of oro-antral fistula	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lesion of nose	Minor
	Nasopharyngoscopy / rhinoscopy +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
	Polypectomy of nose	Minor
	Caldwell-Luc operation / Maxillary sinusectomy with Caldwell-Luc approach	Intermediate
	Endoscopic sinus surgery on ethmoid / maxillary / frontal / sphenoid sinuses	Intermediate
	Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major
	Frontal sinusotomy or ethmoidectomy	Intermediate
	Frontal sinusectomy	Major
	Functional endoscopic sinus surgery (FESS)	Major
	Functional endoscopic sinus surgery (FESS) bilateral	Complex
	Maxillary / sphenopalatine / ethmoid artery ligation	Intermediate
	Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate
	Rhinoplasty	Intermediate
	Resection of nasopharyngeal tumour	Intermediate
	Sinoscopy +/- biopsy	Minor
	Septoplasty +/- submucous resection of septum	Intermediate
	Submucous resection of nasal septum	Intermediate
	Turbinectomy / submucous turbinectomy	Intermediate
	Adenoidectomy	Minor
	Tonsillectomy +/- adenoidectomy	Intermediate
	Excision of pharyngeal pouch / diverticulum	Intermediate
	Pharyngoplasty	Intermediate
	Sleep related breathing disorder – hyoid suspension, maxilla / mandible / tongue advancement, laser suspension / resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate
	Marsupialization / excision of ranula	Intermediate
	Parotid gland removal, superficial	Intermediate
	Parotid gland removal / parotidectomy	Major
	Removal of submandibular salivary gland	Intermediate
	Submandibular duct relocation	Intermediate
	Submandibular gland excision	Intermediate
Respiratory	Arytenoid subluxation – laryngoscopic reduction	Minor

Procedure / Surgery		Category
System	Bronchoscopy +/- biopsy	Minor
	Bronchoscopy with foreign body removal	Minor
	Laryngoscopy +/- biopsy	Minor
	Laryngeal / tracheal stenosis – endolaryngeal / open operation with stenting / reconstruction	Major
	Laryngeal diversion	Intermediate
	Laryngectomy +/- radical neck resection	Complex
	Microlaryngoscopy +/- Biopsy +/- excision of nodule / polyp / Reinke's edema	Minor
	Partial / total resection of laryngeal tumour	Intermediate
	Removal of vallecular cyst	Intermediate
	Repair of laryngeal fracture	Major
	Injection for vocal cord paralysis	Minor
	Tracheoesophageal puncture for voice rehabilitation	Minor
	Thyroplasty for vocal cord paralysis	Intermediate
	Vocal cord operation, including use of laser (excluding carcinoma)	Minor
	Tracheostomy, temporary / permanent / revision	Minor
	Lobectomy of lung / pneumonectomy	Complex
	Pleurectomy	Major
	Segmental resection of lung	Major
	Thoracocentesis / insertion of chest tube for pneumothorax	Minor
	Thoracoscopy +/- biopsy	Intermediate
	Thoracoplasty	Major
	Thymectomy	Major
EYE		
Eye	Excision / curettage / cryotherapy of lesion of eyelid	Minor
	Blepharorrhaphy / tarsorrhaphy	Minor
	Repair of entropion or ectropion +/- wedge resection	Minor
	Reconstruction of eyelid, partial-thickness	Intermediate
	Excision / destruction of lesion of conjunctiva	Minor
	Excision of pterygium	Minor
	Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major
	Laser removal / destruction of corneal lesion	Intermediate
	Removal of corneal foreign body	Minor
	Repair of cornea	Intermediate
	Suture / repair of corneal laceration or wound with conjunctival flap	Intermediate
	Aspiration of lens	Intermediate
	Capsulotomy of lens, including use of laser	Intermediate
	Extracapsular / intracapsular extraction of lens	Intermediate
	Intraocular lens / explant removal	Intermediate
	Chorioretinal lesion operations	Intermediate
	Phacoemulsification and implant of intraocular lens	Intermediate
	Pneumatic retinopexy	Intermediate
	Retinal Photocoagulation	Intermediate
	Repair of retinal detachment / tear	Intermediate
	Repair of retinal tear / detachment with buckle	Major
	Scleral buckling / encircling of retinal detachment	Major
	Cyclodialysis	Intermediate
	Trabeculectomy, including use of laser	Intermediate
	Surgical treatment for glaucoma including insertion of implant	Intermediate
	Diagnostic aspiration of vitreous	Minor
	Injection of vitreous substitute	Intermediate
	Mechanical vitrectomy / removal of vitreous	Major
	Biopsy of iris	Minor
	Excision of lesion of iris / anterior segment of eye / ciliary body	Intermediate
	Excision of prolapsed iris	Intermediate

Procedure / Surgery		Category
	Iridotomy	Intermediate
	Iridectomy	Intermediate
	Iridoplasty +/- coreoplasty by laser	Intermediate
	Iridencleisis and iridotaxis	Intermediate
	Scleral fistulization +/- iridectomy	Intermediate
	Thermocauterization of sclera +/- iridectomy	Intermediate
	Diminution of ciliary body	Intermediate
	Biopsy of extraocular muscle or tendon	Minor
	Operation on one extraocular muscle	Intermediate
	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major
	Enucleation of eye	Intermediate
	Evisceration of eyeball / ocular contents	Intermediate
	Repair of eyeball or orbit	Intermediate
	Conjunctivocystorhinostomy	Intermediate
	Conjunctivorhinostomy with insertion of tube / stent	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lacrimal sac and passage	Minor
	Excision of lacrimal gland / dacryoadenectomy	Intermediate
	Probing +/- syringing of lacrimal canaliculi / nasolacrimal duct	Minor
	Repair of canaliculus	Intermediate
	Coreoplasty	Intermediate
FEMALE GENITAL SYSTEM		
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision/ cryosurgery / cauterization / laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Minor
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix / uterus / vagina	Intermediate
Fallopian tubes and ovaries [^]	Dilatation / insufflation of fallopian tube	Minor
	Excision / destruction of lesion of fallopian tube, open or laparoscopic	Major
	Repair of fallopian tube	Major
	Salpingostomy / salpingotomy	Intermediate
	Total or partial salpingectomy	Intermediate
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	[^] The category applies to both unilateral and bilateral procedures unless otherwise specified.	
Uterus	Dilatation and curettage of Uterine (D&C)	Minor
	Hysteroscopy +/- biopsy	Minor
	Hysteroscopy with excision or destruction of uterus and supporting structures	Intermediate
	Hysterotomy	Major
	Laparoscopic assisted vaginal hysterectomy (LAVH)	Major
	Vaginal hysterectomy +/- repair of cystocele and/or rectocele	Major
	Total / subtotal abdominal hysterectomy +/- bilateral salpingo-oophorectomy, open or laparoscopic	Major

Procedure / Surgery		Category
	Radical abdominal hysterectomy	Complex
	Myomectomy, open or laparoscopic	Major
	Uterine myomectomy, vaginal or hysteroscopic	Intermediate
	Laparoscopic drainage of female pelvic abscess	Intermediate
	Colposuspension	Major
	Pelvic floor repair	Major
	Pelvic exenteration	Complex
	Uterine suspension	Intermediate
Vagina	Destruction of lesion of vagina by excision / cryosurgery / cauterization / laser	Minor
	Insertion / removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocoele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdocentesis	Minor
	Culdotomy	Minor
	Excision of transverse vaginal septum	Minor
	McCall's culdeplasty / culdoplasty	Intermediate
	Vaginal reconstruction	Major
Vulva and introitus	Destruction of lesion of vulva by excision / cryosurgery / cauterization / laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations / repair of vulva and/or perineum	Minor
	Vulvectomy	Intermediate
	Radical vulvectomy	Major
HEMIC AND LYMPHATIC SYSTEM		
Lymph Nodes	Drainage of lesion / abscess of lymph node	Minor
	Biopsy / excision of superficial lymph nodes / simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node / fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node / lymphangioma / cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective / radical / functional neck dissection	Major
	Wide excision of axillary lymph node	Major
Spleen	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		

Procedure / Surgery		Category
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex
Penis	Circumcision	Minor
	Release of chordee	Major
	Repair of buried / avulsion of penis	Intermediate
Testicles [^]	Epididymectomy	Intermediate
	Exploration of testis	Intermediate
	Exploration for undescended testis, laparoscopic	Major
	Orchidopexy	Intermediate
	Orchidectomy or orchidopexy, laparoscopic	Major
	Reduction of torsion of testis and fixation	Intermediate
	Testicular biopsy	Minor
	High ligation of hydrocoele	Intermediate
	Tapping of hydrocele	Minor
	Excision of varicocoele and hydrocoele of spermatic cord	Intermediate
	Varicocelectomy (microsurgical)	Major
	[^] The category applies to both unilateral and bilateral procedures unless otherwise specified.	
Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM		
Bone	Amputation of finger(s) / toe(s) of one limb	Intermediate
	Amputation of one arm / hand / leg / foot	Intermediate
	Bunionectomy	Intermediate
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major
	Excision of radial head	Intermediate
	Mandibulectomy for benign disease	Intermediate
	Patellectomy	Major
	Partial ostectomy of facial bone	Intermediate
	Sequestrectomy of facial bone	Intermediate
	Wedge osteotomy of bone of wrist / hand / leg	Major
	Wedge osteotomy of bone of upper arm / lower arm / thigh	Major
	Wedge osteotomy of scapula / clavicle / sternum	Major
Joint	Arthroscopic drainage and debridement	Intermediate
	Arthroscopic removal of loose body from joints	Intermediate
	Arthroscopic examination of joint +/- biopsy	Intermediate
	Arthroscopic assisted ligament reconstruction	Major
	Arthroscopic Bankart repair	Major
	Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
	Arthroscopic rotator cuff repair	Major
	Acromioplasty	Major
	Arthrodesis of shoulder	Major
	Arthrodesis of Elbow / Triple arthrodesis	Major
	Arthrodesis of knee / hip	Complex
	Arthroplasty of hand / finger / foot / Toe joint with implant	Major
	Fusion of wrist	Major
	Synovectomy of wrist	Intermediate
	Interphalangeal joint fusion of toes	Intermediate
	Interphalangeal fusion of finger	Major
	Excisional arthroplasty shoulder / hemiarthroplasty of shoulder	Major

Procedure / Surgery		Category
	Excisional arthroplasty of hip / knee / Wrist / Elbow	Major
	Excisional arthroplasty of hip / knee with local antibiotic delivery	Complex
	Temporomandibular arthroplasty +/- autograft	Major
	Joint aspiration / injection	Minor
	Manipulation of joint under anesthesia	Minor
	Metal femoral head insertion	Major
	Anterior cruciate ligament reconstruction	Major
	Meniscectomy, open or arthroscopic	Major
	Posterior cruciate ligament reconstruction	Major
	Repair of the collateral ligaments	Major
	Repair of the cruciate ligaments	Major
	Suture of capsule or ligament of ankle and foot	Major
	Total shoulder replacement	Complex
	Total knee replacement	Complex
	Total hip replacement	Complex
	Partial hip replacement	Major
Muscle/ Tendon	Achilles tendon repair	Intermediate
	Achillotenotomy	Intermediate
	Change in muscle or tendon length (except hand) / excision of lesion of muscle	Intermediate
	Change in muscle or tendon length of hand	Major
	Excision of lesion of muscle	Intermediate
	Lengthening of tendon, including tenotomy	Intermediate
	Open biopsy of muscle	Minor
	Release of De Quervain's disease	Minor
	Release of trigger finger	Minor
	Release of tennis elbow	Minor
	Transfer / transplantation / reattachment of muscle	Major
	Tendon repair / Suture of tendon not involving hand	Intermediate
	Tendon repair / Suture of tendon of hand	Major
	Tenosynovectomy / synovectomy	Intermediate
	Transposition of tendon of wrist / hand	Major
	Secondary repair of tendon, including graft, transfer and / or prosthesis	Major
Fracture/ dislocation	Closed reduction of dislocation of temporomandibular / interphalangeal / acromioclavicular joint	Minor
	Closed reduction of dislocation of shoulder / elbow / wrist / ankle	Intermediate
	Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
	Closed reduction for fracture of arm / leg / patella / pelvis with internal fixation	Major
	Close reduction for mandibular fracture with internal fixation	Intermediate
	Closed reduction for fracture of clavicle / scapula / phalanges / patella without internal fixation	Minor
	Closed reduction for fracture of upper arm / lower arm / wrist / hand / leg / foot bone without internal fixation	Intermediate
	Closed reduction for fracture of clavicle / hand / ankle /foot with internal fixation	Intermediate
	Closed reduction for fracture of femur +/- internal fixation	Major
	Closed / open reduction of fracture of acetabulum with internal fixation	Complex
	Open reduction for mandibular fracture with internal fixation	Major
	Open reduction for clavicle / hand / foot (except carpal / talus / calcaneus) +/- internal fixation	Intermediate
	Open reduction for arm / leg / patella / scapula +/- internal fixation	Major
	Open reduction for femur / calcaneus / talus/ +/- internal fixation	Major
	Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate
	Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor

Procedure / Surgery		Category
Spine	Artificial cervical disc replacement	Complex
	Anterior spinal fusion, cervical / cervicothoracic/ C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical / cervicothoracic/ C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy / discectomy	Major
	Laminectomy with discectomy	Complex
	Posterior spinal fusion, thoracic / cervico-thoracic / thoracolumbar / T5 to L1/ atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor
	Spinal fusion +/- foraminotomy +/- laminectomy +/- discectomy	Complex
	Spine osteotomy	Complex
	Vertebroplasty / kyphoplasty	Intermediate
Others	Excision of ganglion / bursa	Minor
	Closed/ Percutaneous needle fasciotomy for Dupuytren disease	Minor
	Radical (or total) fasciectomy for Dupuytren disease	Major
	Release of carpal / tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
	Sliding / reduction genioplasty	Intermediate
SKIN AND BREAST		
Skin	Curettage / cryotherapy / cauterization / laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and /or drainage of skin abscess	Minor
	Incision and /or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor
	Wedge resection of toenail	Minor
Breast	Breast tumour/ lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major
	Duct papilloma excision	Intermediate
	Gynaecomastia excision	Intermediate
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy / pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial/ lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter/ transurethral bladder clearance	Minor

Procedure / Surgery		Category
	Cystoscopy with electro-cauterisation/ laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral/ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical/ total cystectomy, open or laparoscopic	Complex
	Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
	Repair of rupture of urethra	Major
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
	Ileal or colonic replacement of ureter	Major
	Unilateral reimplantation of ureter into bowel or bladder	Major
	Bilateral reimplantation of ureter into bowel or bladder	Major
DENTAL		
	Any kind of dental surgery due to injury caused by an Accident	Minor

NOTE :

If the operation performed is not shown in the Classification Schedule of Surgical Procedures, the Company reserves the right to determine the Classification for such operation. We shall take reference from the Government Gazette which are applying to public and subvented hospitals in Hong Kong, or relative value unit (RVU) which is published by the American Medical Association (AMA) to determine the classification of such operation.

僱員增值醫療保險

重要提示 — 請於收到本「保單」後仔細閱讀，如有需要，請即時要求作出必要修改。

本「保單」及「承保表」須視為同一份合同一併閱讀。本「保單」或「承保表」任何部分賦予特定含義的詞語或表述，不論在何處出現，均具有該特定含義。

本「保單」的運作簡介

「僱員增值醫療保險」「保單」，乃三井住友海上火災保險（香港）有限公司（「本公司」）與在「承保表」內註明為「保單持有人」之間訂立的合約。本「保單」以「投保申請」、聲明書及「保單持有人」所提供的任何資料均構成此合同的基礎。

在「保單持有人」向「本公司」支付所需保費的情況下，「本公司」同意根據本「保單」及「承保表」所載之方式或範圍，向「受保人」賠償於「保單年度」內或於已支付適當保費的「續保」期內「受保人」因「受傷」、「不適、疾病或病痛」而入住醫院所招致的「醫療服務」。

第 1 部分 - 定義

根據本「條款及保障」，所使用的詞語及表達具有以下含義。

意外

指無法預見和意料之外的暴力、偶發、外在及可見事件，並在不牽涉任何其他因素下，構成身體「受傷」的唯一原因，且不包括「不適、疾病或病痛」或逐漸的身體或精神耗損。

年齡

指首尾年歲包括在內的已屆年齡。

麻醉科醫生

指根據《香港醫生註冊條例》（香港法例第 161 章）正式在香港醫務委員會以麻醉科專科登記，或在香港以外地區具備同等資格的註冊機構登記；以及在向「受保人」提供「醫療服務」的當地獲合法授權執業麻醉科的人士。

投保申請

指就本「保單」向「本公司」提交的申請，包括但不限於申請表格、問卷、健康聲明書、任何提交的文件或資料，以及與該申請相關的任何陳述和聲明。

本公司／我們

指三井住友海上火災保險（香港）有限公司。

住院

指「受保人」在「醫療所需」的情況下，按「註冊醫生」的建議以「住院病人」身份入住「醫院」以接受「醫療服務」。「受保人」必須入住「醫院」不少於連續六（6）小時。惟因「急症」在「醫院」進行手術或其他「醫療服務」的「緊急治療」時，則沒有最低住院時間要求。

住院必須以「醫院」開出的病房費單據作證明，「受保人」必須在整個住院期間連續留院。

先天性疾病

指於出生時或出生前已存在之任何醫學、身體或精神異常，不論該異常是否於出生時已顯現、確診或為人所知，或於出生後六（6）個月內出現之新生兒異常。此類疾病包括（但不限於其他醫學上視為先天性疾病之狀況）兔唇或裂顎、斜視、腦積水、隱睾症、梅克耳氏憩室、扁平足、心房或心室中隔缺損、耳前瘻管、動靜脈畸形及間接腹股溝疝氣。

日間手術

指「受保人」作為「日症病人」在具備康復設施的診所、「日間手術中心」或「醫院」內因檢查或「治療」而進行「醫療所需」的外科手術。

日症病人

指在診所、「日間手術中心」或「醫院」（非「住院」性質）接受「醫療服務」或「治療」的「受保人」。

日間手術中心

指專為進行外科手術或程序而設，且配備相應設施的場所，符合或超越香港衛生署署長發出的《日間醫療中心實務守則》所規定的要求，或香港法例第 633 章《私營醫療機構條例》下適用的其他實務守則或規例。

自付額

指保障項目表或本「保單」任何附加條款或附件可能顯示的數額，並可從第 8 部分所規定的應付合資格賠償中於每個「保單年度」扣除。

發展障礙

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遲緩或損傷的發育障礙。

傷病

指任何「受傷」、「不適、疾病或病痛」。

任何一宗傷病包括由同一原因引致的所有傷病及其一切併發症。在最後一次「醫療服務」或診症後九十（90）天內，由同一原因引致的後續傷病將視為同一宗傷病。在最後一次「醫療服務」或診症後超過九十（90）天，若有關傷病符合以下條件，則視為已完全康復：

- (a) 已無有關傷病之體徵和症狀；及
- (b) 有關傷病不再需要接受「醫療服務」，且「註冊醫生」未有建議需進一步接受「治療」。

生效日

指根據本「保單」第 4 部分第 2 項條件所釐定的生效日期。

合資格費用

指因「醫療所需」就「傷病」接受「治療」所招致的「合理及慣常」費用。該費用在任何情況下不得超過實際招致的費用以及「承保表」內載明的相關最高賠償額。

急症

指「受保人」需立即接受「醫療服務」的事件或情況，以防止「受保人」死亡、永久損傷或對其健康造成其他嚴重後果。

緊急治療

指「急症」所需的「醫療服務」，而所需的「醫療服務」必須在「急症」事件或情況出現後的合理時間內進行。

普通病房／大房

指在香港的「醫院」分類為普通病房或標準病房的房間，或在香港以外的「醫院」中為雙人或以上共用、設有共用浴室或淋浴室的房間，但不包括「半私家病房」或更高級別的病房。為免疑義，任何設有廚房、餐室及／或客廳的病房均不包括在內。

醫院

指按其所在地法律妥為成立及註冊為醫院的機構，為不適及「受傷」的「住院病人」提供「醫療服務」，並－

- (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二十四（24）小時護理服務；
- (c) 由一（1）位或以上「註冊醫生」駐診；及
- (d) 非主要作為診所、戒酒或戒毒中心、自然療養院、水療中心、護理或療養院、寧養或舒緩護理中心、復康中心、護老院或同類機構。

受傷

指完全因「意外」所引致的身體損害。

住院病人

是指「住院」中的「受保人」。

受保人

指填寫本「保單」「投保申請」或表格內註明其姓名而「本公司」已發出書面通知確認保障開始生效之個人或受保「家屬」。

醫療保障

指本「保單」所提供的有關醫療費用的保障。該等費用必須因「受保人」的「受傷」、「不適、疾病或病痛」所引致，並涉及本「保單」第8部分所列的「醫療服務」或「治療」。

醫療服務／治療

指就診斷或治療「受保人」的「傷病」所提供的「醫療所需」服務，包括按情況所需的「住院」、治療、程序、檢測、檢查或其他相關服務。

醫療所需

指按照一般公認的醫療標準，就診斷或「治療」相關「傷病」接受「醫療服務」的需要，而「醫療服務」必須符合下列條件－

- (a) 需要「註冊醫生」的專業知識或轉介；
- (b) 符合該「傷病」的診斷及「治療」所需；
- (c) 按良好而審慎的醫學標準及主診「註冊醫生」審慎的專業判斷提供，而非主要為對「受保人」、其家庭成員、照顧人員或主診「註冊醫生」帶來方便或舒適而提供；
- (d) 在環境最適當及符合一般公認的醫療標準的設備下，提供「醫療服務」；及
- (e) 按主診「註冊醫生」審慎的專業判斷，以最適當的水平向「受保人」安全及有效地提供。

就本「條款及保障」的釋義而言，在不抵觸上述一般條件下，符合「醫療所需」條件的「住院」情況包括但不限於以下例子－

- (i) 「受保人」因「急症」需要在「醫院」接受「緊急治療」；
- (ii) 手術是在全身麻醉下進行；
- (iii) 「醫院」具備手術或「治療」程序所需的設備，有關手術或「治療」程序並不能以「日症病人」的方式進行；
- (iv) 「受保人」同時發生的「傷病」屬明顯嚴重；
- (v) 主診「註冊醫生」考慮到「受保人」的個人情況下，經過審慎的專業判斷及考慮「受保人」安全後，所需的「醫療服務」應在「醫院」內進行；
- (vi) 經過主診「註冊醫生」審慎的專業判斷，「住院」時間對「受保人」接受的「醫療服務」是合適的；及／或
- (vii) 如屬「註冊醫生」認為需要的診斷程序或專職「醫療服務」，經該「註冊醫生」審慎的專業判斷及考慮「受保人」安全後，所需「治療」程序或服務應在「醫院」內進行。

在上文 (v) 至 (vii) 的情況下，主診「註冊醫生」行使審慎的專業判斷時，應該考慮該「住院」是否－

- (1) 按照當地良好及審慎的醫療標準提供該「醫療服務」，而非主要為「受保人」、其家庭成員、照顧人員或主診「註冊醫生」提供方便或舒適的環境；及
- (2) 在環境最適當及符合當地一般公認的醫療標準的設備下，提供該「醫療服務」。

精神病及情緒失調

指由任何精神錯亂、老人心理、心理病或精神病，包括但不限於精神變態、神經機能病、任何類型的抑鬱症、焦慮症、神經性厭食症、暴食症、精神分裂症及其他行為失常所直接或間接產生的疾病。

手術室

指專為進行外科手術或程序而設，且配備相應設施的場所，符合或超越香港衛生署署長發出的《日間醫療中心實務守則》或《私營醫院實務守則》所規定的要求，或香港法例第633章《私營醫療機構條例》下適用的其他實務守則或規例。

原本開始日

指「承保表」中所列明的日期。

保單年度

指本「保單」生效的期間，於「承保表」中列明為保單年度，或本「保單」其後任何文件中所指定的期間。

保單

是指由「本公司」承保及簽發的「保單」，並作為「保單持有人」與「本公司」之間就本認可產品的合約，當中包括但不限於本條款及細則、「承保表」、「投保申請」、聲明、及任何附於本「保單」的補充文件（如適用）。當本「保單」包含其他附加「條款及保障」，該等附加「條款及保障」亦將被視作本「保單」的一部分。

保單持有人

指本「保單」的申請人，必須年滿十八（18）歲及為本「保單」的擁有人。

已存在之傷病

指：

- (a) 「受保人」在「生效日」前已存在的「傷病」，且「受保人」於「生效日」當日已察覺或應合理地察覺其體徵或症狀；或
- (b) 「受保人」在「生效日」後首十二（12）個月內曾出現或曾有下列「傷病」（包括任何直接或間接由此引致的相關病症）的體徵或症狀：

- (1) 內部器官腫瘤、皮膚和肌肉組織腫瘤、骨腫瘤或血液或骨髓的惡性腫瘤
- (2) 癌症和原位癌
- (3) 痔瘡
- (4) 需要動手術的扁桃腺病
- (5) 鼻腔隔膜或鼻甲骨病變
- (6) 甲狀腺疾病
- (7) 白內障
- (8) 需要動手術的竇症
- (9) 拇趾外翻
- (10) 需透析的腎臟疾病

- (c) 「受保人」在「生效日」後首六（6）個月內曾出現或曾有下列「傷病」（包括任何不論直接或間接由此引致的相關病症）的體徵或症狀：

- (1) 肺結核
- (2) 肛門瘻管
- (3) 膽結石
- (4) 腎結石、尿道結石或膀胱結石
- (5) 高血壓、心臟疾病或血管疾病
- (6) 胃潰瘍或十二指腸潰瘍
- (7) 糖尿病

香港指定私營醫院

指列於「本公司」網站中的香港指定私營「醫院」。「本公司」保留更新該名單的權利，包括新增或移除指定「醫院」。請參閱「本公司」網站上的最新版本，該名單將不時更新而不另行通知。

中國內地指定醫院

指由中華人民共和國國家衛生健康委員會認定的中國內地所有三級「醫院」，但不包括所有中醫「醫院」。最新的中國內地三級「醫院」名單可於「本公司」網站上參閱中華人民共和國國家衛生健康委員會或國家醫療保障局的官方網站查閱。

處方非手術癌症治療

指用於癌症治療的化療、電療、標靶治療、免疫治療及荷爾蒙治療。

醫療服務提供者

指所有獲合法許可提供健康服務的組織、公司或個人，包括「醫院」、「日間手術中心」、診所、診斷中心、「註冊醫生」、「註冊物理治療師」、「註冊脊醫」、「註冊中醫」、「註冊牙醫」及其他健康服務提供者。

香港醫院管理局管理的公立醫院

指根據香港法例第 113 章《醫院管理局條例》，由香港醫院管理局管理的公立「醫院」。

合理及慣常

指就「醫療服務」的收費而言，對情況類似的人士（例如同性別及相近「年齡」），就類似「傷病」提供類似「治療」、服務或物料時，不超過當地相關「醫療服務提供者」收取的一般收費範圍的水平。「合理及慣常」的收費水平由「本公司」合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

「本公司」必須參照以下資料（如適用）以釐定該收費是否合理及慣常－

- a) 由保險或醫學業界進行的「治療」或服務費用統計及調查；
- b) 公司內部或業界的賠償統計；
- c) 政府憲報；及／或
- d) 提供「治療」、服務或物料當地的其他相關參考資料。

註冊中醫

指根據香港法例第 549 章《中醫藥條例》正式在香港中醫藥管理委員會註冊，或在香港以外地區於具同等地位的機構註冊的中醫師；以及在向「投保人」提供「醫療服務」的當地獲合法授權執業中醫的人士。

註冊脊醫

指根據香港法例第 428 章《脊醫註冊條例》正式在香港脊醫議會註冊，或在香港以外地區於具同等地位的機構註冊的脊醫；以及在向「投保人」提供「醫療服務」的當地獲合法授權執業脊醫的人士。

註冊牙醫

指根據香港法例第 156 章《牙醫註冊條例》正式在香港牙醫管理委員會註冊，或在香港以外地區於具同等地位的機構註冊的牙科從業員；以及在向「投保人」提供「醫療服務」的當地獲合法授權執業牙科的人士。

註冊醫生

指西醫醫生（不論為普通科醫生、專科醫生或外科醫生）必須根據香港法例第 161 章《醫生註冊條例》正式在香港醫務委員會註冊，或在香港以外地區於具同等地位的機構註冊；以及在向「投保人」提供「醫療服務」的當地獲合法授權執業醫療及外科服務。

註冊物理治療師

根據香港法例第 359 章《輔助醫療業條例》正式在香港輔助醫療業管理委員會註冊，或在香港以外地區於具同等地位的機構註冊的物理治療師；以及在向「投保人」提供「醫療服務」的當地獲合法授權執業物理治療的人士。

續保

指「保單」於到期時無任何間斷地即時續保。

承保表

指「本公司」簽發的保單承保表及保障項目表，並列明「保單」詳情、保障範圍資料及「保單年度」。

手術表

指附於本「保單」的外科手術表，以及本公司不時修訂而毋須事先通知「投保人」的完整手術程序項目表。外科手術根據其相對複雜程度分為不同類別，包括小型、中型、大型及複雜手術。

如某手術未列於手術表中，「本公司」將參考具相似複雜程度及嚴重性的手術，以確定其適當類別。此外，「本公司」可考慮政府憲報或其他相關刊物或資訊，包括但不限於手術進行所在地之政府、有關當局或醫學會認可的費用表。

半私家病房

指在香港的「醫院」分類為半私家病房或二等病房的房間，或在香港以外的「醫院」中為單人或雙人使用、設有共用浴室或淋浴室的房間，但不包括「標準私家病房」或更高級別的病房。為免疑義，任何設有廚房、餐室及／或客廳的病房均不包括在內。

不適、疾病或病痛

指異於正常健康狀況的病態生理狀況。

專科醫生

指根據香港法例第 161 章《醫生註冊條例》在香港醫務委員會專科登記冊正式註冊，或在香港以外地區於具同等地位的機構註冊的註冊西醫；以及在向投保人提供醫療服務的當地，根據其合格專科獲合法授權執業專科醫療及外科服務的人士。

標準醫院

指未被列入以下任何類別的「醫院」：「香港指定私營醫院」、「香港醫院管理局管理的公立醫院」或「中國內地指定醫院」。

標準私家病房

指在香港的「醫院」分類為單人、私家或一等病房的房間，或在香港以外的「醫院」中為基本的單人使用房間，並設有私人浴室或淋浴室。為免疑義，任何設有廚房、餐室及／或客廳的病房均不包括在內。

條款及保障

本「保單」的條款及細則，以及「承保表」（包括「手術表」）和相關的補充文件。

常居地

指「受保人」或受保「家屬」在本「保單」開始「生效日」經常居住及「投保申請」內註明的國家。如「受保人」或受保「家屬」永久遷移至其他常居地，即其目前或日後擬遷往其他國家居住連續三（3）個月以上，則必須以書面通知「本公司」，否則「本公司」有權調整條款、收費或拒絕繼續承保。「本公司」保留權利制訂其認為適用於新常居地的條款與規章，方繼續為「受保人」提供保障，並可拒絕繼續承保。

西藥

指在香港衛生署藥劑服務部門合法註冊，或在引致醫療費用的任何其他司法管轄區內具備同等法律權威的機構註冊，用於提供醫生及外科手術服務的藥物。

第 2 部分 - 特殊定義

子女

指任何「年齡」在十五（15）日或以上、十八（18）歲以下，並在財政上完全依靠「保單持有人」的未婚人士，及不超過二十五（25）歲而在認可學府註冊就讀的全日制學生。

家屬

僅指以下兩項：

- (a) 「保單持有人」的配偶；及
- (b) 「保單持有人」的任何「子女」（包括「保單持有人」合法領養的「子女」）。

合資格人士

指任何符合以下條件的人士：

- (a) 為「本公司」團體醫療「保單」下的現有「受保人」、「直系親屬」或受保「家屬」；
- (b) 「年齡」已達十五（15）天但未滿六十五（65）歲；及
- (c) 已根據本部分 2 中「登記」定義完成註冊。

直系親屬

指「受保人」的父親、母親、兄弟和姊妹。「投保申請」須經「本公司」核保審查及批准。

登記

指「本公司」為「合資格人士」成為本「保單」的「受保人」而作出登記，而該登記的「投保申請」必須受限於本「保單」第 5 部分第 1 項條件及第 4 項條件的規定及以指定的表格提出。「本公司」在任何情況下將以書面通知登記申請人任何登記所適用的條款，並保留拒絕任何申請或拒絕就其決定給予任何理由的權利。任何人士均只可登記一次。

第 3 部分 - 一般條件

1. 合約詮釋

- (a) 在本「保單」中，表示單一性別的詞包含所有性別；單數詞亦包含複數含義，反之亦然。
- (b) 所有標題全為方便而設，不會影響對本「保單」的闡釋。
- (c) 本「保單」內所有時間均指香港時間。
- (d) 除非於本「保單」附載的批註內另有規定，若本「保單」與「本公司」其他文件之條款及細則出現任何抵觸，將以此條款及細則為準。
- (e) 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。
- (f) 本「保單」之中文版本僅作參考。英文版本與中文版本之間如有任何差異，均以英文版本為準。

2. 增加或刪減「受保人」

「保單持有人」可在「續保」時要求新增或刪除任何「受保人」。而新增或刪除「受保人」須經「本公司」批准，「本公司」將就所需保費向「保單持有人」收取或退還相應金額。

3. 改動

除非經「本公司」的授權代表簽署，否則對本「保單」或構成其一部分的任何文件之條款改動，將一概無效。

4. 冷靜期內取消條款及保障的安排

「保單持有人」可在冷靜期內行使權利取消本「條款及保障」及獲發還全數已付保費，但行使此項權利時，必須符合以下條件 –

- (a) 取消要求必須由「保單持有人」簽署，並確保「本公司」於冷靜期內直接收到該要求。冷靜期為緊接下列文件交付予「保單持有人」或「保單持有人」的指定代表之日起計的二十一（21）日的期間 –
 - (i) 本「條款及保障」和「承保表」；或
 - (ii) 冷靜期通知書

以較早者為準。為免生疑問，交付本「條款及保障」和「保單」資料頁或冷靜期通知書當天並不包括在計算二十一（21）日的期間內。然而，若第二十一（21）日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及

- (b) 若曾獲賠償或將獲得賠償，則不獲發還保費。

上述取消的權利並不適用於「續保」。

行使此項取消的權利時，「保單持有人」必須 –

- (a) 退回本「條款及保障」和「承保表」正本；及
- (b) 附有「保單持有人」簽署的信件（或以其他「本公司」接受的方式）要求取消本「條款及保障」。

在完成上述程序後，「本公司」將取消本「條款及保障」及全數發還已付保費。在此情況下，本條款及保障將被視為由「原本開始日」起無效，「本公司」亦無須承擔任何賠償責任。

5. 取消保單

冷靜期過後，若「保單持有人」在該「保單年度」期間沒有就本「條款及保障」獲得任何賠償，「保單持有人」可以在三十（30）日前以書面方式通知「本公司」要求取消本「條款及保障」。

- a) 若「保單持有人」以書面通知「本公司」終止本「保單」，或終止本「保單」內有關任何「受保人」的保障，而「本公司」並無或毋須根據本「保單」向該名「受保人」支付賠償，則有關終止將於「本公司」接獲該通知三十（30）日後生效。若終止於年度「保單」到期日前獲接納，「保單持有人」將不會獲退回全部或部分保費。
- b) 若「本公司」以掛號郵遞方式，將終止通知寄往「本公司」最後所知的「保單持有人」地址，則該終止將於發出通知日期的三十（30）日後生效。
- c) 本「保單」將於「保單持有人」身故時終止。若任何「合資格人士」身故或不再為「合資格人士」，則該「合資格人士」將不再為「受保人」。
- d) 若不能從「保單持有人」指定的銀行賬戶扣除首期保費，本「保單」將被視為由「原本開始日」起失效及無效。
- e) 若已從「保單持有人」指定的銀行賬戶扣除一期或以上保費，但其後未能支付任何保費，則本「保單」將於應付該保費當月的最後一日終止。
- f) 若「保單持有人」所支付的任何一期保費超出本「保單」的終止日或「受保人」的保障終止日，有關部分的保費將退回「保單持有人」指定的銀行賬戶。若「保單持有人」並未在終止日前或未有按本「保單」的其他規定支付任何一期的保費，「保單持有人」須向「本公司」支付該期保費。
- g) 若「保單持有人」或「受保人」在任何時候未能遵守本「保單」的條款及條件，或未能以最高誠信行事，「本公司」有權隨時終止本「保單」或以其他條款規限本「保單」。

6. 轉讓

「保單持有人」不得轉讓本「條款及保障」的權利、保障、義務及責任。「保單持有人」必須保證在本「條款及保障」的任何應付款項均不受任何信託、留置權或費用所約束。

7. 合作

「本公司」承保的先決條件乃「受保人」或其代表與「本公司」、其代表及其醫學顧問全面合作，並且全面及忠實地披露「受保人」知悉或應知的一切重要事實及事宜。在「本公司」有需要時，提供適當文件以授權「本公司」向任何醫生、「醫院」或其他來源獲取相關的資料，而有關的開支由「受保人」承擔。

8. 文書錯誤

任何文書記錄錯誤，將不會令原應有效的保障失效，或令原應終止的保障繼續生效。

9. 付款貨幣

任何以外幣索償的「合資格費用」，必須按「保單持有人」或「受保人」支付實際「合資格費用」當日，該貨幣在香港銀行公會發布的貨幣開市參考賣出牌價兌換成港元。若當日沒有可參考的兌換率，「本公司」必須參考緊接當日後的最後兌換率。若香港銀行公會沒有該外幣的兌換率，「本公司」會以「本公司」使用的銀行認可兌換率作為最終的安排。

10. 本公司的責任

「本公司」必須時刻絕對真誠地履行本「保單」中列載的責任，並遵守保險業監管局頒布的有關指引，以及所有適用的法律及規例。

11. 規管法律

本「保單」必須在香港簽發並受香港法律管轄及闡釋。「本公司」及「保單持有人」均同意遵從香港法院的司法裁判權。

12. 排解糾紛

「本公司」及「保單持有人」必須盡力以友善方式解決就本「保單」所出現的糾紛、爭議及分歧，包括與本「保單」的有效性、無效性、條款違反或終止相關的事宜。如未能解決，在有關糾紛轉介至香港法院前，雙方亦可以（但沒有責任）透過各種另類排解糾紛程序處理，包括但不限於在雙方同意下以調解或仲裁方式進行。

雙方需要自行承擔另類排解糾紛程序的服務費用。

13. 責任

「保單持有人」及「受保人」必須遵守本「保單」條款的各項，並確定「投保申請」文件及聲明中的資料及申述均為正確，否則「本公司」將無須承擔本「保單」所訂明的任何責任。儘管有上述規定，除非因為「保單持有人」及「受保人」不遵守本「保單」條款，或在「投保申請」文件及聲明中提供失實的資料及申述，導致「本公司」的權益有實質的損失，否則「本公司」不得拒絕承擔本「保單」所訂明的責任。

14. 合理預防措施

「受保人」應採取所有合理預防措施，以防止及盡量避免發生任何「意外」、「受傷」、死亡或招致任何開支。如「受保人」的工作、職業、體育活動或其他事宜的相關重要資料或情況有任何改變，以致索償的可能性提高，則必須立即以書面通知「本公司」。「本公司」保留權利，按其認為適當的條款及條件繼續承保（以配合重大資料或情況的變更），或拒絕在本「保單」下繼續提供保障。

15. 錯誤申報個人資料

在不損害「本公司」按本第 3 部分第 16 節中的權利（即因健康資料的失實陳述或欺詐的情況宣告「保單」無效的權利）下，若在「投保申請」文件或任何其後就相關申請，提交予「本公司」的資料或文件中錯誤申報「受保人」的非健康相關資料（包括但不限於「年齡」、性別或吸煙習慣），從而可能影響「本公司」作出的風險評估。「本公司」可按正確資料調整過去、現在或未來「保單年度」的保費。若「保單持有人」因此需補交額外保費，「本公司」不會在補交補交保費前支付任何賠償。若「保單持有人」在「本公司」通知的保費到期日後三十（30）日的寬限期內仍未補交保費，「本公司」有權行使本第 3 部分第 17 節賦予的權利，自保費到期日起終止本「保單」。若「保單持有人」有多繳保費，「本公司」則必須予以退還。

若按「受保人」的正確資料及「本公司」的核保指引，認為「受保人」的「投保申請」應當被拒絕時，「本公司」有權宣告本「保單」自「原本開始日」起無效，並通知「保單持有人」，本「保單」不會為「受保人」提供保障。在此情況下，「本公司」將－

(a) 有權追討已支付的賠償；及

(b) 有責任退還已繳交的保費，

兩者均適用於現「保單年度」及過往所有「保單年度」，「本公司」亦有權收取合理的行政費用。上述退款安排必須與本第 3 部分第 16 節一致。

16. 失實陳述或欺詐

「本公司」有權在下列情況下，宣告本「保單」自「原本開始日」起無效，並通知「保單持有人」，本「保單」不會為「受保人」提供保障－

- (a) 在「投保申請」文件，或在「投保申請」文件或任何其後就相關「投保申請」提交予「本公司」的資料或文件，其所作出的陳述或聲明中，就「受保人」健康狀況的重要事實作出失實聲明或遺漏資料。「重要事實」包括但不限於由「本公司」要求提供，會影響「本公司」對「受保人」的核保決定的事實，例如「本公司」會因此徵收附加保費，增加個別不保項目或拒絕「投保申請」。為免存疑，本 (a) 段並不適用於本第 3 部分第 15 節關於「受保人」非健康相關資料；或
- (b) 在「投保申請」文件中或索償時，作出欺詐或有欺詐成分的申述。

「本公司」必須負舉證責任證明 (a) 及 (b) 為真確。「本公司」有責任查詢所有影響核保決定的重要事實。

惟若本公司發現第(a) 段所述的不實陳述或遺漏重大事實，本公司可自行酌情決定代替自「保單」開始即宣告「保單」無效，而採取以下措施：

- (i) 針對未有披露或錯誤陳述的傷病施加不保事項；及／或
- (ii) 由未來起調整保費或保單其他條款，

惟須取得「保單持有人」書面同意。若「保單持有人」不同意該等修訂條款，「本公司」可隨後行使上述權利，自「保單」開始即宣告保單無效。

在 (a) 的情況下，「本公司」將－

- (i) 有權追討已支付的賠償；及
- (ii) 有責任退還已繳交的保費，

兩者均適用於現「保單年度」及過往所有「保單年度」，「本公司」亦有權收取合理的行政費用。

在 (b) 的情況下，「本公司」將－

- (i) 有權追討已支付的賠償；及
- (ii) 有權不退還已繳交的保費。

17. 終止醫療保障

「受保人」享有的保障將於下列日期（以最早者為準）自動終止：

- (a) 為有關「受保人」支付最後一筆保費的承保期屆滿當日；
- (b) 與「受保人」／「保單持有人」身故當日重疊或隨後的到期日；
- (c) 「受保人」從本「保單」中除名當日；
- (d) 「受保人」於本「保單」的保障或賠償耗盡當日；
- (e) 本「保單」到期日午夜（香港時間）。然而，若「受保人」在有關保障終止時，因受保「傷病」而「住院」，則適用於該「傷病」的有關「住院」保障終止時間最長可推延三十（30）日，或推延至該「傷病」保障或賠償額耗盡之時（以較早者為準）。

若「受保人」享有的保障觸犯其所屬有關司法管轄區公布的任何法律或規例，則「受保人」的保障將告終止。

18. 致本公司的通知

「本公司」要求「保單持有人」必須以書面，或其他獲得「本公司」認可的方式，發出所有致「本公司」的通知，並必須以「本公司」為收件人。

19. 其他方面提供的保險

若在提交本「保單」下任何索償時，「受保人」同時擁有其他醫療保險計劃或保障（包括「本公司」或其他保險公司承保的任何團體或個人醫療「保單」），且該等計劃或方案為相同醫療費用提供賠償，則「本公司」在本「保單」下不承擔支付任何保障的責任，除非該其他保險計劃或方案的保障已全部用盡或已支付至其適用限額。

「本公司」僅負責支付在其他保險計劃或方案的保障適用後仍未支付的「合資格費用」餘額。

對於擁有其他保險保障的「受保人」，「受保人」須首先向該其他保險計劃或方案提交索償，並應「本公司」要求，提供該其他計劃或方案最終結算或支付的滿意證明。如未能提供該證明，本「保單」下將不支付任何賠償。

對於僅擁有本「保單」而無其他保險「保單」保障的「受保人」，「受保人」須向「本公司」提交包括但不限於收據及醫療報告的正本醫療文件。本「保單」下將支付相關保障。

在任何情況下，本「保單」及其他所有保險計劃或方案的總賠償金額不得超過所招致「合資格費用」總額的百分之百（100%）。

20. 保單擁有權

除非本「保單」的附加條款另有明確規定，否則「本公司」有權將「保單持有人」視作本「保單」的絕對擁有人。「本公司」可不必承認任何他人聲稱對本「保單」擁有的權利或其他索償或利益。「受保人」（或其法定或授權代表）收到或按本「保單」給予任何賠償付款的收據，將視為「本公司」已對「保單持有人」充份而有效地履行了支付賠償的責任。即使本「保單」他處出現相反的條文，雙方在此明確規定，本「保單」規定的任何及一切權利和義務，只可由作為本保險合約僅有訂約方的「本公司」或「保單持有人」來履行。為免生疑問，雙方進一步規定：按本「保單」規定，「受保人」對本「保單」不享有任何權利，亦不得就本「保單」提出任何索償，「受保人」無權亦無資格就本「保單」提出任何索償要求，即使「本公司」可能直接向「受保人」、「醫院」、上述定義為「註冊醫生」所界定的任何人士，或提供服務或收取費用的任何其他一方支付本「保單」的賠償（其收到或獲發任何付款的收據，將構成「本公司」已充份及最終履行責任）。

21. 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。

22. 代位追討權

在「本公司」按本「保單」支付賠償後，「本公司」有權以「保單持有人」及／或「受保人」的名義，對可能需就導致本「保單」作出賠償的事故負責的第三者進行追討。「本公司」需支付所涉及費用，而討回的款項亦歸「本公司」所有，並以「本公司」就本「保單」支付該事故的賠償金額為限。在追討過程中，「保單持有人」及／或「受保人」必須提供全部或已知的第三者過失詳情及充分與「本公司」合作。為免存疑，上述代位追討權只適用於當第三者並非「保單持有人」或「受保人」的情況。

23. 對第三者的訴訟

本「保單」任何條文均不構成本公司有義務參與、回應或抗辯（或就相關費用作出彌償）「保單持有人」或「受保人」對任何「註冊醫生」、「醫院」或「醫療服務提供者」提出的任何損害賠償訴訟或替代爭議解決程序，包括但不限於因疏忽、醫療失當、專業失德，或其他與本「保單」下「受保人」「傷病」的醫療調查或「治療」相關或由此引致的任何訴訟或替代爭議解決程序。

24. 寬免

任何合約一方寬免合約另外一方違反本「保單」條文的情況，將不會被視為獲得日後違反該條文或任何其他條文的寬免。任何一方不行使或延遲行使本「保單」下任何權利時，亦不會被釋義為該權利的寬免。任何寬免必須經「本公司」及「保單持有人」雙方同意，方可生效，而合約雙方仍須履行寬免範圍外，本「保單」所列的權利及責任。

25. 終止保單後的延續保障

如「受保人」終止本「保單」或不再「續保」，「本公司」將繼續遵照保障項目表列明之限額及次限額，就「受保人」終止本「保單」或不再「續保」前已通知「本公司」及取得「本公司」同意的索償支付賠款，為期最多三十（30）日。惟「受保人」不得在「常居地」以外地方定居或尋求承保的「治療」。如「受保人」在「常居地」以外地方定居或接受承保的「治療」，「本公司」不會提供上述的延續保障。

26. 保障地域範圍

本「保單」的保障地域範圍為全球，惟不包括美國。「本公司」將不會負責支付在美國發生的任何「醫療服務」費用，不論該等服務是否屬於「緊急治療」。

27. 返回美國後保單自動終止

如「受保人」為美國公民或已取得當地居留權，並已返回美國，本「保單」之保障將於其返回美國當日自動停止生效。

「受保人」必須在返回或有意返回美國後三十（30）天內通知「本公司」，「本公司」便會取消本「保單」，同時按比例退還「受保人」自返回當日至下一個到期日之全年保費。

第 4 部分 - 特殊條件

1. 登記

於本「保單」「登記」當日必須符合以下情況：

- (a) 「受保人」必須是現有團體會員或獲承保批准的現有團體會員的受保「家屬」或「直系親屬」；
- (b) 「受保人」不得在現時或過去曾受保於「本公司」的「僱員增值醫療保險」保障；
- (c) 現有團體會員必須符合下列(1)、(2)、或(3) 其中一 (1) 項的資格要求，並在指定的時間內提交本「保單」「投保申請」而無需承保批准：

- (1) 如現有團體會員新加入及受保於「本公司」的團體醫療保障計劃的保障，可於其團體「保單」的保障開始日起三十（30）日內提交「投保申請」；
- (2) 如現有團體會員的團體醫療保障計劃成功與「本公司」「續保」，可於該團體「保單」的合約週年日起三十（30）日內提交「投保申請」；
- (3) 如現有團體會員離職或退休，可於該現有團體會員的會籍最後一日前的三十（30）日內提交「投保申請」；
- (d) 如現有團體會員在提交「投保申請」時該會員的團體醫療保障計劃只保障少於十（10）名僱員，「本公司」只會在該「受保人」符合上述(c)(3)的資格要求下才會接受為本「保單」投保。在任何情況下，「本公司」保留權利要求出示證明文件以充分證明該「受保人」符合上述資格要求；
- (e) 如「受保人」並非現有團體會員，則可於受保於「本公司」的團體醫療保險計劃之相關現有成員的「僱員增值醫療保險」「保單」周年日前的三十（30）天內提交「投保申請」，須經「本公司」核保批准。「投保申請」一經「本公司」核保批准，除非已向「本公司」申報並獲「本公司」接受，本「保單」不會支付任何與「已存在之傷病」相關的保障；
- (f) 「保單持有人」必須為十八（18）歲或以上；
- (g) 如「受保人」的「年齡」在保障開始日為十八（18）歲以下，「保單持有人」必須為「受保人」的父母或合法監護人；
- (h) 「受保人」於「投保申請」時須居住於香港；及
- (i) 「保單持有人」必須在香港任何銀行持有港元來往或儲蓄戶口。

2. 生效日

若「保單持有人」按本第 5 部分第 1 項條件規定支付保費或額外保費，「受保人」的「醫療保障」將於下列情況生效（以最後者為準，視乎情況而定）：

- a) 「合資格人士」將於「投保申請」「登記」獲批後或在「投保申請」表格內指定的日期（以較後者為準）開始受保。
- b) 本「保單」的「原本開始日」（若「受保人」在「原本開始日」前已正式完成受保「登記」手續）。
- c) 若「受保人」曾自願終止「保單」下的保障並申請「保單」復效，「保單持有人」均須就「受保人」向「本公司」提供可接受的健康證明（費用由「保單持有人」承擔），以及填妥「保單」復效申請書，而保障將於「本公司」根據該項「投保申請」進行「登記」，並於當日開始生效。

3. 生效日條文

若任何「受保人」於保障本應生效及可用的日期當天正在「醫院」「住院」，該「受保人」的保障僅於出院後翌日方會生效。

4. 年齡上下限

按本「保單」規定，「本公司」不接納任何在「登記」當日「年齡」未滿十五（15）日或超過六十五（65）歲的人士「登記」。若此類人士獲錯誤接納「登記」，則「本公司」並無責任根據本「保單」為該等人士提供任何保障，且有權在不影響「本公司」承擔責任的先決條件的情況下，按本第 3 部分第 5 項條件取消該名人士的保障「登記」。

5. 受保家屬或直系親屬合資格日期

任何受保「家屬」或「直系親屬」的合資格日期按下列各項釐定：

- i) 若在「生效日」，「保單持有人」有任何身為「合資格人士」的受保「家屬」或「直系親屬」，則該名受保「家屬」或「直系親屬」有資格自「生效日」起享有保障。
- ii) 若在本「保單」「生效日」後，經核保批准增加任何受保「家屬」或「直系親屬」，而該名受保「家屬」或「直系親屬」因在「本公司」「登記」而成為第 2 部分「合資格人士」定義所指的「合資格人士」，則該名受保「家屬」或「直系親屬」有資格享有「醫療保障」的日期將為其「登記」成為「受保人」的日期。

6. 重複申請

「受保人」終身只可申請此計劃一次，且不得同時受保於多於一份「本公司」發行的「僱員增值醫療保險」。若「受保人」受保於多於一份同類型保險，「本公司」將視「受保人」受其中最高賠償額的「保單」所保障。如各「保單」的賠償額相同，「本公司」在支付賠償時，只會視「受保人」受最先發出的「保單」所保障。「本公司」將向「受保人」或其代表人發還重複支付的保費。

7. 保障變更申請

「受保人」僅可於每次「續保」前一個月以書面形式向「本公司」申請降低所選計劃的保障級別，包括將「醫療保障」降至較低級別的病房類別或在本「保單」下要求新增「自付額」。「本公司」不接受升級「保單」的「醫療保障」的申請。「投保申請」須使用「本公司」指定的表格，並經「本公司」核保及批准，計劃降級將於「續保」日起生效。現有團體醫療「保單」下對「受保人」施加的不承保事項將會繼續適用於轉換後的計劃。

對於設有「自付額」的「保單」，「保單持有人」可於「受保人」年滿五十五（55）歲、六十（60）歲或六十五（65）歲時，在相關「保單」周年日前的三十（30）天內申請移除本「保單」的「自付額」，惟須經「本公司」批准。「受保人」終生只可行使一次移除「自付額」的權利。

為免疑義，「本公司」對任何新增或移除「自付額」的申請接受與否，必須經「本公司」書面批准及確認，方可生效。

8. 保單復效

若本「保單」因任何原因而終止，「保單持有人」可於本「保單」終止後兩個月內以書面方式向「本公司」申請讓本「保單」復效。「保單持有人」須以「本公司」規定的表格提出申請。如「本公司」接納及批准申請，本「保單」將於該接納及批准日期（「復效日」）起復效，惟「保單持有人」須於復效日前支付所有過期保費及「本公司」釐定的利息。「保單」復效後的保障範圍只限於復效日後出現的「傷病」所引致的醫療開支。

9. 特定病症的等候期

自「保單」「生效日」起計六（6）個月內，所有「受保人」因以下指定病症及程序引致的「合資格費用」，均不獲賠償，不論「保單持有人」及／或「受保人」在提交「投保申請」時是否知悉該等病症。就本條款而言，若「受保人」在「保單」「生效日」起首六（6）個月內出現任何與下列病症或程序相關的症狀、體徵或表現，則相關的「合資格費用」在等候期結束前不予賠償。「本公司」將根據提供的醫療證據及紀錄，決定本等候期的適用性，其決定為最終及具約束力。在六（6）個月等候期結束後，因下列病症及程序引致的「合資格費用」，將根據本「保單」的「條款及保障」範圍予以賠償，惟須受制於「保單」規定的任何適用限額或不承保事項。為免疑義，本等候期對所有「受保人」均一律適用，且不得豁免或縮短。

適用本等候期的病症及程序包括：

1. 白內障
2. 拇趾外翻
3. 關節置換手術，包括但不限於髖關節置換、膝關節置換
4. 為調查睡眠模式及異常（如睡眠窒息症及打鼾）而進行的「住院」「治療」或家居檢查
5. 食道胃十二指腸內窺鏡檢查及結腸鏡檢查
6. 病毒性疣及皮膚病變「治療」

第 5 部分 - 保費條文

1. 保費的支付

「保單持有人」須於到期日前，按約定以每月或每年方式支付保費，並從「保單持有人」指定的銀行賬戶扣款。每期保費須於該期開始時預先支付。如本公司未能在到期日收到保費，「登記」將於「保單」的「原本開始日」（年繳保費）或保費到期當月的最後一（1）日（月繳保費）終止。然而，若本公司在到期日後三十（30）天內收到逾期保費，「本公司」可酌情決定讓「登記」及所有相應保障權益繼續保持生效。

2. 本保單的保費率

保費率及任何保費折扣或附加費率將由「本公司」不時釐定，「本公司」亦有權規定支付保費的方式。

3. 寬限期

「本公司」將給予「保單持有人」三十（30）日繳交保費的寬限期，由每期保費到期日起計。本「保單」於寬限期內仍然生效，惟在收到保費前，「本公司」於該期間內不會支付任何賠償，直至保費已獲繳清。若在寬限期屆滿後「保單持有人」仍未繳清保費，本「保單」即於保費到期日起當日終止。

第 6 部分 - 續保條文

1. 續保

在繳付保費後，「保單」有效期為一個「保單年度」。

受「本公司」享有終止本「保單」權利之條款約束及「僱員增值醫療保險」仍可供「續保」的前提下，於「保單」期屆滿時，本「保單」將按「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並在「本公司」成功收取保費後自動「續保」至下一個「保單年度」。

受限於本「保單」其他條款及細則及本「僱員增值醫療保險」仍可供「續保」的前提下，「本公司」保證「保單持有人」擁有為本「保單」下「受保人」終身「續保」的保證權利。

倘若「保單持有人」不同意「續保」，他可於本「保單」「續保」日當日起計前三十（30）天向「本公司」發出書面通知以取消該「續保」，而本「保單」將會於緊接該「續保」前之「保單年度」期屆滿時終止。

儘管本「保單」有任何相反規定，「本公司」有權中止或停止發售本「僱員增值醫療保險」及修改本「保單」之保障、保費、條款及細則，以及對本「保單」作出更改。若「本公司」決定中止或停止發售本「僱員增值醫療保險」，「本公司」將致力為「受保人」轉換至另一個可供選擇的醫療保險計劃。

2. 保障利益架構及保費修訂

「本公司」將保留不時修訂本「保單」的保障利益架構及保費的權利。「本公司」會於「保單年度」到期前不少於三十（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）。

第 7 部分 - 索償條文

1. 索償程序

所有索償均須使用「本公司」指定格式的完整索償表格，於出院日期或產生索償的「治療」／「醫療服務」日期起計九十（90）天內提交。索償申請必須連同所有所需證明文件一併遞交，包括正本收據、分項賬單，以及由「註冊醫生」簽發的診斷證明。唯有當所有該等文件均已提交並獲「本公司」接納後，索償方視為完整。如未能於指定期限內提交索償及所需文件，可能導致索償被拒絕。

「本公司」可要求索償人提交額外的資料、證書、證據、醫療報告、數據或其他材料以作索償評估用途。索償人須自行承擔費用，提供「本公司」合理要求且索償人合理可取得的證書、資料及證據。若「本公司」發出書面要求後六十（60）天內未能收到所需資料，除非「本公司」另行同意，否則「本公司」對任何索償不承擔責任。

在索償期間於任何合理時間及必要時，「本公司」保留權利委派獨立醫療檢查員評估「受保人」的狀況，費用由「本公司」承擔。如「受保人」不幸身故，「本公司」有權要求進行驗屍檢查，費用由「本公司」承擔。在可行情況下，任何死因聆訊、殮葬或火化之時間及地點，應事先通知「本公司」。

就「受保人」在任何團體醫療「保單」下受到任何保障或應付賠償，「受保人」在向「本公司」提出任何索償之前，必須先在該團體醫療「保單」下提出索償。否則，「本公司」無須支付相關索償。

2. 索償付款

「本公司」支付的任何索償，均不得視為本「保單」下後續索償支付的先例。若「本公司」支付了根據「保單」條款及條件不予賠償的索償，「受保人」須於「本公司」書面要求後，向「本公司」退還相關款項。退還金額包括所有不合資格或超額的費用。「本公司」保留權利從本「保單」下未來提交的索償中扣除任何不合資格或超額的金額。若提交的「合資格費用」未提供詳細明細，「本公司」保留按比例賠償該索償的權利，惟須受本「保單」適用條款的約束。索償支付應首先針對「受保人」的團體醫療「保單」（如有）進行。如「合資格費用」的任何未支付部分，則根據本「保單」的條款及條件在本「保單」下支付。

3. 仲裁及放棄索償

倘若「本公司」拒絕向閣下作出賠償或對賠償金額存在任何爭議（統稱為爭議），有關爭議均依據現行《仲裁條例》（香港法例第609章）裁決。如有關人士未能就選擇仲裁員達成協議，仲裁員人選事宜將轉介現行香港國際仲裁中心主席裁決。「本公司」特此聲明，閣下必須首先取得仲裁決議，方可按本「保單」採取任何法律行動或提出訴訟。

若有關爭議未能於「本公司」拒絕賠償起十二（12）個月內按本仲裁條款提出仲裁，閣下會被視作完全放棄閣下的索償權，並不得在日後根據本「保單」重新提出索償。

4. 法律程序

「受保人」根據本「保單」條款出示索償證明後，必須待至六十（60）天後，方可展開法律訴訟追討本「保單」的索償。立約雙方現同意，如雙方對本「保單」有任何爭論或爭議，一律受香港特別行政區法律監管，雙方並同意任何有關之爭論或爭議必須服從香港特別行政區法院的專審地及司法裁判權。

第 8 部分 - 保障利益條文

在符合本「保單」「條款及保障」的前提下，若「受保人」因「傷病」並經「註冊醫生」推薦，需接受「住院」「治療」；或接受「日間手術」程序、先進診斷影像檢查、「處方非手術癌症治療」、腎臟透析或因「意外」所需的緊急門診「治療」，「本公司」將根據本部分 8 的保障項目，賠償有「醫療所需」且「合理及慣常」的「合資格費用」。

本「保單」支付的「合資格費用」不會超過「受保人」實際接受的「醫療服務」費用，並受保障項目表中列明的限額及賠償百分比限制。

對於在具備「日症病人」復康設施的「醫院」進行的「住院」「治療」及「日間手術」程序所招致的「合資格費用」，其賠償百分比將根據「受保人」接受「醫療服務」的「醫院」選擇而有所不同（於保障項目表中列明）。

「醫院」分類如下：

1. 「標準醫院」
2. 「香港指定私營醫院」
3. 「香港醫院管理局管理的公立醫院」
4. 「中國內地指定醫院」

對於「受保人」在香港任何私營「醫院」「住院」期間接受的癌症相關「醫療服務」，包括外科手術程序及「處方非手術癌症治療」，均適用「香港指定私營醫院」的賠償百分比，不論該私營「醫院」被分類為「標準醫院」或「香港指定私營醫院」。

對於在醫療診所或「日間手術中心」進行的「日間手術」程序（不包括在「醫院」以「日症病人」身份進行的程序），適用「香港指定私營醫院」的賠償百分比。

對於在「醫院」進行的「日間手術」程序，其賠償百分比將根據「受保人」接受「醫療服務」的「醫院」類別而定。

對於「受保人」在香港「醫院」管理局管理的公立「醫院」接受的「醫療服務」，若「受保人」為「合資格人士」並入住「普通病房」，且產生根據香港法例第 113 章《醫院管理局條例》於政府憲報公布的公立服務收費，則適用香港「醫院管理局管理的公立醫院」的賠償百分比。若在香港「醫院管理局管理的公立醫院」內產生私家服務收費，則適用「標準醫院」的賠償百分比。

(A) 總額住院及手術保障

若「受保人」在「註冊醫生」的建議下，於「醫院」「登記」為「住院病人」以「治療」受保「傷病」，並因而產生費用，「本公司」將支付第 8 部分 A1 至 A14 中支付有「醫療所需」的費用。

賠償額將相當於實際收取的費用，但按本條文支付的賠償額無論如何不得超過「承保表」所定的限額或最高賠償額（或最高賠償百分比）。

本第 8 部分的 A 節提供的保障，適用時將延伸涵蓋「日間手術」程序。

(1) 病房費用

在「註冊醫生」的建議下，「受保人」於「醫院」「登記」為「住院病人」以「治療」受保「傷病」，並因而產生費用，「本公司」將支付病房費用賠償。賠償額將相當於「受保人」「住院」期內，「醫院」實際收取的病房費用（私家看護服務費除外），但按本段落支付的賠償額無論如何不得超過保障項目表所定的限額或最高賠償額。

(2) 膳食費用保障

「受保人」於「醫院」「登記」為「住院病人」以「治療」受保「傷病」，並因而產生費用，「本公司」將支付保障項目表所列的膳食費用保障。賠償額將相當於「受保人」「住院」期內，「醫院」正常、適當和實際收取的費用，但按本條文支付的賠償額無論如何不得超過保障項目表所定的限額或最高賠償額。膳食津貼以每日作為基礎累計，膳食費用保障的任何未使用部分不得結轉至任何其他日子。

(3) 醫院雜項費用

若「受保人」按本第 8 部分的 A1 節可獲得「住院」每日病房費用保障的賠償，「本公司」亦將支付「受保人」在「住院」期間因「傷病」接受「治療」所招致之「醫院」實際收取「合理及慣常」提供費用，該等費用包括（但不限於）以下各項

1. 往返「醫院」的救護車服務；
2. 施用麻醉藥及氧氣；
3. 院內使用或消耗的藥物、醫藥及「治療」材料；
4. 輸血，不包括血液及血漿費用；
5. 出院後或「日間手術」完成後由「註冊醫生」合理及必須處方、供覆診前使用之藥物及藥劑，最多可覆蓋隨後四（4）個星期；
6. 敷料、普通夾板及石膏模；
7. 植入儀器及裝置包括但不限於支架及心臟起搏器；
8. 化驗檢查；
9. 放射性同位素；
10. 物理治療；
11. 家居睡眠模式檢查；
12. 家居心電監測；
13. 菲林、造影和 X 光及分析；
14. 靜脈注射；
15. 在手術期間內使用的醫療儀器用具及外科即棄用品及消耗品所招致之費用；
16. 不論以「住院」或門診形式進行的先進造影服務，包括但不限於電腦斷層掃描、磁力共振掃描及正電子放射斷層掃描，並須由主診「註冊醫生」書面推薦；
17. 「受保人」在「住院」或作為「日症病人」期間，經主診「註冊醫生」推薦接受的「處方非手術癌症治療」；

18. 「受保人」在「住院」或作為「日症病人」期間，經主診「註冊醫生」推薦，為「治療」慢性及不可逆轉腎衰竭而接受的定期血液透析及腹膜透析。

藥物及有助「治療」的物品包括所有「西藥」、靜脈輸液、敷料、繃帶、藥棉及其他於「住院」期間內使用及消耗之醫療及護理物品；於手術用之儀器和其他硬件，例如：麻醉機、胃鏡、腸鏡、碎石機、X光刀、數碼導航刀及伽瑪刀則不在此列。

(4) 主診醫生巡房費

若「受保人」在「住院」期間內任何一日接受「註冊醫生」的診治，本保障將賠償由該主診「註冊醫生」就巡房或診症收取的「合資格費用」。

此保障限於每日一（1）次就診。

(5) 住院專科醫生費

若「受保人」在「住院」期間內任何一日，在主診「註冊醫生」的書面建議下接受「專科醫生」（並非本第 8 部分第 A(4) 節所指的主診「註冊醫生」）的診治，本保障將賠償由該專科醫生就巡房或診症收取的「合資格費用」。

(6) 深切治療

若「受保人」在「住院」期間內任何一日入住深切治療部，本保障將賠償就接受深切治療服務所收取的「合資格費用」。為免存疑，已獲本保障賠償的「合資格費用」，不會再獲本第 8 部分第 A(1) 節的賠償。

(7) 外科醫生費

本保障將賠償「受保人」在「住院」期間，或在為「日症病人」提供「醫療服務」的設備下，主診外科醫生為其進行手術所收取的「合資格費用」。

本保障將按「手術表」所列相關手術的分類及該手術本身所屬分類作賠償，而「本公司」會不時審視「手術表」的內容及分類。若需進行的手術並無列於「手術表」內，「本公司」可按照政府刊登的憲報或其他相關出版物或資料，包括但不限於在進行該手術的所在地，其政府、相關監管機構及醫學組織認可的收費表，合理地決定該手術的分類。

(8) 麻醉科醫生費

在按本第 8 部分第 A(7) 節的外科醫生費可獲賠償的情況下，本保障將賠償「麻醉科醫生」就相關手術所收取的「合資格費用」。

(9) 手術室費

在按本第 8 部分第 A(7) 節的外科醫生費可獲賠償的情況下，本保障將賠償在手術期間使用「手術室」（包括但不限於「治療室及康復室」）的「合資格費用」。

為免存疑，在「手術室」內需個別收費的額外手術用具、儀器及裝置則將按本第 8 部分第 A(3) 節賠償。

(10) 入院前的門診、出院後或日間手術的覆診

本保障將支付以下「合資格費用」：

1. 「受保人」在「住院」、「日間手術」或雜項醫院服務項下由「註冊醫生」處方的家居監測檢查前三十（30）天內，因與診斷相關而直接導致「住院」或「日間手術」的一次（1）門診診症費用。
2. 「受保人」在出院、「日間手術」完成，或雜項醫院服務項下由「註冊醫生」處方的家居監測檢查結束後的緊接六（6）週內，可享受最多三（3）次門診覆診。涵蓋的覆診項目包括診症費、「西藥」（最多六十（60）天藥量）、診斷檢查及物理治療，惟該等門診覆診必須與導致該次「住院」或「日間手術」的診斷直接相關。

(11) 緊急意外門診保障

此保障將支付「受保人」因「意外」而於「醫院」門診部或「急症」部以門診形式接受「治療」的費用。「意外」發生與其非事先安排的診斷或「治療」相距不得超過四十八（48）小時。

若「受保人」因「意外」「受傷」，並在「意外」發生後十四（14）天內因健康自然牙齒的需要接受「緊急治療」，「本公司」將賠償由「註冊牙醫」在牙科診所或「醫院」進行的牙科治療費用，包括止血、X光檢查、健康自然牙齒的重新植入、拔牙及根管治療。任何修復「治療」費用，包括但不限於使用任何貴金屬及矯正治療，均不予賠償。

有關費用賠償將等於實際被院方收取有關下列服務的費用：

- (a) 診症費；
- (b) 「西藥」；
- (c) 診斷影像及化驗；及

(d) 其他有關醫療費用。

(12) 內窺鏡日間手術保障

當「受保人」以「日症病人」身份，經「註冊醫生」進行內窺鏡程序並產生「合資格費用」，且本部分 8 第 A(1)節之住院病房費用保障並無支付時，本保障將予支付。與內窺鏡程序相關的「醫療服務」費用及當日診症費用，僅限於本保障項下支付，且不得於總額住院及手術保障的其他保障項目下獲得賠償。

1. 上消化道內窺鏡檢查（包括但不限於食道鏡檢查、胃鏡檢查及食道胃十二指腸內窺鏡檢查）；
2. 下消化道內窺鏡檢查（包括但不限於肛門鏡檢查、直腸鏡檢查、乙狀結腸鏡檢查、直腸乙狀結腸鏡檢查及結腸鏡檢查）；及
3. 小腸內窺鏡檢查。

若內窺鏡程序需過夜「住院」，須在程序前接受審查，以確認是否「醫療所需」。

若過夜「住院」的內窺鏡程序已獲得「本公司」預先批核，相關「合資格費用」將僅由總額住院及手術保障的其他項目支付，本保障項下不會支付任何費用。

若過夜「住院」的內窺鏡程序未獲「本公司」預先批核或未申請預先批核，相關「合資格費用」將僅限於本保障項下支付，而總額住院及手術保障的其他項目不會支付任何費用。

(13) 白內障日間手術保障

當「受保人」以「日症病人」身份，經「註冊醫生」進行白內障手術並植入單焦點人工晶體及產生「合資格費用」，且本部分 8 第 A(1) 節之住院病房費用保障並無支付時，本保障將予支付。與白內障手術相關的「醫療服務」及當日診症費用，僅限於本保障項下支付，且不得於總額住院及手術保障的其他保障項目下獲得賠償。

若白內障手術需過夜「住院」，須在手術前接受審查，以確認是否「醫療所需」。

若過夜「住院」的白內障手術已獲得「本公司」預先批核，相關「合資格費用」將僅由總額住院及手術保障的其他項目支付，本保障項下不會支付任何費用。

若過夜「住院」的白內障手術未獲「本公司」預先批核或未申請預先批核，相關「合資格費用」將僅限於本保障項下支付，而總額住院及手術保障的其他項目不會支付任何費用。

(14) 病毒性疣及皮膚病變程序保障

當「受保人」在「住院」期間或以「日症病人」身份，經「註冊醫生」進行病毒性疣及皮膚病變程序產生的「合資格費用」，本保障將予支付。與病毒性疣及皮膚病變程序相關的「醫療服務」的「合資格費用」（包括但不限於設施、設備、耗材、外科醫生費用等）及當日診症費用，僅限於本保障項下支付，且不得於總額住院及手術保障的其他保障項目下獲得賠償。

為本保障之目的，病毒性疣及皮膚病變程序包括：

1. 使用任何方法（包括但不限於切割、削切、切除、激光冷凍療法、光動力療法、電手術、化學手術、外科刮除術）移除或破壞良性（包括但不限於病毒性疣）或癌前期皮膚病變；及
2. 對良性（包括但不限於病毒性疣）或癌前期皮膚病變進行活組織檢查。

為免疑義，本保障的支付須受保障項目表中規定的年度最高限額限制。

(B) 癌症及腎臟透析額外保障

若「受保人」需接受「處方非手術癌症治療」、或因慢性及不可逆轉的腎衰竭而需要接受定期血液透析「治療」或腹膜透析「治療」，而其根據第 8 部分(A) 項享有的總額住院及手術保障已耗盡，「本公司」將支付此項額外保障，賠償額最高為保障項目表所定的限額或最高賠償額（或最高百分比）。「受保人」可於「住院」或「日間手術」期間接受所需「治療」。

對於「受保人」在香港任何私營「醫院」「住院」期間接受的「處方非手術癌症治療」，無論該私營「醫院」被分類為「標準醫院」或「香港指定私營醫院」，均適用於「香港指定私營醫院」的賠償百分比。

(C) 自選門診保障

在符合「條款及保障」的前提下，若「受保人」因「傷病」接受以下所述的「醫療服務」，「本公司」將根據本部分 8 的保障項目，賠償有「醫療所需」且「合理及慣常」的「合資格費用」。

根據「條款及保障」應支付的「合資格費用」金額不得超過向「受保人」提供的「醫療服務」實際費用，並受保障項目表中列明的保障限額、就診次數、賠償百分比及保障條件的限制。

該等保障是總額住院及手術保障的附加項目，及只有在本「保單」提供的受保總額住院及手術保障有效時，才可提供的自選附加項目。若「保單持有人」選擇此項附加保障，則自選門診保障附表將會併入或列於保障項目表內或作為本「保單」的附加條款。

(1) 普通科門診

當「受保人」以門診病人身份接受普通科醫生「治療」，並因「治療」受保「傷病」而產生診症費用，以及由該普通科醫生於同日診症時處方且於診所取得的有「醫療所需」的「西藥」費用時，本保障將予支付有關服務費用。應支付的保障金額受保障項目表中規定的限額及最高金額（或最高賠償百分比）的限制。

(2) 專科門診

當「受保人」以門診病人身份接受「專科醫生」「治療」，並因「治療」受保「傷病」而產生診症費用，以及由該「專科醫生」於同日診症時處方且於診所取得的有「醫療所需」的「西藥」費用時，本保障將予支付有關服務費用。應支付的保障金額受保障項目表中規定的限額及最高金額（或最高賠償百分比）的限制。

專科門診須由「註冊醫生」書面推薦，惟婦科、眼科、兒科、耳鼻喉科、骨科及創傷學、皮膚科、泌尿科、腫瘤科、家庭醫學及精神科除外。

(3) 物理治療或脊醫治療

當「受保人」經「註冊醫生」書面推薦，以門診病人身份接受「註冊物理治療師」或「註冊脊醫」「治療」，並因「治療」受保「傷病」而產生物理治療或脊醫治療的費用時，本保障將予支付有關服務費用。應支付的保障金額受保障項目表中規定的限額及最高金額（或最高賠償百分比）的限制。

(4) 中醫門診

當「受保人」以門診病人身份接受「註冊中醫」「治療」，並因「治療」受保「傷病」而產生診症、跌打及針灸費用，以及由該「註冊中醫」於同日診症時處方且於合法來源（診所內或外）取得的醫療上必需的內服中草藥費用時，本保障將予支付有關服務費用。應支付的保障金額受保障項目表中規定的限額及最高金額（或最高賠償百分比）的限制。

(5) 精神科門診

若「受保人」以門診病人身份就「精神病或情緒失調」接受精神科「專科醫生」或「註冊醫生」「治療」，並因「治療」受保「傷病」而產生診症費用，以及由該「專科醫生」或「註冊醫生」於同日診症時處方且於診所取得的有「醫療所需」的「西藥」費用時，本保障將予支付有關服務費用。應支付的保障金額受保障項目表中規定的限額及最高金額（或最高賠償百分比）的限制。每日只限一次「治療」、就診或診症。

「精神病及情緒失調」保障只會按本「保單」的此項條文支付，其他條文將不適用。

(6) 診斷性影像及化驗檢查

當「受保人」以門診病人身份，經「註冊醫生」書面推薦接受診斷性影像或化驗檢查，或經「註冊中醫」或「註冊脊醫」書面推薦接受 X 光或化驗檢查，並因該等檢查產生費用時，本保障將予支付有關服務費用，惟該等診斷性影像、X 光及化驗檢查須與症狀或診斷相符。

(7) 處方藥物

當「受保人」以門診病人身份，經「註冊醫生」處方有「醫療所需」的「西藥」並產生費用時，本保障將予支付有關服務費用，惟該等藥物須從合法來源取得（處方「註冊醫生」的診所除外），並符合以下條件：

1. 該等處方「西藥」須由「註冊醫生」書面推薦；及
2. 本保障項下應支付的金額不得超過「承保表」中規定的最高保障金額。

(D) 自付額及保障計算

自付額

(1) 自付額

本「保單」包含「自付額」（如適用）。「自付額」是指「受保人」於每個「保單年度」在本「保單」的任何「醫療保障」被支付前，須承擔的「合資格費用」索償總額。此金額將會從「本公司」支付給「受保人」的賠償額扣除。「本公司」可酌情決定「自付額」將包括在「保單年度」內「受保人」提供其他與本「保單」相似保障的「保單」下任何所獲批的索償。

(2) 更改自付額

對於設有「自付額」的「保單」，「保單持有人」可於「受保人」五十五（55）歲、六十（60）歲或六十五（65）歲的相關「保單」週年日前的三十（30）天內申請免除該「保單」下的「自付額」，惟須經「本公司」批准。「受保人」終生只可行使一次免除「自付額」的權利。

為免疑義，「本公司」對任何新增或移除「自付額」的申請接受與否，必須經「本公司」書面批准及確認，方可生效。

(3) 計算醫療保障

本「保單」下的「醫療保障」計算方法如下：

(a) [「合資格費用」 - 「自付額」] x 「承保表」所說明的賠償額百分比；或

(b) 「合資格費用」 - 在任何其他保險合同下所支付的索償額

以較低者為準。

若實際入住的病房級別高於「受保人」根據本「保單」可享有的病房級別，賠償百分比將按以下比例調整降低：

本「保單」可享有的病房級別	實際入住的病房級別	賠償百分比
「普通病房」／「大房」	「半私家病房」	50%
「普通病房」／「大房」	「標準私家病房」	25%
「普通病房」／「大房」	豪華／貴賓／套房	0%（不予支付任何賠償）
「半私家病房」	「標準私家病房」	50%
「半私家病房」	豪華／貴賓／套房	0%（不予支付任何賠償）
「標準私家病房」	豪華／貴賓／套房	0%（不予支付任何賠償）

如「受保人」在「住院」期間入住的病房級別高於可享有的病房級別是因為：(i) 在「醫院」接受「緊急治療」時因病房短缺而沒有特定或較低級別的病房；或 (ii) 「住院」期間需要特定級別的病房隔離，則上述的病房級別限制和賠償百分比比例並不適用。

第9部分 - 不受保項目

除非另有規定，以下項目、狀況、活動及其後果均不納入本「保單」的保障範圍，「本公司」不予支付與下列相關或因下列引致的任何索償、費用或開支：

- 任何非「醫療所需」「治療」、程序、藥物、檢測或服務的費用。
- 以下服務的收費 -
 - 以美容或整容為目的的服務，惟「受保人」因「意外」而「受傷」，並於「意外」後九十（90）日內接受的必要「醫療服務」則不屬此項；或
 - 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術，以及任何相關的檢測、程序及服務。
- 除以下情況外，「註冊牙醫」進行的牙科治療及口腔及顎面外科程序所招致的費用不予賠償：
 - 因「意外」引致的「住院」期間「緊急治療」及手術；或
 - 「受保人」診斷患有口腔相關癌症或原位癌。

若「受保人」因「意外」導致健康自然牙齒受損，「本公司」將賠償該等「緊急治療」所招致的費用，惟該「治療」須於「意外」發生日起十四（14）天內由「註冊牙醫」進行。

此保障僅適用於「緊急治療」，包括「住院」期間進行的止血、X光檢查、拔牙及根管「治療」。任何修復「治療」費用，包括但不限於使用貴金屬或矯正「治療」，均不予賠償。

出院後的後續牙科「治療」或口腔手術不予賠償。
- 按接受「治療」、程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或程序的費用。
- 試驗性藥物及與減肥、戒煙及「治療」禿頭有關的處方藥物。
- 因「先天性疾病」、遺傳性疾病或「發展障礙」而提供的「醫療服務」所招致的費用，不予賠償。

7. 除非另有規定，之前「已存在之傷病」不予承保。惟對於在「投保申請」「登記」時已受保於「本公司」團體醫療「保單」的「受保人」，其之前「已存在之傷病」將在以下情況連續受保滿十二（12）個月之日起獲得保障：(i)「本公司」團體醫療「保單」；及／或(ii)本「保單」。
- 為免疑義，若「受保人」在本「保單」「原本開始日」前，在「本公司」團體醫療「保單」下連續受保少於十二（12）個月，「本公司」將一併計算在「原本開始日」前於該團體醫療「保單」下的受保期間，以及自「原本開始日」起在本「保單」下的受保期間，以確定「受保人」是否符合本條款第 7 項規定的連續受保十二（12）個月之要求。對於「投保申請」「登記」時未受保於「本公司」團體醫療「保單」的「受保人」，其之前「已存在之傷病」在本「保單」期間內任何時間均不予承保。
- 對於「本公司」團體醫療計劃下的現有團體成員，其團體醫療「保單」涵蓋的之前「已存在之傷病」，將在本「保單」下繼續獲得保障，惟須受保障項目表中規定的保障限額限制，並且「受保人」須在團體醫療「保單」及／或本「保單」下連續受保滿十二（12）個月。
- 若「受保人」在現有團體醫療「保單」中已被施加不承保事項，該不承保事項將於「僱員增值醫療保險」中繼續適用。
8. 直接或間接因與人體免疫力缺乏病毒有關的「傷病」而引致的開支，包括後天免疫力缺乏症（愛滋病）及／或因愛滋病而產生的任何突變、衍化或變異，並因在「生效日」之前感染人體免疫力缺乏病毒而病發。就本不受保項目而言，若「生效日」後五（5）年內出現與人體免疫力缺乏病毒有關的「傷病」，在沒有明確和具說服力的相反證據之情況下，將不可推翻地推定為因在「生效日」之前感染人體免疫力缺乏病毒而病發。
9. 下列「醫療服務」及輔導服務的費用 - 懷孕及其併發症，包括但不限於懷孕的診斷檢查、分娩（包括手術分娩）、墮胎或流產；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性功能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
10. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因「受保人」及／或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補品。為免存疑，本不受保項目並不適用於 -
- a) 為了避免因接受其他「醫療服務」引起的併發症而進行的「治療」、監測、檢查或程序；
 - b) 移除癌前病變；及
 - c) 為預防過往「傷病」復發或其併發症的「治療」。
11. 根據任何法律或法規，或由任何政府，公司或第三方提供的醫療計劃、保險計劃或任何來源賠償的「合資格費用」。
12. 因「精神病及情緒失調」直接或間接引致的「住院」「醫療服務」或中醫門診診症費用。
13. 指根據香港法例第 549 章《中醫藥條例》定義的中成藥。
14. 購買義肢及假體裝置的費用，但手術期間植入「受保人」體內的假體裝置除外。
15. 採購或使用特殊支架、器具、助聽器、輪椅、拐杖或任何其他類似設備的費用。
16. 非「醫療服務」費用，包括但不限於訪客餐費、收音機、電話、影印、稅項（「醫療服務」的增值稅或貨物及服務稅除外）、醫療報告費用等。
17. 另類療法費用，包括但不限於艾灸、穴位按壓、天灸、推拿、氣功、耳部反射療法、拔罐、刮痧、催眠、羅爾夫療法、按摩療法、香薰療法、自然療法、水療法、順勢療法及整骨療法。
18. 除角膜、腎臟、心臟、肝臟、肺臟或骨髓的人體器官移植外，其他器官移植費用不予承保，且不包括獲取器官及其運輸費用，以及從捐贈者身上移除器官進行移植的手術費用。
19. 失眠「治療」及輔導服務的費用。
20. 「住院」期間因中醫相關「醫療服務」所招致的任何費用，包括但不限於針灸、推拿、跌打及中草藥。
21. 因倚賴或過量服用藥物、酒精、毒品或類似藥物或物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（人類免疫缺乏病毒及其相關的「傷病」將按本第 9 部分第 8 節處理）的「醫療服務」費用。
22. 因直接或間接參與或因從事高風險職業或活動引致的「受傷」、「不適、疾病或病痛」及其後果，包括但不限於以下情況：
- a) 海軍、陸軍或空軍服務或行動；
 - b) 以非持牌航空公司定期國內或國際航線的付費乘客身份，或非經正式授權的包租服務，乘坐或駕駛飛機；
 - c) 水肺潛水、蹦極、登山、滑翔翼、摩托車運動、跳傘、帆傘運動、洞穴探險、大膽特技或表演、除步行外的賽車活動、滑雪、雪橇、攀岩、及溜冰（包括冰球），以及任何需要雪地或冰面進行的其他運動，或涉及危險或污染物質的工作活動；
 - d) 以職業身份參與體育活動，或「受保人」從事該等體育活動可或可能獲得收入或報酬的活動；
 - e) 航空機組人員

23. 純粹為了進行一般身體檢查、診斷程序、化驗測試或相關健康服務（包括但不限於「物理治療」）而全部或部分「住院」所產生的費用。除非該程序、檢查或服務由「註冊醫生」建議，並屬於「醫療必需」，以調查或「治療」無法於提供「日症病人」醫療服務的場所有效進行之「傷病」。
24. 任何在家居、水療中心、水療診所、療養院或長期護理設施環境等非本「保單」定義為「醫院」的地方所提供的復康護理、「醫療服務」或「治療」。
25. 由「受保人」、「保單持有人」、保險中介人、僱主、僱員、近親或「保單持有人」及／或「受保人」的業務夥伴提供或進行的任何「醫療服務」或轉介。為免疑義，此不承保事項適用於任何「醫療服務」，包括但不限於病毒性疣及皮膚病變程序，且由以下人士或機構進行：
- a) 僱主的任何僱員或「註冊醫生」；或
 - b) 僱主、其董事、股東或實益擁有人（持有「受保人」25%或以上股份或投票權）、其任何子公司、附屬公司、關聯實體或「受保人」擁有任何的醫療機構、醫療美容中心或提供醫療或美容服務的實體的所有權利益、財務利益或其他利益。
- 屬於此不承保範圍的「治療」或轉介，僅在獲得「本公司」明確書面預先批准的情況下，方可符合保障資格。
- 就本不承保事項而言，「近親」指「受保人」的配偶、「子女」、父母、岳父母、兄弟姐妹、祖父母、孫子女或法定監護人。
26. 因下列任何原因直接或間接引致、導致或與之相關的狀況或損失，不論是否有其他原因或事件同時或以任何順序促成該損失，均不予承保：
- a) 來自任何核燃料、核廢料或核燃料燃燒的電離輻射或放射性污染。
 - b) 任何核設施、反應堆或其他核組件或核元件的放射性、有毒、爆炸性或其他危險或污染特性。
 - c) 使用原子或核裂變及／或聚變或其他類似反應或放射性物質的任何武器或裝置。
 - d) 任何放射性物質的放射性、有毒、爆炸性或其他危險或污染特性。本條款不包括用於商業、農業、醫療、科學或其他類似和平目的而準備、運輸、儲存或使用的放射性同位素（核燃料除外）。
 - e) 任何化學、生物、生化或電磁武器。
27. 因下列任何原因直接或間接引致、導致或與之相關的狀況或損失，不論是否有其他原因或事件同時或以任何順序促成該損失，均不予承保：
- a) 戰爭、入侵、外敵行為、敵對行動或類似戰爭行動（不論是否宣戰）、內戰、叛亂、革命、起義、達到或相當於起義的內亂、軍事行動或篡奪權力。
 - b) 任何恐怖主義行為，包括但不限於：
 - i) 使用或威脅使用武力、暴力；及／或
 - ii) 對生命或財產的傷害或損壞（或此類傷害或損壞的威脅），包括但不限於核輻射及／或化學及／或生物劑污染，由任何個人或團體為政治、宗教、意識形態或其他類似目的（無論是否明確表達）而實施，及／或使公眾或任何公眾群體感到恐懼。
 - c) 為控制、預防、壓制或以任何方式與上述 a) 或 b) 相關的任何行動。

制裁限制之不承保條款

如本「保單」所提供的保障或支付的任何賠款涉及聯合國決議的任何制裁、禁令或限制，或歐盟、英國、美國所作出的貿易或經濟制裁或法規及／或任何其他適用之國家經濟或貿易制裁或法規，「本公司」將視其為本「保單」的不承保事項，因而不會承擔支付任何索償或提供任何保障的責任。

就以上不受保事項而言，倘「本公司」基於此等不受保條款而認為本保險並不承保任何損失、損害、費用或開支，「受保人」需自行承擔作出反證的責任。

手術表

程序／手術		分類
腹部及消化系統		
食道、胃及十二指腸	食道病變組織切除術／經頸進行食道病變組織或組織破壞術	大型
	高選擇性胃迷走神經切斷術	大型
	腹腔鏡胃底摺疊術	大型
	腹腔鏡式食道裂孔疝氣修補術	大型
	食道胃十二指腸內窺鏡檢查，連或不連活體組織檢查及／或息肉切除術	小型
	食道胃十二指腸內窺鏡檢查連異物清除	小型
	食道胃十二指腸內窺鏡連食道／胃靜脈曲張結紮／綁紮術	中型
	食道切除術	複雜
	食道全切除術及腸插入手術	複雜
	經皮膚進行胃造口術	小型
	永久胃切開術／胃腸造口術	大型
	部分胃切除術連或不連空腸移位術	大型
	部分胃切除術連十二指腸／空腸接合術	大型
	部分胃切除術連接合食道術	複雜
	近端胃切除術／根治性胃切除術／全部胃切除術連或不連腸插入術	複雜
	十二指腸撕裂縫合術／十二指腸潰瘍修補術	大型
	胃迷走神經切斷術及／或幽門成形術	大型
空腸、迴腸及大腸	開放式或腹腔鏡式闌尾炎切除術	中型
	肛裂切除術	小型
	肛瘻管切開術或切除術	中型
	肛周膿腫的切除術及引流術	小型
	修補直腸脫垂的德洛姆手術	大型
	結腸鏡檢查連或不連活體組織檢查	小型
	結腸鏡檢查，連息肉切除術	小型
	乙狀結腸內窺鏡檢查	小型
	外痔或內痔切除術	中型
	痔瘡的注射療法或綁紮術	小型
	迴腸造口術或結腸造口術	大型
	開放式或腹腔鏡式直腸前位切除術	複雜
	開放式或腹腔鏡式經腹部會陰切除術	複雜
	開放式或腹腔鏡式結腸切除術	複雜
	開放式或腹腔鏡式直腸低前位切除術	複雜
	腸扭結或腸套疊復位術	中型
	小腸切除術及接合術	大型
膽管	開放式或腹腔鏡式膽囊切除術	大型
	逆行內窺鏡膽胰管造影術	中型
	逆行內窺鏡膽胰管造影術連乳突物手術、膽結石摘取或其他相關手術	中型
肝臟	幼針抽吸肝活體組織檢查	小型
	肝移植手術	複雜

程序／手術		分類
	開放式肝病變組織／肝囊腫或肝膿腫袋形縫合術	大型
	開放式或腹腔鏡式移除肝病變組織	大型
	開放式或腹腔鏡式肝次葉切除術	大型
	開放式或腹腔鏡式肝葉切除術	複雜
	開放式或腹腔鏡式肝楔形切除術	大型
胰臟	閉合式胰管活體組織檢查	中型
	胰臟／胰管病變組織或組織的切除術或破壞術	大型
	胰臟十二指腸切除術（惠普爾手術）	複雜
腹部	剖腹探查	大型
	腹腔鏡檢查／腹膜內窺鏡檢查	中型
	開放式或腹腔鏡式的單側疝切開／縫合術	中型
	開放式或腹腔鏡式的兩側疝切開／縫合術	大型
	開放式或腹腔鏡式的單側腹腔溝疝修補術	中型
	開放式或腹腔鏡式的兩側腹腔溝疝修補術	大型
腦部及中樞神經系統		
神經外科手術	腦部活體組織檢查	大型
	顱骨鑽孔術	中型
	顱骨切除術	複雜
	顱神經減壓術	複雜
	腦室引流沖洗術	小型
	腦室引流的維修清除術，包括修正術	中型
	建立腦室腹腔引流或皮下腦脊液儲存器	大型
	顱內動脈瘤鉗夾術	複雜
	顱內動脈瘤包裹術	複雜
	顱內動靜脈血管畸型切除手術	複雜
	聽覺神經瘤切除術	複雜
	腦腫瘤或腦膿腫切除術	複雜
	顱神經腫瘤切除手術	複雜
	治療三叉神經節氣囊的射頻溫熱凝固術	中型
	使用射頻進行閉合式三叉神經根切斷術	大型
	三叉神經根減壓術／開放式三叉神經根切斷術	複雜
	大腦包括腦葉切除手術	複雜
	大腦半球切除術	複雜
脊椎手術	腰椎穿刺或小腦延髓池穿刺手術	小型
	脊髓或脊神經根減壓術	大型
	頸交感神經切除術	中型
	胸腔鏡或腰交感神經切除術	大型
	脊髓管內硬膜內或硬膜外的腫瘤切除術	複雜
心血管系統		
心臟	心臟導管插入	中型
	冠狀動脈分流手術	複雜
	心臟移植	複雜
	心臟起搏器置入	中型

程序／手術		分類
	心包穿刺術	小型
	心包切開術	大型
	經皮刺穿冠狀動脈腔內成形術及有關程序，包括：激光、支架置入、馬達扇頁切割、氣囊擴張或射頻切割技術	大型
	肺動脈瓣切開術、氣囊／腔內激光／腔內射頻術	大型
	經皮心瓣成形術	大型
	主動脈瓣擴張術／二尖瓣切開術	大型
	閉合式心瓣切開術	複雜
	心臟直視心瓣成形術	複雜
	心瓣置換	複雜
血管	腹內動脈／脾靜脈腎靜脈／門靜脈腔靜脈分流術	複雜
	腹腔血管切除術連置換／接合術	複雜
內分泌系統		
腎上腺	腹腔鏡式或腹膜後腔鏡式單側腎上腺切除術	大型
	腹腔鏡式或腹膜後腔鏡式兩側腎上腺切除術	複雜
松果腺	松果腺全切除術	複雜
腦下垂體	腦下垂體腫瘤切除術	複雜
甲狀腺	幼針抽吸甲狀腺活組織檢查連或不連影像導引	小型
	半甲狀腺切除術／部分甲狀腺切除術／大部分甲狀腺切除術／副甲狀腺切除術	大型
	甲狀腺全切除術／副甲狀旁腺全切除術／機械人輔助式甲狀腺全切除術	大型
	甲狀舌管囊腫切除術	中型
耳鼻喉／呼吸系統		
耳	耳道閉鎖／耳道狹窄的耳道成形術	大型
	耳前囊腫／耳前竇切除術	小型
	耳廓血腫引流／裝鈕／切除術	小型
	耳道成形術	中型
	（耳科）異物清除術	小型
	切開鼓室進行中耳腫瘤切除術	大型
	鼓膜切開術連或不連導管插入	小型
	鼓膜成形術／鼓室成形術	大型
	聽小骨成形術	大型
	全部／部分迷路切除術	大型
	乳突切除術	大型
	耳蝸手術及／或人工耳蝸植入	複雜
	內淋巴囊手術／內淋巴囊減壓術	大型
	圓窗或卵圓窗瘻管修補術	中型
	鼓室交感神經切除術	大型
	前庭神經切除術	中型
鼻、口及咽喉	上頷竇穿刺及沖洗術	小型
	鼻粘膜燒灼術／鼻衄控制	小型
	鼻骨折閉合復位術	小型
	口竇瘻管閉合術	中型
	淚囊鼻腔造口術	中型

程序／手術	分類
鼻病變組織切除術	小型
鼻咽鏡檢查或鼻鏡檢查連或不連鼻腔活體組織檢查連或不連清除異物	小型
鼻瘻肉切除術	小型
考一路二氏手術／以考一路二氏式進行／上頤竇切除術	中型
篩竇／上頤竇／額竇／蝶竇內窺鏡手術	中型
延伸性額竇內窺鏡手術連經中隔的額竇切開術	大型
額竇切開術或篩竇切除術	中型
額竇切除術	大型
功能性鼻竇內窺鏡手術	大型
兩側功能性鼻竇內窺鏡手術	複雜
上頤竇／蝶竇／篩竇動脈結紮術	中型
其他鼻內手術，包括激光手術（除了簡易的鼻鏡檢查、活體組織檢查及血管燒灼術）	中型
鼻成形術	中型
鼻咽腫瘤切除術	中型
竇腔鏡連或不連活體組織檢查	小型
鼻中隔成形術連或不連黏膜下層切除術	中型
鼻中隔黏膜下層切除術	中型
鼻甲切除術／黏膜下鼻甲切除術	中型
腺樣體切除術	小型
扁桃體切除術連或不連腺樣體切除術	中型
咽囊／咽憩室切除術	中型
咽成形術	中型
治療睡眠相關呼吸疾病的舌骨懸吊術、上顎／下顎／舌頭前移術、激光懸吊術／切除術、射頻切割輔助垂腭咽成形術、垂腭咽成形術	中型
治療舌下囊腫的袋形縫合術／切除術	中型
表層腮腺清除術	中型
腮腺清除術／腮腺切除術	大型
下頤唾腺液清除術	中型
下頤腺導管移位術	中型
下頤腺切除術	中型
呼吸系統	
杓狀軟骨半脫位－喉鏡復位術	小型
支氣管鏡檢查連或不連活體組織檢查	小型
支氣管鏡連清除異物	小型
喉鏡檢查連或不連活體組織檢查	小型
喉頭／氣管狹窄－喉內／開放式支架置入術／重建術	大型
喉頭分流術	中型
喉切除術連或不連根治性頸淋巴組織切除術	複雜
喉顯微鏡檢查連或不連活體組織檢查，連或不連小結／息肉／聲帶水腫切除術	小型
喉腫瘤切除術	中型
會厭窩囊腫清除術	中型
喉骨折修補術	大型
治療聲帶麻痺注射法	小型

程序／手術		分類
	氣管食道穿刺術進行語音復建	小型
	治療聲帶麻痺的甲狀軟骨成形術	中型
	聲帶手術包括使用激光技術（惡性腫瘤除外）	小型
	氣管造口術－臨時性／永久性／修正術	小型
	肺葉切除術／肺切除術	複雜
	胸膜切除術	大型
	肺節段切除術	大型
	治療氣胸的胸腔穿刺術/ 胸管插入術	小型
	胸腔鏡連或不連活體組織檢查	中型
	胸廓成形術	大型
	胸腺切除術	大型
眼部		
眼	眼瞼損傷組織切除術／刮除術／冷凍治療	小型
	眼瞼縫合術／眼緣縫合術	小型
	瞼內翻或瞼外翻修補術連或不連楔型切除術	小型
	部分皮層眼瞼重建術	中型
	結膜損傷組織切除術／破壞術	小型
	贅肉切除術	小型
	角膜移植術、嚴重傷口修復及角膜成形術，包括角膜移植	大型
	激光清除術或角膜損傷組織破壞術	中型
	角膜異物清除術	小型
	角膜修復手術	中型
	角膜撕裂或受傷的縫補術／修補術連結膜移位	中型
	晶狀體囊抽吸術	中型
	晶狀體囊切開術，包括使用激光	中型
	囊外／囊內晶狀體摘除術	中型
	去除眼內晶狀體／植入物	中型
	為脈絡膜視網膜損傷組織進行的手術	中型
	白內障超聲乳化手術連人工晶體植入	中型
	氣體視網膜粘結術	中型
	視網膜光凝固療法	中型
	視網膜脫落／撕裂的修補手術	中型
	視網膜撕裂／脫落的修補術連扣帶術	大型
	視網膜脫落扣帶術／環紮術	大型
	睫狀體分離術	中型
	小梁切除術，包括使用激光	中型
	青光眼手術治療包括置入植入物	中型
	玻璃體診斷性抽吸術	小型
	注入玻璃體替代物	中型
	玻璃體切除術／移除術	大型
	虹膜活體組織檢查	小型
	虹膜／眼前半段／睫狀體損傷組織切除術	中型

程序／手術		分類
	脫垂虹膜切除術	中型
	虹膜切開術	中型
	虹膜切除術	中型
	激光虹膜成形連或不連瞳孔成形術	中型
	虹膜炭頓術及虹膜牽張術	中型
	鞏膜造瘻術連或不連虹膜切除術	中型
	鞏膜熱灼術連或不連虹膜切除術	中型
	睫狀體縮減術	中型
	眼外肌或肌腱活體組織檢查	小型
	單一條眼外肌手術	中型
	眼球穿孔傷口連閉閉或眼色素膜脫落修補術	大型
	眼球摘除術	中型
	眼球／眼內物摘除術	中型
	眼球或眼眶修補術	中型
	結膜淚囊鼻腔造口術	中型
	結膜淚囊鼻腔造口術連導管或支架插入	中型
	淚囊鼻腔造口術	中型
	淚囊及淚道切除術	小型
	淚腺切除術	中型
	淚小管／鼻淚管探查連或不連沖洗	小型
	淚小管修補術	中型
	瞳孔成形術	中型
女性生殖系統		
子宮頸	子宮頸截除術	中型
	陰道鏡檢查連或不連活體組織檢查	小型
	子宮頸錐形切除術	小型
	使用切除術／冷凍手術／燒灼術／激光破壞子宮頸病變組織	小型
	子宮頸內膜刮除術	小型
	子宮頸電環切除術	小型
	子宮頸囊腫袋形縫合術	小型
	子宮頸修補術	小型
	子宮頸瘻管修補術	中型
	子宮頸／子宮／陰道撕裂縫合術	中型
輸卵管及卵巢 [△]	輸卵管擴張術／吹氣術	小型
	開放式或腹腔鏡式切除／破壞輸卵管病變組織	大型
	輸卵管修補術	大型
	輸卵管造口術／輸卵管切開術	中型
	全部或部分輸卵管切除術	中型
	輸卵管成形術	中型
	卵巢囊腫抽吸術	小型
	開放式或腹腔鏡式卵巢囊腫切除術	大型
	開放式或腹腔鏡式卵巢楔形切除術	大型

程序／手術		分類
	卵巢切除術	中型
	腹腔鏡式卵巢切除術	大型
	開放式或腹腔鏡式輸卵管卵巢切除術	大型
	開放式或腹腔鏡式輸卵管卵巢膿瘍引流術	中型
	^除非另有說明，此類別應用於單側或兩側（輸卵管及卵巢）	
子宮	子宮頸擴張及刮宮術	小型
	宮腔鏡檢查連或不連活體組織檢查	小型
	宮腔鏡檢查連切除或破壞子宮及承重結構	中型
	子宮切開術	大型
	腹腔鏡輔助的陰道子宮切除術	大型
	經陰道切除子宮連或不連膀胱突出症及／或直腸突出症的修補術	大型
	開放式或腹腔鏡式經腹部切除全部／大部分子宮連或不連兩側輸卵管卵巢切除術	大型
	經腹部進行根治性子宮切除術	複雜
	開放式或腹腔鏡式子宮肌瘤切除術	大型
	經陰道或宮腔鏡切除子宮肌瘤	中型
	腹腔鏡式盆腔膿腫引流術	中型
	陰道懸吊術	大型
	盆腔底修補術	大型
	盆腔臟器切除術	複雜
	子宮懸吊術	中型
陰道	使用切除術／冷凍手術／燒灼術／激光破壞陰道病變組織	小型
	陰道承托環的嵌入或移除	小型
	巴多林氏腺囊腫袋形縫合術	小型
	陰道剝脫術或陰道斷端術	小型
	陰道切開術	中型
	陰道部分切除術	中型
	陰道全切除術	大型
	根治性陰道切除術	複雜
	陰道前壁修補術使用或不使用基利氏聯針法	中型
	陰道後壁修補術	中型
	陰道穹窿閉塞術	中型
	骶棘韌帶懸吊或陰道固定術	中型
	骶骨陰道固定術	中型
	經陰道進行腸疝修補術	中型
	尿道陰道瘻管閉合術	中型
	經陰道進行直腸陰道瘻管修補術	中型
	經腹部進行直腸陰道瘻管修補術	大型
	後穹窿穿刺術	小型
	子宮直腸凹切開術	小型
	陰道橫隔切除術	小型
	麥哥氏後穹窿整型術	中型
	陰道重建術	大型

程序／手術		分類
外陰及入口	使用切除術／冷凍手術／燒灼術／激光破壞外陰病變組織	小型
	闊邊局部外陰冷刀切除術或子宮頸電環切除術	小型
	前庭腺炎切除術	小型
	切除外陰活體組織檢查	小型
	外陰及會陰切開術及引流術	小型
	外陰粘連鬆解術	小型
	外陰或會陰瘻管修補術	小型
	外陰及／或會陰撕裂縫合術／修補術	小型
	外陰切除術	中型
	根治性外陰切除術	大型
血液淋巴系統		
淋巴結	淋巴結病變組織／膿腫引流術	小型
	表面淋巴結活體組織檢查／切除／淋巴結構的單純切除術	小型
	頸淋巴結切開活組織檢查／幼針抽吸淋巴結活組織檢查	小型
	深淋巴結／淋巴管瘤／囊狀水瘤切除術	中型
	兩側腹股溝淋巴結切除術	中型
	頸淋巴結切除術	中型
	腹股溝及盤骨淋巴結切除術	大型
	根治性腹股溝清掃術	大型
	根治性盤腔淋巴結切除術	大型
	選擇性／根治性／功能性頸淋巴切除術	大型
	腋淋巴結廣泛性切除術	大型
脾臟	開放式或腹腔鏡式脾切除術	大型
男性生殖系統		
前列腺	前列腺膿腫外部引流術	小型
	激光前列腺氣化術	大型
	等離子激光前列腺氣化術	大型
	前列腺活體組織檢查	小型
	經尿道微波電療法	中型
	經尿道前列腺切除術	大型
	開放式或腹腔鏡式前列腺切除術	大型
	開放式或腹腔鏡式根治性前列腺切除術	複雜
陰莖	包皮環切術	小型
	痛性陰莖勃起鬆解術	大型
	隱藏陰莖修補術／陰莖抽出術	中型
睪丸 [^]	附睪切除術	中型
	睪丸探查	中型
	腹腔鏡探查未降睪丸	大型
	睪丸固定術	中型
	腹腔鏡式睪丸切除術或睪丸固定術	大型
	睪丸扭轉復位及固定術	中型
	睪丸活體組織檢查	小型
	睪丸鞘膜積水高位結紮術	中型

程序／手術		分類
	睪丸鞘膜積水抽液手術	小型
	精索靜脈曲張及睪丸鞘膜積液切除術	中型
	精索靜脈曲張切除術（顯微外科）	大型
	^如非特別說明，此類別應用於單側或兩側（睪丸）	
輸精管	輸精管結紮手術	小型
肌肉骨骼系統		
骨	單肢的手指／腳趾截肢術	中型
	單臂／單手／單腿／單腳截肢術	中型
	拇趾囊腫切除術	中型
	拇趾囊腫切除術並進行軟組織矯正及第一蹠骨切除術	大型
	橈骨頭切除術	中型
	因良性疾病切除下頷骨	中型
	膝蓋骨切除術	大型
	部分面骨骨切除術	中型
	面部死骨切除術	中型
	腕／手／腿骨的楔形截骨術	大型
	上臂／下臂／大腿的楔形截骨術	大型
	肩胛骨／鎖骨／胸骨的楔形截骨術	大型
關節	關節鏡引流及清創手術	中型
	關節鏡移除關節內游離體	中型
	關節鏡檢查連或不連活體組織檢查	中型
	關節鏡輔助進行韌帶重建術	大型
	關節鏡班卡特修補術	大型
	經關節鏡肩關節上盂唇由前往後撕裂的修補術	大型
	關節鏡旋轉套修復術	大型
	肩峰切除術	大型
	肩關節融合術	大型
	肘關節融合術／三關節融合術	大型
	膝關節／髌關節融合術	複雜
	手／手指／足／足趾的關節置換連植入術	大型
	腕融合術	大型
	腕滑膜切除術	中型
	腳趾指骨間關節融合術	中型
	手指指骨間關節融合術	大型
	肩關節切除術／半肩關節置換術	大型
	髌關節／膝關節／手腕關節／肘關節切除術	大型
	髌關節／膝關節切除術連局部釋放抗生素	複雜
	顳顎關節成形術連或不連自體移植	大型
	關節抽吸術／注射	小型
	麻醉下進行關節鬆弛治療	小型
	金屬股骨頭置入術	大型
	前十字韌帶重建術	大型
	開放式或關節鏡式鏡半月板切除術	大型

程序／手術		分類
	後十字韌帶重建術	大型
	副韌帶修復術	大型
	十字韌帶修補術	大型
	踝及足關節囊或韌帶的縫合術	大型
	全肩置換術	複雜
	全膝置換術	複雜
	全髖置換術	複雜
	部分髖關節置換術	大型
肌肉及肌腱	跟腱修補術	中型
	跟腱切斷術	中型
	肌肉或肌腱放鬆或收緊手術（除手部以外）／肌肉損傷組織切除術	中型
	手部肌肉或肌腱放鬆或收緊手術	大型
	肌肉損傷組織切除術	中型
	肌腱延長，包括腱切斷術	中型
	開放式肌肉活體組織檢查	小型
	橈骨莖突狹窄性腱鞘炎	小型
	板機指鬆解術	小型
	網球肘（肱骨外上髁炎）鬆解術	小型
	肌肉轉移／移植／再接合術	大型
	不涉及手部的肌腱修復術／縫合術	中型
	手肌腱修復術／縫合術	大型
	腱鞘滑膜切除術／滑膜切除術	中型
	手腕／手肌腱移位術	大型
	二期肌腱修補術，包括移植、轉移及／或假體置入	大型
骨折及脫位	顱顎／指間骨／肩峰關節脫位閉合復位術	小型
	肩膀／肘／腕／踝骨脫位閉合復位術	中型
	科雷氏骨折閉合復位術連經皮膚克氏線固定治療	大型
	手臂／腿骨／髖骨／盤骨骨折閉合復位術連內固定術	大型
	顎骨骨折閉合復位術連內固定術	中型
	肩胛骨／鎖骨／指骨／髖骨骨折閉合復位術不連內固定術	小型
	上臂／前臂／手腕／手／腿／足骨骨折閉合復位術不連內固定術	中型
	鎖骨／手骨／踝骨／足骨骨折閉合復位術連內固定術	中型
	股骨骨折閉合復位術連或不連內固定術	大型
	關節窩骨折閉合／開放復位術連內固定術	複雜
	顎骨骨折開放復位術連內固定術	大型
	鎖骨／手／足骨骨折開放復位術（除腕骨／踝骨／跟骨外）連或不連內固定術	中型
	手臂／腿骨／髖骨／肩胛骨骨折開放復位術連或不連內固定術	大型
	股骨／跟骨／踝骨骨折開放復位術連或不連內固定術	大型
	使用外固定支架及徹底傷口清創術的複合性骨折手術治療	中型
	拆除因舊骨折而裝上的螺絲、釘、金屬板及其他金屬（股骨除外）	小型
脊椎	人造頸椎間盤置換術	複雜
	頸／頸胸／C4/5 及 C5/6 前脊柱融合術連鎖定骨板	大型
	除頸／頸胸／C4/5 及 C5/6 以外的前脊柱融合術連鎖定骨板	複雜

程序／手術		分類
	前脊椎融合術連儀器設置	複雜
	頸椎板成形術	大型
	椎板切除術或椎間盤切除術	大型
	椎板切除術連椎間盤切除術	複雜
	胸／頸胸／胸腰／T5 至 L1 / 環－樞椎 後脊椎融合術	大型
	(除胸／頸胸／胸腰／T5 至 L1 / 環－樞椎以外的) 後脊椎融合術	複雜
	後脊椎融合術連儀器設置	複雜
	脊椎活體組織檢查	小型
	脊椎融合術，連或不連椎間孔切開術，連或不連椎板切除術，連或不連椎間盤切除術	複雜
	脊椎截骨術	複雜
	椎體成形術／椎體矯正術	中型
其他	神經節／滑囊切除術	小型
	掌腱膜攣縮的閉合式／經皮膚刺針筋膜切開術	小型
	掌腱膜攣縮的根治性或全部筋膜切開術	大型
	開放式或內窺鏡式腕道或踝管鬆解術	中型
	周圍神經鬆解術	中型
	尺神經移位術	中型
	滑動式／復位式下巴整形術	中型
皮膚及乳房		
皮膚	皮膚或皮下病變組織切除術／冷凍術／電灼術／激光治療	小型
	指甲下血腫或膿腫引流術	小型
	脂肪瘤切除術	小型
	用於移植的切皮手術	小型
	皮膚膿腫切開術及／或引流術	小型
	皮膚及／或皮下組織切開術及／或異物清除	小型
	皮膚及皮下病變組織的局部切除術或破壞術	小型
	皮膚傷口縫合術	小型
	外科洗滌及縫合術	小型
	趾甲楔形切除術	小型
乳房	乳房腫瘤／腫塊切除術連或不連活體組織檢查	中型
	幼針抽吸乳房囊腫檢查	小型
	乳房活體組織檢查	小型
	改良式根治性乳房切除術	大型
	部分或簡易乳房切除術	中型
	部分或根治性乳房切除連腋窩淋巴切除術	大型
	全部或根治性乳房切除術	大型
	乳管內乳頭狀瘤切除術	中型
	男性乳腺增生切除術	中型
泌尿系統		
腎臟	因泌尿系統結石進行的體外衝擊波碎石術	中型
	腎石切除術／腎盂切開術	大型
	腎內窺鏡	大型

程序／手術		分類
	經皮膚插入腎造口管手術	小型
	腎活體組織檢查	小型
	開放式或使用腹腔鏡或後腹腔鏡的腎切除術	大型
	部分／下端腎切除術	複雜
	腎移植手術	複雜
膀胱、輸尿管及尿道	膀胱鏡檢查連或不連活體組織檢查	小型
	膀胱鏡連輸尿管導管插入／經尿道膀胱清除術	小型
	膀胱鏡連電灼術／激光碎石術	中型
	尿道肉阜切除術	小型
	尿道或尿管支架植入	中型
	開放式或腹腔鏡式膀胱憩室切除術	大型
	經尿道切除膀胱腫瘤	大型
	開放式或腹腔鏡式部分膀胱切除術	大型
	開放式或腹腔鏡式根治性／全部膀胱切除術	複雜
	開放式或使用腹腔鏡或後腹腔鏡的尿管切石術	大型
	尿道直腸瘻管閉合術	大型
	尿道瘻管修補術	大型
	膀胱陰道瘻管修補術	大型
	結腸膀胱瘻管修補術	大型
	尿道破裂修補術	大型
	應力性尿失禁修補術	大型
	迴腸導管建造，包括輸尿管植入	複雜
	迴腸或結腸代替輸尿管手術	大型
	單邊輸尿管再植入腸或膀胱	大型
	雙邊輸尿管再植入腸或膀胱	大型
牙科		
	任何因意外受傷而進行的牙科手術	小型

Appendix: Notice to customers relating to The Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone without your consent. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agents, contractors or third parties who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our Privacy Policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customer, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above purposes;
- conducting matching procedures (as defined under the Ordinance);
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Hong Kong, or may process or store your personal data outside of Hong Kong):

- third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);

- loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar insurance industry association or federation);
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- the police and fraud investigation or prevention organizations;
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

If you do not wish MSIG to use your personal data for direct marketing as listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the [“Enquiry form – Opt-out from direct marketing activities”](#) on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

☐

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.	
Full name:	
Contact number:	
HKID number:	(for identification purpose)
Policy/Certificate/Acknowledgement number (if you have one):	
Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

Under the Ordinance, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

附錄：關於《個人資料（私隱）條例》（「條例」）的客戶通知

三井住友海上火災保險（香港）有限公司（下稱「**MSIG**」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

MSIG 極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。**MSIG** 採取切實可行的預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，除非得到您的同意，我們均不會出售您的個人資料給任何人。**MSIG** 嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。此外我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單產品」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

如您未能向我們提供您的個人資料，我們可能無法提供您所需的保單產品或處理您的請求。

我們可能將您的個人資料用於以下用途：

- 處理和評估您的保險申請及任何保單產品的變更或續保；
- 管理與保單產品相關的服務和設施；
- 進行身份和 / 或信用審查；
- 發出賬單、處理付款指示及向您收取保費和未結清款項；
- 評估及處理與保單產品相關的索償；
- 進行統計或精算研究和 / 或分析；
- 風險評估和索償管理的自動化決策過程，包括分析；
- 與上述目的直接相關的其他輔助用途；
- 進行配對程序（如條例中所定義）；
- 遵守適用的法律、法規或任何行業守則或指引；及
- 偵測、調查和防止欺詐及 / 或其他非法活動（無論是否與本申請下所發出的保單產品有關）。

在以上任何目的下，我們收集的個人資料可能會被披露或轉移至以下人士和 / 或實體（他們可能位於香港境內或境外，或可能在香港境外處理或儲存您的個人資料）：

- 向我們提供行政、通訊、電腦、數據處理和儲存、支付、保安、資訊科技、營銷或其他協助我們實現上述目的的服務的第三方代理、承包商、服務供應商及顧問（包括但不限於追討欠款機構、信用調查局或

呼叫中心，以及醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商)；

- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保險公司及再保險經紀；
- 您的保險中介人；
- 我們的法律及專業顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險行業協會或聯會）；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 警方及防止或調查欺詐的組織；
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；及
- 在我們將全部或大部分業務轉讓給其他公司時，該業務的受讓人可繼續使用您的個人資料來執行該業務。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

MSIG 亦擬不時使用您的姓名、地址、電話號碼及電郵地址提供產品的市場推廣及直接促銷（包括但不限於推廣、營銷及銷售）。

如您不欲 **MSIG** 將您的個人資料用作上述直接促銷用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕直接促銷活動所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 msig.com.hk 的「[查詢表格 – 拒絕直銷活動](#)」通知我們。在您的通知中，您必須於提供以下列出的相同所需資料。

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為讓我們能夠處理您以上提出的拒絕直接促銷活動之請求，請提供以下資料並寄至：香港太古城英皇道 1111 號 9 樓，資料保護主任收。	
姓名：	
聯絡電話：	
香港身份證號碼：	(作識別之用)
保單號碼 / 證書編號 / 確認編號 (如適用)：	
附註：此拒絕直接促銷活動要求將會取代您先前給予 MSIG 一切關於直接促銷的指示。	

根據條例，您有權：(a) 知悉我們所持有的個人資料種類；(b) 知悉我們所持有的個人資料的主要用途；(c) 查閱我們所持有的您的個人資料；(d) 更正我們所持有的您的個人資料；及 (e) 查詢我們有關個人資料的政策和實務。如您希望行使這些權利，請致函香港太古城英皇道 1111 號 9 樓，我們的資料保護主任收。

如您對此個人資料收集聲明有任何疑問或須協助，請致電+852 3122 6922 與我們聯絡。